

ANNEX A OF HLURB Memorandum Circular No. 83 Series of 1996

Application No.: _____
 Date of Receipt: _____
 PMO No./O.R. No.: _____
 Date Issued: _____
 Amount Paid: _____

PROVINCE OF DAVAO NORTE
 MUNICIPALITY OF KAPALONG

APPLICATION FOR LOCATIONAL CLEARANCE/CERTIFICATION ZONING COMPLIANCE	
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 AUTHORIZED
7. PROJECT TYPE	8. PROJECT NATURE <input type="checkbox"/> New Dev't. <input type="checkbox"/> Others <input type="checkbox"/> Improvement
9. PROJECT LOCATION (No. Sts. Brgy./Mun./Province)	10. PROJECT AREA (in sq.m) Lot: _____ Building: _____
11. RIGHT OVERLAND <input type="checkbox"/> Owner <input type="checkbox"/> Others (specify) <input type="checkbox"/> Lessee	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"/> Commercial <input type="checkbox"/> Agricultural (Specify Crop) <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Others (specify)	
14. PROJECT CAPITALIZATION (in pesos, write in words and figures)	
15. IS THE PROJECT APPLIED FOR THE SUBJECT OF WRITTEN NOTICE FROM THIS COMMISSION AND/OR ITS DEPUTIZED ZONING ADMINISTRATOR TO THE EFFECT REQUIRING FOR PRESENTATION OF LOCATIONAL CLEARANCE/CERTIFICATE OF ZONING COMPLIANCE (LC/CZC) OR TO APPLY FOR LC/LZC? <input type="checkbox"/> YES <input type="checkbox"/> NO Please answer the following: 15.a. Name of HLRB Officer of DZA who issued the notice(s) 15.b. Date of Notice _____ 15.c. Orders indicated in the notice(s) _____	
16. IS THE PROJECT APPLIED FOR THE SUBJECT OF SIMILAR APPLICATION WITH OTHER OFFICES OF THE COMMISSION AND/OR DEPUTIZED ZONING ADMINISTRATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO 16.a. Other HLURB Office where similar application was filed _____ 16.b. Date filed _____ 16.c. Actions taken by Offices _____	
17. PREFERRED MODE OF RELEASED OF 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	18. SIGNATURE OF AUTHORIZED REPRESENTATIVE

Republic of the Philippines) S.S.

Province of Davao del Norte

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2022 I the City/Municipality of _____, Province of _____, affiant exhibited to me his/her Community Tax No. _____ issued at _____ on _____, 2022.

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