Republic of the Philippines
Province of Ilocos Norte
CITY OF BATAC

OFFICE OF THE CITY PLANNING AND DEVELOPMENT COORDINATOR
ZONING SECTION

Application No. ________________________________ *Date of Receipt:* ________________________________

APPLICATION FOR LOCATIONAL CLEARANCE / CERTIFICATION OF ZONING COMPLIANCE

1. NAME OF APPLICANT *(Last, First, M.I.)*

2. NAME OF CORPORATION

3. ADDRESS OF APPLICANT, CONTACT NO., EMAIL ADDRESS

4. ADDRESS OF CORPORATION

5. NAME OF AUTHORIZED REPRESENTATIVE, CONTACT NO., EMAIL ADDRESS

6. ADDRESS OF AUTHORIZED REPRESENTATIVE

7. PROJECT TYPE

8. PROJECT NATURE
[ ] New Development [ ] Improvement
[ ] Others (specify) ____________________

9. PROJECT LOCATION *(No., St., Brgy., Municipality/City, Province)*

10. PROJECT AREA *(in square meters)*
Lot ____
Building/Improvement ________________________________

11. RIGHT OVER LAND
[ ] Owner [ ] Others *(specify)* ____________________
[ ] Lessee ____

12. PROJECT TENURE
[ ] Permanent
[ ] Temporary *(specify years)* ______________________

13. EXISTING LAND USE
[ ] Residential
[ ] Institutional
[ ] Commercial
[ ] Industrial
[ ] Residential
[ ] Others *(specify)*
____
[ ] Vacant/Idle
[ ] Agricultural *(specify crop)*
____
[ ] Tenanted
[ ] Not Tenanted

14. PROJECT COST/ CAPITALIZATION *(in pesos, write in words and figures)*

Php_____________________________________

15. IS THE PROJECT APPLIED FOR THE SUBJECT OF WRITTEN NOTICE(S) FROM THE DHSUD AND/OR THE ZONING OFFICER/ENFORCEMENT OFFICER TO THE EFFECT REQUIRING FOR PRESENTATION OF LOCATIONAL CLEARANCE/CERTIFICATE OF ZONING COMPLIANCE (LC/CZC)
[ ] Yes [ ] No

If yes, please answer the following:

15.a) Name of DHSUD Officer or Zoning Officer/Zoning Enforcement Officer who issued the notice(s): ____

15.b) Date of Notice(s): ____

15.c) Orders/Requests indicated in the notice(s): __________________________________

16. IS THE PROJECT APPLIED FOR THE SUBJECT OF SIMILAR APPLICATION(S) WITH OTHER OFFICES OF THE DEPARTMENT AND/OR ZONING ADMINISTRATOR?
[ ] Yes [ ] No

If yes, please answer the following:

16.a) Other DHSUD Office(s) where similar application(s) was/were filed: ____

15.b) Data (filed): ____

16.c) Action(s) taken by Office(s) mentioned in 16.a: ____

17. PREFERRED MODE OF RELEASE OF DECISION:

[ ] Pick-up [ ] By mail addressed to: [ ] Applicant [ ] Authorized Representative

18. SIGNATURE OF APPLICANT

Republic of the Philippines)
Province of Ilocos Norte)s.s.
City of Batac)

SUBSCRIBED AND SWORN TO before me this _____ day of ____________, 202___ in the City of ______________, Province of ___________________ Affiant exhibited to me his/her Community Certificate no. ___________________, issued ate ___________________________________ on _______________________________, 20____________.

Doc No. ______________
Page No. _____________
Book No. ______________
*Series of 20*____

NOTARY PUBLIC