



**SUBIC BAY METROPOLITAN AUTHORITY  
 BUILDING PERMIT & SAFETY DEPARTMENT**

**FENCING PERMIT APPLICATION FORM**

Application No. : \_\_\_\_\_

Permit No. : \_\_\_\_\_

Date Issued: \_\_\_\_\_

**BOX 1 (TO BE ACCOMPLISHED BY APPLICANT IN PRINT)**

NAME OF APPLICANT	LAST NAME, FIRST NAME, M.I.	TAX PAYER IDEN. NO.
FOR CONSTRUCTION OWNED BY AN ENTERPRISE		
ADDRESS		
LOCATION OF AREA TO BE FENCED		
SCOPE OF WORK	<input type="checkbox"/> ADDITION	<input type="checkbox"/> RENOVATION
<input type="checkbox"/> NEW FENCE	<input type="checkbox"/> REPAIR	<input type="checkbox"/> OTHERS (SPECIFY) _____

**BOX 2 (TO BE ACCOMPLISHED BY THE RECEIVING AND RECORDING SECTION)**

ACCOMPANYING DOCUMENTS	
<input type="checkbox"/> PHOTOCOPY OF LOT/SITE PLAN	<input type="checkbox"/> OTHER CLEARANCE (SPECIFY) _____
<input type="checkbox"/> PHOTOCOPY OF CONTRACT OF LEASE	_____

**BOX 3 (TO BE ACCOMPLISHED BY DESIGNING ARCHITECT/CIVIL ENGR/CONTRACTOR)**

MEASUREMENTS TYPE OF FENCING	
LENGTH IN METERS _____	HEIGHT IN METERS _____
<input type="checkbox"/> INDIGENOUS MATERIALS	<input type="checkbox"/> R.C. AND INTERLINK/CYCLONE WIRE
<input type="checkbox"/> R.C. (REINFORCED CONCRETE)	<input type="checkbox"/> R.C. AND STEEL MATTING
<input type="checkbox"/> R.C. AND CONCRETE HALLOW BLOCKS	<input type="checkbox"/> R.C. AND BARBED WIRE AND OTHER WIRES
<input type="checkbox"/> R.C. AND BRICKS	<input type="checkbox"/> OTHERS (SPECIFY) _____

ARCHITECT / ENGINEER (To be signed and sealed)		APPLICANT / OWNER	
ADDRESS		RESIDENCE CERTIFICATE NUMBER	
PRC REGISTRATION NUMBER		DATE ISSUED	
PTR NUMBER	DATE ISSUED	PLACE ISSUED	PLACE ISSUED
SIGNATURE		SIGNATURE	