



OFFICE OF THE MUNICIPAL PLANNING AND DEVELOPMENT COORDINATOR

Tel. No.: (054) 513-9437 | mpdo.pasacao4417@gmail.com

APPLICATION FORM FOR ZONING CERTIFICATION

1. Name of Applicant:
2. Address of Applicant:
3. Name of Business:
4. Location of Business (Street, Barangay):
5. Total Lot Area (in square meter):
6. Right over Land [<input type="checkbox"/>] Owner [<input type="checkbox"/>] Lessee [<input type="checkbox"/>] Others (Pls.specify):
7. Capital/Investment Cost:
8. Purpose: Business Permit [<input type="checkbox"/>] Building Permit [<input type="checkbox"/>] Others (Pls. specify):
9. Contact Number:
10. Requirements: [<input type="checkbox"/>] Vicinity Map drawn to an appropriate scale showing the property in question and indicating appropriate landmarks [<input type="checkbox"/>] OCT/TCT (or any proof of ownership or right over the property)/ Tax Declaration

I HEREBY CERTIFY that the above information is true and correct to the best of my knowledge.

Signature over printed name of Applicant

Date

