



Republic of the Philippines
CITY OF SAN JOSE DEL MONTE
PROVINCE OF BULACAN

LOCATIONAL CLEARANCE APPLICATION FORM

Application No.
 Property Code No.

Box 1 Applicant's Information
 To be accomplished by the Applicant in print

Name of Applicant (Last, First, Middle)		
Address of Applicant:		Tel. No.:
Name of Corporation		
Address of Corporation		Tel. No.:
Name of Authorized Representative (Last, First, Middle)		
Address		Tel. No.:
Applicant Right Over Land		Date of Filing:
Box 2 Project Description		
Project Title (specify use and whether new, renovation, alteration or expansion)		
Location (No. Street, Barangay)		
Lot Area sq. m.	Building Height (no. of floors)	Total Floor Area: sq. m.

Box 3 Documentary Requirements

<input type="checkbox"/> Architectural Plan/Site Dev't. Plan	<input type="checkbox"/> Location Plan/Subdivision Plan
<input type="checkbox"/> Certified True Copy of Title	<input type="checkbox"/> Current Tax Receipt/Tax Declaration
<input type="checkbox"/> Contract of Sell/Deed of Sale	<input type="checkbox"/> Lease Contract/Notice of Award/Lease Proposal
<input type="checkbox"/> Barangay Clearance	<input type="checkbox"/> Immediate Neighbor's Clearance
<input type="checkbox"/> HOA's Clearance	<input type="checkbox"/> Affidavit of Consent to Construct
<input type="checkbox"/> Others:	<input type="checkbox"/> Authority to sign (Corporate Secretary's Affidavit)

Signature of Applicant	Signature of Authorized Representative
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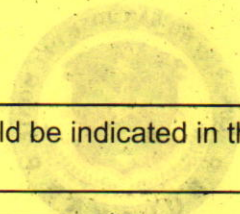
ACKNOWLEDGEMENT

Republic of the Philippines)
 _____) S.S.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20__ in the City/Municipality of _____ province of _____ affiant exhibited to me his/her Community Tax Certificate No. _____ issued at _____ on _____, 20__.

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 Page No.: _____
 Book No.: _____
 Series of: _____



If the applicant is not registered owner of the property, the consent of the owner should be indicated in the space allocated in this Application Form.

Architect/Civil Engineer Signed and Sealed Plans	PRC Reg. No.	CONSENT OF LAND OWNER	
Name (Family, First, Middle)		Name (Family, First, Middle)	
Address:		Address:	
PTR No.:	Issued:	Place Issued:	OTC/TCT No.:
CTC No.:	Date Issued:	Place Issued:	Tax Declaration No.:
Signature		TIN:	Signature
Signature		TIN:	TIN:

FOR THE RECORDS SECTION

Received by:	Date:
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Status: of Application

Pending subject to completion of requirements		Pending Items
Endorsed to the Evaluation Section		Date of endorsement

INSTRUCTIONS / REMINDERS

1. Application form must be duly accomplished and signed by the registered/rightful owner of his/her designated representative with valid authorization. Fill-up all blanks in typewritten form.
2. Pay application and processing fees upon submission of the application form.
3. **FOLLOW-UP BY EMPLOYEES OF THE CITY GOVERNMENT OF SAN JOSE DEL MONTE IS PROHIBITED.**

SUBSCRIBED AND SWORN TO before me this _____ day of _____ of _____ province of _____ Community Tax Certificate No. _____ issued in _____

NOTARY PUBLIC

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 Page No. _____
 Book No. _____
 Series of _____