



Republic of the Philippines  
**CITY OF TALISAY**

**OFFICE OF THE CITY PLANNING AND DEVELOPMENT COORDINATOR**

**APPLICATION FOR LOCATIONAL CLEARANCE / CERTIFICATE OF ZONING COMPLIANCE**

1. NAME OF APPLICANT (Last, First, Middle)	2. NAME OF CORPORATION
4. ADDRESS OF APPLICANT	3. CONTACT NO.
6. NAME OF AUTHORIZED REPRESENTATIVE	5. ADDRESS OF CORPORATION
8. PROJECT TYPE	7. ADDRESS OF AUTHORIZED REPRESENTATIVE
10. PROJECT LOCATION _____ No., St., City / Municipality, Province	9. PROJECT NATURE <input type="checkbox"/> New Development <input type="checkbox"/> Improvement <input type="checkbox"/> Others
12. RIGHT OVER LAND <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Other (specify) _____	11. PROJECT AREA (in square meters) Building(s) / Improvement(s) _____ Lot _____
14. EXISTING LAND USE OF PROJECT SITE <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Commercial <input type="checkbox"/> Vacant / Idle <input type="checkbox"/> Agricultural (Specify Crop) _____ <input type="checkbox"/> Others (specify) _____	13. PROJECT TENURE <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (no. of years)
15. PROJECT COST / CAPITALIZATION (In pesos, write in words and in figures)	
16. IS THE PROJECT APPLIED FOR THE 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, Please answer the following; 16.a) Name of Zoning Administrator who issued the Notice(s) _____ 16.b) Date(s) of Notice(s) _____ 16.c) Order Requests indicated in the Notice(s) _____	
17. IS THE PROJECT APPLIED FOR THE SUBJECT OF SIMILAR APPLICATION(S) WITH OTHER OFFICES OF THE BOARD AND / OR DEPUTIZED ZONING ADMINISTRATOR? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please answer the following; 17.a) Other HLURB office(s) where similar application(s) was/were filed _____ 17.b) Date Filed _____ 17.c) Actions taken by office(s) mentioned in 16a) _____	
18. PREFERRED MODE OF RELEASE OF DECISION: <input type="checkbox"/> Pick – up <input type="checkbox"/> By Mail, Addressed to Applicant <input type="checkbox"/> Authorized Representative	
19. SIGNATURE OF APPLICANT	20. SIGNATURE OF AUTHORIZED REPRESENTATIVE

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ in the City of Talisay, Province of Cebu, Affiant exhibited to me his / her Residence Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

Doc. No. \_\_\_\_\_  
 Page No. \_\_\_\_\_  
 Book No. \_\_\_\_\_  
 Series of \_\_\_\_\_

NOTARY PUBLIC