



Doc. No.: _____

APPLICATION FOR TECHNICAL CLEARANCE

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)

- Building Permit _____
- Occupancy Permit _____
- Repair/Repainting Permit _____
- Excavation/Soil Investigation _____
- Electronics Permit _____
- Temporary Power/Permanent Power/Power Reconnection _____
- Fencing Permit Temporary Permanent
- Others: (Please Specify) _____

For SBFZ Housing Area Applicants Only:

House Extension:

- Side Rear Both

Repainting:

- Interior Exterior

(Specify Exterior Color) _____

Signature over Printed Name of Registered Lessee / Authorized Representative

NOTE:

KINDLY ACCOMPLISH THE BELOW REQUIREMENTS PRIOR TO SUBMISSION OF THIS APPLICATION FORM. INCOMPLETE REQUIREMENTS WILL NOT BE ACCEPTED.

Do not fill out beyond this point, for LADD Personnel only

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) _____

Kindly return to this office after the applicable period depending on the type of your permit application as specified below. Processing time reckons from the date of your submission.

SIMPLE
Three (3) Working Days

COMPLEX
Six (6) Working Days

HIGHLY TECHNICAL
Fifteen (15) Working Days

Action Taken

APPLICATION CLEARED

APPLICATION DENIED

REMARKS:

Evaluated by:

Checked by:

Approved by:

JOSEPH M. AMIGO
Estate Mgmt. Supervisor B

MELISSA G. AGUSTIN
OIC, LAD

NOLAN T. SUDARIO
Manager, LADD

Releasing of Document

Released By: _____
Date: _____

Received By: _____
Date: _____

