



CITY PLANNING AND DEVELOPMENT DEPARTMENT

APPLICATION FOR ZONING CLASSIFICATION			
Name of Applicant:	Address and Tel. No:		
Name of Representative:	Address and Tel. No:		
Location of Lot (Street, Barangay, City)	Lot Area (sq. m):	TCT No:	Right Over Land:
Purpose:	Proposed Project:		

Attached Requirements:

- Vicinity map drawn to an appropriate scale showing the property in question and indicating appropriate landmarks.
- Lot Plan
- Certified true copy of TCT
- Tax Declaration
- Latest payment of real property tax.
- Barangay Resolution
- Special Power of Attorney (SPA) if the applicant is not the lot owner.
- Other requirements that may be required by the LGU.

Name and Signature of Applicant

Name and Signature of Representative

Republic of the Philippines)
_____) S.S.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 202__, in the City/Municipality of _____, Province of _____ affiant exhibited to me his/her Community Tax Certificate No. _____, issued at _____ on _____.

NOTARY PUBLIC

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