



OFFICE OF THE BUILDING OFFICIAL

THIS IS FOR DILG-DPWH-DICT-DTI JMC 2018-01

DOCUMENTARY REQUIREMENTS FOR BUILDING PERMIT APPLICATION
(Single Dwelling Residential / Commercial / Industrial / Others)

- ☐ Four (4) copies of filled up Unified Application Form for Building Permit and FSEC
- ☐ Three (3) copies of Locational Clearance
- ☐ Original Certificate of Title (OCT) / Transfer Certificate of Title (TCT), or Deed of Absolute Sale or Lot Locational Plan from LRA (if lessee, Contract of Lease) / Secretary's Certification Authorizing the Signatory for CORPORATIONS
- ☐ Four (4) sets of Survey (Lot) Plans, design plans and other documents as follows:
 - ☐ A) Architectural Documents
 - ☐ B) Civil / Structural Documents
 - ☐ C) Electrical Documents
 - ☐ D) Mechanical Documents
 - ☐ E) Sanitary / Plumbing Documents
 - ☐ F) Plumbing Documents
 - ☐ G) Electronics Documents
 - ☐ H) Geodetic Documents
 - ☐ I) Fire Protection Plan (If applicable)
 - ☐ Automatic Fire Suppression System
 - ☐ Wet Stand Pipe
 - ☐ Dry Stand Pipe
 - ☐ Kitchen Hood Suppression
 - ☐ Fire Detection & Alarm System
- ☐ Three (3) photocopies of Valid Licenses (PRC I.D.) and PTR of all involved professionals
- ☐ Notarized estimated value of the building / structure to be erected as declared by the owner (Bill of Materials)
- ☐ Construction Safety and Health Program
- ☐ Affidavit of Undertaking
- ☐ Soil Boring Test for 3storey & up
- ☐ Others

REMARKS:

- ☐ Complete Documents
- ☐ Incomplete Documents (Please comply documents with unchecked boxes.)

Name of Receiving Officer : _____
Date & Time Returned : _____
Signature of Applicant : _____

NOTES:

- All application forms are available in the OSCP and/or on the website.
- All the fully accomplished forms and requirements must be fastened in a LONG FOLDER except for the Drawing Plans and reports. **ONLY A COMPLETE AND COMPLIANT APPLICATION WILL BE ACCEPTED.**
- **Bring this Checklist with detachable Claim Stub when submitting your application.**
Keep your CLAIM STUB at all times; "NO CLAIM STUB, NO RELEASE"

CLAIM STUB

Application No. : _____
Time & Date Applied/Submitted : _____
Return Date : _____
Receiving Officer : _____
(Signature over Printed Name)
Name of Applicant/Owner : _____
Location of Project : _____
Project Title : _____



*For updates and inquiries, please call OBO/MEO at Tel. no. (049) 521-0300 within four (4) working days.

NOTE : Bring this claim stub upon claiming the Order of Payment