

HOUSING AND LAND USE REGULATORY BOARD
REGION V

APPLICATION FOR LOCATIONAL CLEARANCE

Application No. : _____	Date of receipt : _____
PMO Number (HLURB) : _____	OR Number (LGU) : _____
Date Paid : _____	Date Paid : _____
Amount Paid : _____	Amount Paid : _____

1. NAME OF APPLICANT	2. NAME OF CORPORATION
3. ADDRESS/TELEPHONE NO. OF APPLICANT	4. ADDRESS/TELEPHONE NO. OF APPLICANT
5. NAME OF AUTHORIZED REPRESENTATIVE	6. ADDRESS/TELEPHONE NO. OF AUTHORIZED REPRESENTATIVE
7. PROJECT TYPE	8. PROJECT NATURE <input type="checkbox"/> New Development <input type="checkbox"/> Others, specify: _____
9. Project Location (No., Street, Brgy., City/Municipality, Province)	10. PROJECT AREA (in square meters) Lot : _____ Building : _____ Improvement : _____
11. RIGHT OVER LAND <input type="checkbox"/> Owner <input type="checkbox"/> Others (specify) _____ <input type="checkbox"/> Lease	12. PROJECT TENURE <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
13. EXISTING LAND USE OF THE PROJECT SITE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Others <input type="checkbox"/> Vacant/Idle <input type="checkbox"/> Agricultural (specify crop) _____ <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial _____ <input type="checkbox"/> Tenanted <input type="checkbox"/> Not Tenanted	
14. PROJECT COST (in pesos, write in words and figures)	
15. IS THE PROJECT APPLIED FOR THE SUBJECT OF WRITTEN NOTICE/S FROM THIS BOARD OF THE LOCAL GOVERNMENT UNIT (LGU) TO PRESENT OR APPLY FOR LOCATIONAL CLEARANCE (LC)? <input type="checkbox"/> Yes (Please indicate the following) <input type="checkbox"/> No Issuing Officer : _____ Order in the Notice : _____ Date of Notice : _____	
16. IS THE PROJECT APPLIED FOR THE SUBJECT OF RELATED ACTION/S WITH OTHER OFFICES OF THE BOARD AND/OR LOCAL GOVERNMENT UNIT? <input type="checkbox"/> Yes (Please indicate the following) <input type="checkbox"/> No Office where similar action/s was filed: _____ Date Filed : _____ Action/s taken : _____	
17. PREFERRED MODE OR RELEASE DECISION: <input type="checkbox"/> Pick-up <input type="checkbox"/> By mail, addressed to <input type="checkbox"/> Applicant <input type="checkbox"/> Authorized Representative	
18. SIGNATURE OF APPLICANT	19. SIGNATURE OF AUTHORIZED REPRESENTATIVE
Republic of the Philippines) Province of Camarines Sur) S.S. SUBSCRIBE AND SWORN TO before me this _____ day of _____ in the Municipality of San Jose, Province of Camarines Sur. Affiant exhibited his/her Community Tax Certificate No. _____ issued at _____ on _____. Doc. No. _____ Page No. _____ Book No. _____ Series of _____	