

Application No. LZ-No. 2024-  
 Date of Receipt \_\_\_\_\_  
 O. R. # \_\_\_\_\_  
 Amount Paid PhP. \_\_\_\_\_

<b>APPLICATION FOR LOCATIONAL CLEARANCE/CERTIFICATE OF ZONING COMPLIANCE</b>	
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: <input checked="" type="checkbox"/> New Development <input type="checkbox"/> Others(Specify) <input type="checkbox"/> Improvement
9. PROJECT LOCATION (Number, Street,  Brgy. Airport Village, Catarman, Northern Samar	10. PROJECT AREA (In square meters) Lot Area _____ sqm.____ Building Area _____ sqm_____
11. RIGHT OVER LAND <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Others <input type="checkbox"/> Lessee	12. PROJECT TENURE <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary ( )
13. EXISTING LAND USES OF THE PROJECT SITE <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Vacant / Idle <input type="checkbox"/> Institutional <input type="checkbox"/> Others (Specify) <input type="checkbox"/> Agriculture (Specify Crops) <input type="checkbox"/> Commercial      _____ <input type="checkbox"/> Tenanted <input type="checkbox"/> Not Tenanted	
14. PROJECT COST / CAPITALIZATION (In pesos, write in words and figures)	
15. 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/ZC) OR TO APPLY FOR LC/ZC <input type="checkbox"/> yes <input type="checkbox"/> no	
16. IS THE PROJECT APPLIED FOR THE SUBJECT OF SIMILAR APPLICATIONS 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 16.a. Other HLURB Office (s) where similar applications was/were filed: 16. b. Date (s) Filed 16. c. Action (s) taken by office (s) mentioned in 16.a.	
17. PREFERRED MODE OF RELEASE OF DECISION <input checked="" type="checkbox"/> Pick-Up      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  
 \_\_\_\_\_ S. S.

SUBSCRIBED AND SWORN TO before me this \_\_\_day of \_\_\_\_\_in the City/Municipality of \_\_\_\_\_ Province of Northern Samar affiant exhibiting to me his/her Community Tax Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

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

Book No. \_\_\_\_\_  
Series of \_\_\_\_\_

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