



Municipal Planning & Development Office

Marilao, Bulacan

APPLICATION SLIP

Application No. : _____
Date of Application : _____
Name of Owner/ Corporation : _____
Address : _____
Project Type : _____
Project Location : _____
Owner / Authorized Representative
Signature over : _____
Printed Name : _____
Contact No(s) : _____
Schedule of Inspection : _____
Date and Time : _____
Remarks : _____

Requirements:

- A. For Residential / Commercial / Institutional Projects
- 1. Vicinity map indicating clearly & specifically the exact location of the proposed site & the existing land use and / or landmarks within a radius of at least 500 mtrs. duly signed by a Geodetic / Civil Engineer or Architect
 - 2. Lot Plan duly signed by licensed Geodetic Engr.
 - Proof of Ownership (FOR PROPERTY OWNER)
 - Torren's Title
 - Tax Declaration (Land) with latest tax receipt
 - Deed of Conveyance
 - Right Over Property (IF NOT PROPERTY OWNER)
 - Contract of Lease (Notarized)
 - Letter of Authority (Notarized) Xerox ID of the owner
 - Contract to Sell (Notarized)
 - Site Development Plan
 - Building Plan / Floor Plan
 - Bill of Materials
- B. Additional Requirements for Industrial / Agro-Industrial Projects
- Description of Product(s) of the Project
 - Flowchart of Manufacturing Process
 - Environmental Compliance Certificate
- C. For Corporation / Partnership
- SEC Certificate and Articles of Incorporation / Partnership
- D. For Single Proprietorship
- DTI Certificate of Registration of Business Name
 - Barangay Clearance/ HOA Clearance

Note: The duly accomplished / notarized application form should be submitted to this Office together with the required documents within ten (10) calendar days. Non – submission of which shall cause this Office to take action of issuance of NOTICE TO PRESENT PROOF OF CLEARANCE



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ANNEX A OF HSRC Memorandum Circular No. 03 series of 1986

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

APPLICATION FOR LOCATIONAL CLEARANCE/CERTIFICATE OF ZONING COMPLIANCE

1. Name of Applicant (Last, First, Middle)	2. Name of Corporation
3a. Address of Applicant	4a. Address of Corporation
3b. Contact Number	4b. Contact Number
5. Name of Authorized Representative	
6a. Address of Authorized Representative	6b. Contact Number
7. Project Type	8. Project Nature <input type="checkbox"/> New Development <input type="checkbox"/> Improvement <input type="checkbox"/> Others Specify _____
9. Project Location (No., St., Brgy., City/Municipality, Province)	10. Project Area (in sq. m.) Lot _____ Building(s)/Improvements Floor Area: _____
11. Right Over Land <input type="checkbox"/> Owner <input type="checkbox"/> Other Specify <input type="checkbox"/> Lessees	12. Project Tenure <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (Specify Years) _____
13. Existing Land Uses of Project Site <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other Specify <input type="checkbox"/> Commercial <input type="checkbox"/>	<input type="checkbox"/> Vacant/Idle <input type="checkbox"/> Agricultural (Specify crops) _____ <input type="checkbox"/> Tenanted <input type="checkbox"/> Not Tenanted
14. Project Cost/Capitalization (in pesos, write in words and figures)	

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15. IS THE PROJECT APPLIED FOR THE SUBJECT OR WRITTEN NOTICE(S) FROM THIS OFFICE AND/OR ITS DEPUTIZED ZONING ADMINISTRATOR TO THE EFFECT REQUIRING FOR PRESENTATION OF LOCATIONAL CLEARANCE/CERTIFICATE OF ZONING COMPLIANCE (LC/CZC) OR TO APPLY LC/CZC?
 Yes No
 If yes, please answer the following:
 15.a. Name of HLURB Officer or Zoning Administrator who issued the Notice(s) _____
 15.b. Date(s) of Notice(s) _____
 15.c. Orders/requests indicated in the Notice _____

16. IS THE PROJECT APPLIED FOR THE SUBJECT OF SIMILAR APPLICATIONS WITH OTHER OFFICES OF THE COMMISSION AND/OR DEPUTIZED ZONING ADMINISTRATOR?
 Yes No
 16.a. Other HLURB Office(s) where similar applications(s) 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:
 Pick-up By mail, Address to: _____
 Applicant 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 _____
 affiant exhibit to me his/her Residence Certificate No. _____ issued at _____
 _____ on _____.

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

NOTARY PUBLIC