



Application No. _____
 Date of Receipt _____
 Date Issued _____
 Amount Paid _____

**OFFICE OF THE CITY PLANNING AND DEVELOPMENT COORDINATOR
 OFFICE OF THE ZONING ADMINISTRATOR
 LUCENA CITY**

LOCATIONAL CLEARANCE/CERTIFICATE OF ZONING COMPLIANCE APPLICATION

Applicant's Information

NAME OF APPLICANT		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
ADDRESS OF APPLICANT		
NAME OF CORPORATION		
ADDRESS OF CORPORATION		
NAME OF AUTHORIZED REPRESENTATIVE		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
ADDRESS OF AUTHORIZED REPRESENTATIVE		
RIGHT OVERLAND		
<input type="checkbox"/> Landowner <input type="checkbox"/> Others (specify) _____ <input type="checkbox"/> Lease		

Project Description

PROJECT TYPE	PROJECT NATURE <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (specify) _____	PROJECT AREA
PROJECT LOCATION		
EXISTING LAND USES OF PROJECT SITE		
<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Vacant/Idle <input type="checkbox"/> Agriculture (specify) _____ <input type="checkbox"/> Institutional <input type="checkbox"/> Commercial <input type="checkbox"/> Others (specify) _____ <input type="checkbox"/> Tenanted <input type="checkbox"/> Non-Tenanted		
PROJECT COST/CAPITALIZATION (in pesos)		

IF THE PROJECT APPLIED FOR IS THE SUBJECT OF WRITTEN NOTICES FROM THIS OFFICE/BOARD AND/OR DEPUTIZED ZONING ADMINISTRATOR TO THE EFFECT OF REQUIRING FOR PRESENTATION OF LOCATIONAL CLEARANCE/CERTIFICATE OF ZONING COMPLIANCE OR TO APPLY FOR LOCATIONAL CLEARANCE. () YES () NO

If Yes, answer the following:

a. Name of HLURB Officer or Deputized Zoning Administrator _____

b. Date of Notice/s _____

c. Orders/Request indicated in the Notice/s _____

IF THE PROJECT APPLIED FOR IS THE SUBJECT OR SIMILAR APPLICATIONS WITH OTHER OFFICES OF THE BOARD AND/OR DEPUTIZED ZONING ADMINISTRATOR. () YES () NO

a. Other HLURB Office/s where similar application/s was/were filed _____

b. Date Filed _____

c. Action taken by this Office/s mentioned in (a) _____

PREFERRED MODE OF RELEASE OF DECISION

Pick-up By mail to Applicant or Authorized Representative

SIGNATURE OF APPLICANT	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 _____ affidavit exhibited to me his/her Residence Certificate No. _____ issued on _____ at _____.

Doc. No. _____
 Page No. _____
 Book No. _____

 Notary Public