Republic of the Philippines City of **SILAY** Province of **NEGROS OCCIDENTAL**

OFFICE OF THE BUILDING OFFICIAL

SIGN PERMIT

APPLICATION NO.		SP NO		BUILDING PERMIT NO.	
BOX 1 (TO BE ACCOMPLISHED BY THE OWNER/APPLICANT)					
OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN	
FOR CONSTRUCTION OWNED FORM OF OWNERS		RM OF OWNERSHIP	USE OR CHARACTER OF OCCUPANCY		
BY AN ENTERPRISE					
ADDRESS: NO., STREE	et, Barangay,	CITY/MUNICIPALITY	ZIPCODE	TELEPHONE NO	
LOCATION OF CONSTRUCTION: LOT NO BLK NOTCT NO TAX DEC. NO					
STREET BARANGAY CITY/ MUNICIPALITY					
SCOPE OF WORK					
NEW CONSTRUCTIO	N RENOVATION	[DEMOLITION		
	CONVERSION	[ANCILLARY BUILD	DING/STRUCTURE	
ADDITION	REPAIR	[OTHERS (Specify)		
ALTERATION	MOVING	[]		
USE OR CHARACTER OF OCCUPANCY					
A. Type of Display - 1.	Single Face	2. Double Face	3 🗆	Multi-Media	
1. 🗌 Neon 2. 🗌] Illuminated	3. Painted-on		Other	
B. Type of Installation 1. D Business Sign, Wall Type					
2. Business Sign, Projecting T	Гуре	 Business Sign, Temporary Advertising Sign, Ground Ty 		Advertising Sign, Wall Type	
3. Business Sign, Ground Typ	••	 Advertising Sign, Ground Ty Advertising Sign, Wall Type 	be 8. 🗋	Advertising Sign, Other	
• •) =	W (m) =	At (m ²	?) =	
BOX 2 (TO BE CHECKED, RE	CEIVED AND RECORDED)		,	,	
ACCOMPANYING DOCUMENTS: [FIVE (5) SETS EACH SIGNED AND SEALED BY RESPONSIBLE DESIGN PROFESSIONAL]					
CERTIFIED XEROX COPY OF TCT					
I IF NOT OWNED BY THE APPLICANT IN ADDITION TO THE CERTIFIED I PLANS OF SIGN STRUCTURES, STRUCTURAL DESIGN & COMPUTATIONS					
XEROX COPY OF TCT, XEROX COPY OF CONTRACT OF LEASE					
XEROX COPY OF TAX DECLARATION AND LATEST REALTY TAX RECEIPT SPECIFICATIONS AND COST ESTIMATES					
BOX 3		BOX 4			
DESIGN PROFESSIONAL, PLANS	FULL-TIME INSPECTO	FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS			
	Date			Date	
ARCHITECT AND/OR CIVIL ENGINEER (Signed and Sealed Over Printed Name)			ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Over Printed Name)		
Address		Address		······································	
PRC. No	Validity	PRC. No	Valid	ity	
PTR. No	Date Issued	PTR. No		lssued	
Issued at	TIN	Issued at	TIN		
BOX 5			•		
Date					
APPLICANT (Signature Over Printed Name)					
Address		(, , , , , , , , , , , , , , , , , , ,			
C.T.C. No.	Date Issued	Place Issued	TIN		