



REPUBLIC OF THE PHILIPPINES
DARAGA, ALBAY

Office of the Building Official

APPLICATION FOR SIGN PERMIT

APPLICATION NO.

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DATE OF APPLICATION. _____

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

OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE		FORM OF OWNERSHIP		
ADDRESS:	NO., STREET,	BARANGAY,	CITY/MUNICIPALITY	ZIP CODE
LOCATION OF CONSTRUCTION:				TELEPHONE NO
LOT NO. _____		BLK NO. _____	TCT NO. _____	TAX DEC. NO. _____
STREET _____		BARANGAY _____ DARAGA, ALBAY		
SCOPE OF WORK				
<input type="checkbox"/> NEW SIGN	<input type="checkbox"/> RENEWAL : SIGN PERMIT NO. _____	DATE ISSUED: _____		
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION	<input type="checkbox"/> RAISING		
<input type="checkbox"/> ADDITION	<input type="checkbox"/> MOVING	<input type="checkbox"/> ANCILLARY BUILDING/STRUCTURE		
	<input type="checkbox"/> REPAIR	<input type="checkbox"/> OTHERS (Specify) _____		
USE OR TYPE OF SIGN				
A. Type of Display				
1. Neon	1. Single Face	3. Double Face	5. Multi-Media	
	2. Illuminated	4. Painted-on	6. Other _____	
B. Type of Installation				
1. Business Sign, Wall Type	4. Business Sign, Temporary	7. Advertising Sign		
2. Business Sign, Projecting Type	5. Advertising Sign, Ground Type			
3. Business Sign, Ground Type	6. Advertising Sign, Wall Type			
C. Area/Dimension				
L(m) =	_____			
W(m) =	_____			
At(m2) +	_____			
WORDINGS:				

BOX 2 (TO BE CHECKED, RECEIVED AND RECORDED)

ACCOMPANYING DOCUMENTS : (FIVE(5) SETS EACH SIGNED AND SEALED BY RESPONSIBLE DESIGN PROFESSIONALS)			
<input type="checkbox"/> CERTIFIED COPY OF TCT	<input type="checkbox"/> PHOTOCOPY OF LOT PLAN AND SITE DEV'T. PLAN		
<input type="checkbox"/> IF NOT OWNED BY THE APPLICANT IN ADDITION TO THE CERTIFIED PHOTOCOPY OF CONTRACT OF LEASE	<input type="checkbox"/> PLANS OR SIGN STRUCTURES, STRUCTURAL DESIGN AND COMPUTATION		
<input type="checkbox"/> PHOTOCOPY OF TAX DEC AND LATEST REALTY TAX RECEIPT	<input type="checkbox"/> SPECIFICATIONS AND COST ESTIMATES		

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
_____ Date _____	
ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Over Printed Name)	
Address _____	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 4

FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS	
_____ Date _____	
ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Over Printed Name)	
Address _____	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 5

BUILDING OWNER		

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

WITH MY CONSENT: LOT OWNER		

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