

**Office of The Municipal Zoning Administrator
Municipality of Carmona
Carmona, Cavite**

APPLICATION FOR LOCATIONAL CLEARANCE/ CERTIFICATE OF ZONING COMPLIANCE

1. NAME OF APPLICANT	2. NAME OF CORPORATION									
3. ADDRESS OF APPLICANT	4. ADDRESS OF CORPORATION									
5. NAME OF AUTHORIZED REPRESENTATIVE	6. ADDRESS OF AUTHORIZED REPRESENTATIVE									
7. PROJECT TYPE	8. PROJECT NATURE <input type="checkbox"/> New Development <input type="checkbox"/> Others (Specify) <input type="checkbox"/> Improvement									
9. PROJECT LOCATION (Number, Street, Brgy., City/Municipality, Province)	10. PROJECT AREA (sq. m.)									
11. RIGHT OVER LAND	12. PROJECT TENURE <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (Specify years)									
13. EXISTING LAND USES OF PROJECT SITE <table border="0" style="width: 100%;"><tr><td><input type="checkbox"/> Residential</td><td><input type="checkbox"/> Industrial</td><td><input type="checkbox"/> Vacant Idle</td></tr><tr><td><input type="checkbox"/> Institutional</td><td><input type="checkbox"/> Other (specify) _____</td><td><input type="checkbox"/> Agricultural (specify crop) _____</td></tr><tr><td><input type="checkbox"/> Commercial</td><td></td><td><input type="checkbox"/> Tenanted <input type="checkbox"/> Not Tenanted</td></tr></table>		<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Vacant Idle	<input type="checkbox"/> Institutional	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Agricultural (specify crop) _____	<input type="checkbox"/> Commercial		<input type="checkbox"/> Tenanted <input type="checkbox"/> Not Tenanted
<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Vacant Idle								
<input type="checkbox"/> Institutional	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Agricultural (specify crop) _____								
<input type="checkbox"/> Commercial		<input type="checkbox"/> Tenanted <input type="checkbox"/> Not Tenanted								
14. PROJECT COST/CAPITALIZATION (in pesos, write in words & figures)										
15. Is the project applied for the subject or written notice(s) from the Municipal Zoning Administrator to the effect requiring for presentation of Locational Clearance/ Certificate of Zoning Compliance or to apply for LC/CZC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer the following: 15. a) Name of MZA Officer or Municipal Zoning Administrator who issued the notice(s) _____ 15. b) Date(s) of Notice(s) _____ 15. c) Orders/request indicated in the notice(s) _____										
Is the project applied for the subject of similar application(s) with other offices of Municipal Zoning administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer the following: 15. a) Other MZA Office(s) where similar application(s) was were filed: _____ 15. b) Date(s) filed: _____ 15. c) Action(s) taken by office(s) mentioned in 15. a. _____										
16. PREFERRED MODE OF RELEASE OF DECISION: <input type="checkbox"/> Pick-up <input type="checkbox"/> By mail, addressed to: _____ <input type="checkbox"/> Applicant <input type="checkbox"/> Authorized Representative										
17. SIGNATURE OF APPLICANT	18. SIGNATURE OF AUTHORIZED REPRESENTATIVE									

(Republic of the Philippines) s.s

SUBSCRIBED AND SWORN to before me this day of _____, in the City/ Province of _____, affiant exhibited to me his/ her Residence Certificate No. _____
Issued at _____ on _____.

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