EXCAVATION PERMIT APPLICATION FORM

(Print the required data, legibly, on all appropriate boxes.)

PROJECT NAME: ____________________________

APPLICATION CONTROL NUMBER ____________________________ DATE OF APPLICATION ____________________________

BOX 1 (TO BE ACCOMPLISHED BY THE APPLICANT)

NAME OF APPLICANT (LAST NAME, FIRST NAME, M.I.) ____________________________ F.I.N. ____________________________

ADDRESS (NO., STREET NAME, BARANGAY, CITY) ____________________________ TELEPHONE NO. ____________________________

LOCATION OF EXCAVATION (NO., STREET NAME, BARANGAY, CITY) ____________________________

TYPE OF WORK

( ) BY CONTRACT ( ) INDIVIDUAL ( ) BY ADMINISTRATION

( ) OTHERS (SPECIFY) ____________________________ UTILITY PROVIDER: ____________________________

SCOPE OF WORK: INSTALLATION, REPAIR OR IMPROVEMENT OF:

( ) WATER ( ) GAS PIPES/SYSTEM ( ) DRAINAGE PIPES/SYSTEM ( ) SEWER PIPES/SYSTEM

( ) TELEPHONE LINES ( ) CABLE CONDUITS / POWER LINES & OTHER COMMUNICATION FACILITIES

( ) OTHERS (SPECIFY) ____________________________

PROJECT DURATION ____________________________

SCHEDULED START OF WORK ____________________________ EXPECTED DATE OF COMPLETION ____________________________

SUPPORTING DOCUMENTS:

SCHEDULE OF ACTIVITIES CORPORATE SECRETARY’S CERTIFICATION OF A BOARD RESOLUTION AUTHORIZING THE SIGNATORY / IES

CLEARANCES NUMBER / BARANGAY NAME DATE ISSUED

BARANGAY CLEARANCE ____________________________

HOMEOWNERS ASSOCIATION CLEARANCE (if applicable) ____________________________

EXCAVATION CLEARANCE (from the QC Engineering Dep’t.) ____________________________

INSPECTION REPORT (from the QC Engineering Dep’t.) ____________________________

OWNER / AUTHORIZED REPRESENTATIVE: ____________________________

CONTRACTOR / AUTHORIZED REPRESENTATIVE: ____________________________

(SIGNATURE OVER PRINTED NAME) ____________________________ (SIGNATURE OVER PRINTED NAME) ____________________________

AGE: _______ GENDER: _______ AGE: _______ GENDER: _______

CIVIL STATUS: ____________________________ CIVIL STATUS: ____________________________

CELLPHONE No.: ____________________________ CELLPHONE No.: ____________________________

ADDRESS: ____________________________ ADDRESS: ____________________________