

Republic of the Philippines
Province of Isabela
Municipality of Benito Soliven

OFFICE OF THE DEPUTIZED ZONING ADMINISTRATOR

ANNEX A
APPLICATION FOR LOCATIONAL CLEARANCE

Application No: _____

Date Issued _____

Date of Receipt: _____

Amount Paid P _____

PMO No./OR No : _____

1. NAME OF APPLICANT (Last, First, Middle)	2. NAME OF CORPORATION
3. ADDRESS/TELEPHONE OF APPLICANT	4. ADDRESS/TEL OF CORPORATION
5. NAME OF AUTHORIZED REPRESENTATIVE	6. ADDRESS/TEL OF AUTHORIZED REPRESENTATIVE
7. PROJECT TYPE	8. PROJECT NATURE <input type="checkbox"/> New Development <input type="checkbox"/> Others (specify)
9. PROJECT LOCATION (No., Street, Brgy.City/Municipality, Province)	10. PROJECT AREA (In square meters) Lot _____ Building _____ Improvement _____
11. RIGHT OVER LAND <input type="checkbox"/> Owner <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Lease	12. PROJECT NATURE <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
13. EXISTING LAND AND USE OF THE PROJECT SITE <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Others <input type="checkbox"/> Vacant/Idle <input type="checkbox"/> Agricultural (Specify crop) <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Tenanted <input type="checkbox"/> Not Tenanted	
14. PROJECT COST (in pesos , write in words and figures) <p style="text-align: right;">(P _____)</p>	
15. IS THE PROJECT APPLIED FOR THE SUBJECT OF WRITTEN NOTICE (S) FROM THIS BOARD OF THE LOCAL GOVT UNIT (LGU) TO PRESENT OR APPLY FOR LOCATIONAL CLEARANCE (LC)? <input type="checkbox"/> Yes (pls. indicate the following) <input type="checkbox"/> No Issuing Officer _____ Order in the Notice _____ Date of Notice _____	
16. IS THE PROJECT APPLIED FOR THE SUBJECT OF RELATED ACTION(S) WITH THE OTHER OFFICES OF THE BOARD AND/OR LOCAL GOVERMEBT UNIT. <input type="checkbox"/> Yes (please indicate the following) Office where similar action (s) was filed _____ <input type="checkbox"/> No Date filed _____ Action taken _____	
17. PREPARED MODE OF RELEASE OF DECISION: <input type="checkbox"/> Pick up <input type="checkbox"/> By mail, address to <input type="checkbox"/> Applicant <input type="checkbox"/> Authorize representative	
18. SIGNATURE OF THE APPLICANT	19. SIGNATURE OF AUTHORIZED REPRESENTATIVE"
Republic of the Philippines) _____) S.S. SUBSCRIBED AND SWORN to before me this _____ day of _____,20 _____ At the City/municipality of _____ Province of _____ Affiant exhibited his/her community Tax Certificate No. . _____ issued at _____ on _____ _____ Doc. No. _____ Page No. _____ Book No. _____ Series No. _____	
NOTARY PUBLIC	