



LOCATIONAL CLEARANCE APPLICATION FORM

INSTRUCTIONS:

- Kindly coordinate with your Account Officer to forward a copy of the company's approved Term Sheet to pdo@sbma.com
- Fill out the required information on the spaces provided, write N/A if not applicable
- Put a check mark on applicable boxes
- Submit the accomplished application form, with the required documents as listed below to
 The Planning & Development Office email: pdo@sbma.com or
 Office Address: 2nd Floor, Building 662, Taft Street corner Dewey Avenue, CBD
- For queries and assistance, call 047 252 4097 / 4078

PURPOSE OF APPLICATION:

<input type="checkbox"/> New Locator / Initial Application	<input type="checkbox"/> Renewal of CRTE	<input type="checkbox"/> ECC Compliance
<input type="checkbox"/> Renewal of CR	<input type="checkbox"/> Building Permit Compliance	<input type="checkbox"/> Others: _____

COMPANY INFORMATION:

Name of Company _____
 Office Address _____
 Office Contact Person / Position _____
 Office Email Address _____ Contact Number _____

LEASED PROPERTY LOCATION:

Unit Number _____
 Floor Level _____
 Building Name _____
 Lot No. / Parcel No. _____
 Street / Road _____

District: *(Please check the box where your business is located)*

<input type="checkbox"/> Central Business District	<input type="checkbox"/> East Ilanin Forest	<input type="checkbox"/> Kalayaan
<input type="checkbox"/> Subic Gateway	<input type="checkbox"/> West Ilanin Forest	<input type="checkbox"/> Binictican
<input type="checkbox"/> Port	<input type="checkbox"/> Cubi - Triboa	<input type="checkbox"/> Redondo

LEASE TERM:

Commencement Date _____ Termination Date _____
 Name of Sublessor _____

USE OF FACILITY:

<input type="checkbox"/> Office Space	<input type="checkbox"/> Kiosk / Stall	<input type="checkbox"/> Staging Area	<input type="checkbox"/> Others, please specify: _____
<input type="checkbox"/> Commercial Space	<input type="checkbox"/> Vacant Lot	<input type="checkbox"/> Warehouse / Storage	_____

Total Leased Area _____ Square Meters (m²), as per Approved / Lot Plan / Inspection Report

TYPE OF REGISTRATION:

<input type="checkbox"/> New Locator / Initial Application
<input type="checkbox"/> CR Certificate of Registration
<input type="checkbox"/> CRTE Certificate of Registration and Tax Exemption

REGISTRATION VALIDITY:

ACCOUNT OFFICER:

"I hereby certify that the above information are true and correct, to the best of my knowledge."

 (Applicant signature over printed name)

 Designation

 Date of Application

CHECKLIST OF REQUIREMENTS:

FOR NEW / INITIAL

- Accomplished Application Form
- Sublease/Lease Agreement
with SBMA Legal Department's Seal
- Endorsement of (Sub) Lessor, if applicable
- Approved Technical Plan or Inspection Report /
Area Validation issued by LADD

FOR RENEWAL OF CR / CRTE

- Accomplished Application Form
- Sublease/Lease Agreement
with SBMA Legal Department's Seal
- Approved Technical Plan or Inspection Report /
Area Validation issued by LADD
- Copy of latest CR / CRTE
- Copy of previously issued Locational Clearance

 Do not write beyond this point

IN	
Date:	Time:
Actionee:	
Remarks:	

OUT	
Date:	Time:
Actionee:	
Remarks:	