



Doc. No.: _____

APPLICATION FOR TECHNICAL CLEARANCE

Date of Application: _____

THIS FORM IS TO BE FILLED OUT BY THE APPLICANT (LESSEE/RESIDENT/SUBLESSEE)

Lessee/Company/Resident's Name: _____

Unit Address/Location: _____

Contact Person: _____ Contact No.: _____

Type of Application (Please Check Appropriate Box)

- | | |
|---|---|
| <input type="checkbox"/> Building Permit _____ | For SBFZ Housing Area Applicants Only: |
| <input type="checkbox"/> Occupancy Permit _____ | |
| <input type="checkbox"/> Repair/Repainting Permit _____ | |
| <input type="checkbox"/> Excavation/Soil Investigation _____ | |
| <input type="checkbox"/> Electronics Permit _____ | |
| <input type="checkbox"/> Temporary Power/Permanent Power/Power Reconnection _____ | |
| <input type="checkbox"/> Fencing Permit <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent | |
| <input type="checkbox"/> Others: (Please Specify) _____ | |

- For SBFZ Housing Area Applicants Only:**
- House Extension:**
- Side Rear Both
- Repainting:**
- Interior Exterior
- (Specify Exterior Color) _____

Requirements to be Submitted

- Duly Accomplished Form
- Lease Agreement/Sublease Agreement/MOA
- Certificate of Registration & Tax Exempt (CRTE)/ Certificate of Registration (CR)
- Lot Plan/Lot Boundary Survey
- Plans (Architectural/Civil Engineering/Electrical/Mechanical/ Plumbing/ Electronic), Signed & Sealed - _ set/s
- Bill of Materials & Scope of Works (signed & sealed by a Professional Architect/Engineer or signed by the Lessee)
- Duly Notarized Certificate of Completion (for Occupancy Permit Application)
- Copy of Approved Building Permit (for Occupancy Permit Application)
- Authorization letter signed by the Lessee
- Others: (Please Specify) _____

NOTE: KINDLY ACCOMPLISH THE ABOVE REQUIREMENTS PRIOR TO SUBMISSION OF THIS APPLICATION FORM

Signature over Printed Name

Date Received: _____ Received by: _____

LADD Personnel

For Applications that cannot be assessed within the day, kindly return to this office after **THREE (3) Working Days** from the date of receipt of the application.

To be Filled Out by LADD Personnel

<input type="checkbox"/> APPLICATION CLEARED	<input type="checkbox"/> APPLICATION DENIED
REMARKS:	

Evaluated by: <u>MARVIN Y. TIBUNSAI</u> Estate Mgmt. Supervisor B	Checked by: <u>MELISSA G. AGUSTIN</u> OIC, EMD	Approved by: <u>NOLAN T. SUDARIO</u> Department Manager
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For Releasing of Document

Received By:	_____ SIGNATURE OVER PRINTED NAME	_____ DATE
Released By:	_____ LADD PERSONNEL	