

Republic of the Philippines
 Department of Public Works & Highways
 Pamahalaang Lungsod/Bayan ng Naga
 Lalawigan ng Zamboanga Sibugay
TANGGAPAN NG PUNONG PANGGUSALI
 (Office of the Building Official)
 PROCESSING AND EVALUATION DIVISION
 Demolition Section
DEMOLITION PERMIT

APPLICATION NO.

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DP NO.

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BUILDING PERMIT NO.

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BOX 1 (TO BE ACCOMPLISHED BY THE OWNER/APPLICANT AND/OR A DULY LICENSED DESIGN PROFESSIONAL)

OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE		FORM OF OWNERSHIP		USE OR CHARACTER OF OCCUPANCY
ADDRESS:	NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY
				ZIPCODE
TELEPHONE NO.				
LOCATION OF CONSTRUCTION:		LOT NO.	BLK NO.	TCT NO.
				TAX DEC. NO.
STREET		BARANGAY		CITY/MUNICIPALITY OF
SCOPE OF WORK				
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION	<input type="checkbox"/> DEMOLITION		
<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"/> OTHERS (Specify)		
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING			

WE HEREBY AFFIX OUR SIGNATURES SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN SET FORTH

BOX 2

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
<div style="text-align: center;"> <hr style="border: 0; border-top: 1px solid black; width: 80%; margin: 0 auto;"/> <p>ARCHITECT OR CIVIL ENGINEER <i>(Signed and Sealed Over Printed Name)</i></p> </div>	
PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

BOX 3

SUPERVISOR OF DEMOLITION WORKS	
<div style="text-align: center;"> <hr style="border: 0; border-top: 1px solid black; width: 80%; margin: 0 auto;"/> <p>ARCHITECT OR CIVIL ENGINEER <i>(Signed and Sealed Over Printed Name)</i></p> </div>	
PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

BOX 4

BUILDING OWNER		
<div style="text-align: center;"> <hr style="border: 0; border-top: 1px solid black; width: 80%; margin: 0 auto;"/> <p>(Signature Over Printed Name)</p> </div>		
Address		
C.T.C. No.	Date Issued	Place Issued

BOX 5

WITH MY CONSENT : LOT OWNER		
<div style="text-align: center;"> <hr style="border: 0; border-top: 1px solid black; width: 80%; margin: 0 auto;"/> <p>(Signature Over Printed Name)</p> </div>		
Address		
C.T.C. No.	Date Issued	Place Issued