

**Republic of the Philippines
City of Legazpi
Province of Albay**

OFFICE OF THE BUILDING OFFICIAL

ARCHITECTURAL PERMIT

APPLICATION NO.

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AP NO.

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BUILDING PERMIT NO.

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BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)

OWNER /APPLICANT M.I.	LAST NAME	FIRST NAME	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE	FORM OF OWNERSHIP	USE OR CHARACTER OF OCCUPANCY	
ADDRESS NO. CODE	STREET	BARANGAY	CITY/MUNICIPALITY
		ZIP	TELEPHONE NO.
LOCATION OF CONSTRUCTION: STREET _____	LOT NO. _____	BLK NO. _____	TCT NO. _____ TAX DEC. NO. _____
	BARANGAY _____	CITY/MUNICIPALITY OF _____	
SCOPE OF WORK			
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION	<input type="checkbox"/> RAISING _____	
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION	<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____	
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/> OTHER (specify) _____	
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____		

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

1. ARCHITECTURAL FACILITIES AND OTHER FEATURES PURSUANT TO BATAS PAMBANSA BILANG 344, REQUIRING CERTAIN BUILDINGS, INSTITUTIONS, ESTABLISHMENTS AND PUBLIC UTILITIES TO INSTALL FACILITIES AND OTHER DEVICES.			
<input type="checkbox"/> STAIRS	<input type="checkbox"/> WASH ROOM AND TOILETS	<input type="checkbox"/> SWITCHES, CONTROLS, BUZZERS	<input type="checkbox"/> DRINKING FOUNTAINS
<input type="checkbox"/> WALKWAYS	<input type="checkbox"/> LIFT/ELEVATORS	<input type="checkbox"/> HANDRAILS	<input type="checkbox"/> PUBLIC TELEPHONES
<input type="checkbox"/> CORRIDORS	<input type="checkbox"/> RAMPS	<input type="checkbox"/> THRESHOLDS	<input type="checkbox"/> SEATING ACCOMODATIONS
<input type="checkbox"/> DOORS, ENTRANCES & THRESHOLDS	<input type="checkbox"/> PARKING AREAS	<input type="checkbox"/> FLOOR FINISHES _____	<input type="checkbox"/> OTHERS (Specify) _____
2. PERCENTAGE OF SITE OCCUPANCY		3. CONFORMANCE TO FIRE CODE OF THE PHILIPPINES (P.D. 1185)	
PERCENTAGE OF BUILDING FOOTPRINT _____%		<input type="checkbox"/> NUMBER AND WIDTH OF EXIT DOORS	<input type="checkbox"/> FIRE WALLS
PERCENTAGE OF IMPERVIOUS SURFACE AREA _____%		<input type="checkbox"/> WIDTH OF CORRIDORS	<input type="checkbox"/> FIRE FIGHTING AND SAFETY FACILITIES
PERCENTAGE OF UNPAVED SURFACE AREA _____%		<input type="checkbox"/> DISTANCE TO FIRE EXITS ACCESS TO PUBLIC STREET	<input type="checkbox"/> SMOKE DETECTORS
OTHERS (Specify) _____			<input type="checkbox"/> EMERGENCY LIGHTS
			<input type="checkbox"/> OTHERS (Specify) _____

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS		
_____ Date _____		
ARCHITECT (Signed and Sealed Over Printed Name)		
Address		
PRC No.		Validity
IAPOA No.	O.R. No.	Date Issued
PTR No.	Place Issued	Date Issued
TIN		

BOX 4

SUPERVISOR / IN-CHARGE OF ARCHITECTURAL WORKS		
_____ Date _____		
ARCHITECT (Signed and Sealed Over Printed Name)		
Address		
PRC No.		Validity
IAPOA No.	O.R. No.	Date Issued
PTR. No.	Place Issued	Date Issued
TIN		

BOX 5

BUILDING OWNER _____ (Signature Over Printed Name) Date _____		
Address		
C.T.C. No.	Date Issued	Place Issued

BOX 6

WITH MY CONSENT: LOT OWNER _____ (Signature Over Printed Name) Date _____		
Address		
C.T.C. No.	Date Issued	Place Issued

BOX 7 (TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION)

RECEIVED BY:	DATE:
FIVE (5) SETS OF ARCHITECTURAL DOCUMENTS	
<input type="checkbox"/> 1. VICINITY MAP/LOCATION PLAN WITHIN A TWO-KILOMETER RADIUS <input type="checkbox"/> 2. SITE DEVELOPMENT PLAN <input type="checkbox"/> 3. PERSPECTIVE <input type="checkbox"/> 4. FLOOR PLANS <input type="checkbox"/> 5. ELEVATIONS AT LEAST FOUR (4) <input type="checkbox"/> 6. SECTIONS AT LEAST TWO (2) <input type="checkbox"/> 7. CEILING PLANS SHOWING LIGHTING FIXTURES AND DIFFUSERS	<input type="checkbox"/> 8. DETAILS OF RAMPS, PARKING FOR THE DISABLED STAIRS, FIRE ESCAPES, CABINETS AND PARTITIONS <input type="checkbox"/> 9. SCHEDULE OF DOORS AND WINDOWS <input type="checkbox"/> 10. SCHEDULE OF FINISHES FOR FLOORS, CEILINGS AND WALLS <input type="checkbox"/> 11. ARCHITECTURAL INTERIOR <input type="checkbox"/> 12. SPECIFICATIONS <input type="checkbox"/> 13. COST ESTIMATE <input type="checkbox"/> 14. OTHERS (Specify) _____ _____ _____

BOX 8

PROGRESS FLOW					
	IN		OUT		PROCESSED BY:
	DATE	TIME	DATE	TIME	
ARCHITECTURAL DRAWINGS					
SPECIFICATIONS					
OTHERS (Specify)					

BOX 9

<p>ACTION TAKEN:</p> <p>PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:</p> <ol style="list-style-type: none"> 1. That under Article 1723 of the Civil Code of the Philippines, the architect (and engineer) who drew up the plans and specifications for the building/structure is responsible for damages if within fifteen (15) years from the completion of the building/structure, the same should collapse due to defect in the plans or specifications or defects in the ground. The engineer or architect who supervises the construction shall be solidarily liable with the contractor should the edifice collapse due to defect in the construction or the use of inferior materials. 2. That the proposed architectural works shall be in accordance with the architectural plans filed with this Office and in conformity with the latest Architectural Code of the Philippines, the National Building Code and its IRR. 3. That prior to any construction activity, a duly accomplished prescribed "Notice of Construction" shall be submitted to the Office of the Building Official. 4. That upon completion of the construction, the licensed full-time inspector and supervisor/in-charge of construction works shall submit the entry to the logbook duly signed and sealed to the Building Official including as-built plans and other documents, and shall accomplish the Certificate of Completion stating that the architectural works conform to the provision of the Architectural Code, the National Building Code and its IRR. 5. That this permit is null and void unless accompanied by the building permit. <p>PERMIT ISSUED BY:</p> <p style="text-align: center; margin-top: 20px;"> _____ BUILDING OFFICIAL (Signature Over Printed Name) Date _____ </p>
