Application No. _____
Date of Receipt _____
PMO No./OR No. _____
Date Issued _____
Amount Paid P _____

Republic of the Philippines
OFFICE OF THE MUNICIPAL PLANNING & DEVELOPMENT COORDINATOR
Municipality of Sison

APPLICATION FOR LOCATIONAL CLEARANCE/CERTIFICATE OF ZONING COMPLIANCE

1. **NAME OF APPLICANT** (Last, First, Middle)	**2. NAME OF CORPORATION**
3. ADDRESS OF APPLICANT	**4. ADDRESS OF CORPORATION**
5. NAME OF AUTHORIZED REPRESENTATIVE	**6. ADDRESS OF AUTHORIZED REPRESENTATIVE**
7. PROJECT TYPE	**8. PROJECT NATURE:** ( ) New development ( ) Others ( ) Improvement (specify)
9. PROJECT LOCATION (No., St., Brgy., City/Mun. , Province)	**10. PROJECT AREA** (In square meters) Lot _____ Building(s) IMPROVEMENT: _____
11. RIGHT OVER LAND ( ) Owner ( ) Others (specify) ( ) Lease	**12. PROJECT TENURE:** ( ) Permanent ( ) Temporary (Specify years)

13. EXISTING LAND USE OF PROJECT SITE
( ) Residential ( ) Commercial ( ) Vacant/Idle ( ) Agricultural (Specify crop)
( ) Institutional ( ) Industrial ( ) Others ____ ( ) Tenanted ( ) Not Tenanted

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

15. IS THE PROJECT APPLIED FOR SUBJECT OF WRITTEN NOTICE(S) FROM THIS BOARD AND/OR ITS DEPUTIZED ZONING ADMINISTRATOR TO THE EFFECT REQUIRING FOR PRESENTATION OF LOCATIONAL CLEARANCE/ CERTIFICATE OF ZONING COMPLIANCE (LC/CZC) OR TO APPLY FOR LC/CZC ? ( ) Yes ( ) No
If yes, please answer the following:
15.a) Name of HLURB Officer/Zoning Administrator was issues the notice(s) _____
15.b) Date(s) of notice(s) _____ 15.c) Order/request indicated in the notice(s) _____

16. IS THE PROJECT APPLIED FOR SUBJECT OF SIMILAR APPLICATION(S) WITH OTHER OFFICES OF THE COMMISSION AND/OR ZONING ADMINISTRATION ? ( ) Yes ( ) No
If yes, please answer the following:
16.a) Other HLURB Office(s) where similar application(s) was/were filed _____
16.b) Date(s) of notice(s) _____ 16.c) Action taken by Office(s) mentioned in 16.a _____

17. PREFERRED MODE OR RELEASE OF DECISION:
( ) Pick-up ( ) By mail, address to: _____
( ) Applicant ( ) Authorized Representative

18. SIGNATURE OF APPLICANT	19. SIGNATURE OF AUTHORIZED REPRESENTATIVE

Republic of the Philippines)
_____) S.S.

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

_____
NOTARY PUBLIC

Doc. No. _____
Page No. _____
Book No. _____
Series of _____