



BUREAU OF FIRE PROTECTION

(Region)
(District/Provincial Office)
(STATION)
(Station Address)



(Station Number)



(Station Email)

FSEC

APPLICATION NUMBER

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FIRE SAFETY EVALUATION CLEARANCE APPLICATION FORM

PROJECT OWNER			
PROJECT TITLE			
PROJECT LOCATION			
OWNER ADDRESS			
NAME OF CONTRACTOR/ GENERAL CONTRACTOR			
AUTHORIZED REPRESENTATIVE (If applicant is not the owner)			
CONTACT NUMBER:	EMAIL ADDRESS	TOTAL FLOOR AREA (m ²)	NO. OF STOREY

ATTACHED DOCUMENTARY REQUIREMENTS

APPLICATION FORM FOR BUILDING PERMIT FROM THE OFFICE OF THE BUILDING OFFICIAL
THREE (3) COMPLETE SETS OF THE FOLLOWING DOCUMENTS:

- | | |
|---|--|
| <input type="checkbox"/> ARCHITECTURAL DOCUMENTS | <input type="checkbox"/> PLUMBING DOCUMENTS |
| <input type="checkbox"/> CIVIL/STRUCTURAL DOCUMENTS | <input type="checkbox"/> ELECTRONICS DOCUMENTS |
| <input type="checkbox"/> ELECTRICAL DOCUMENTS | <input type="checkbox"/> SANITARY DOCUMENTS |
| <input type="checkbox"/> MECHANICAL DOCUMENTS | <input type="checkbox"/> FIRE PROTECTION PLAN |
| <input type="checkbox"/> PHOTOCOPIES OF VALID LICENSES OF INVOLVED PROFESSIONAL | |

1 SET OF ESTIMATED COST OF THE BUILDING TO BE CONSTRUCTED/RENOVATED/MODIFIED AS REFLECTED IN THE BILL OF MATERIALS INCLUDING LABOR COST SIGNED AND SEALED BY THE DESIGNER/CONTRACTOR AND DULY NOTARIZED

NOTE: Incomplete documentary requirements will be returned to the applicant.

I hereby certify the correctness of the information provided above and the completeness of the attached documents.

OWNER/AUTHORIZED REPRESENTATIVE'S SIGNATURE OVER PRINTED NAME

DATE

VERIFIED BY BFP-CRO: _____

DATE/TIME

FSEC MONITORING (To be filled-up by BFP Personnel only)

CRO		FCA		FCCA		C,FSSES		BPE		C,FSSES		CMF/MFM		CRO	
DATE:		DATE:		DATE:		DATE:		DATE:		DATE:		DATE:		DATE:	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT

**PAALALA: "MAHIGPIT NA IPINAGBABAWAL NG PAMUNUAN NG BUREAU OF FIRE PROTECTION SA MGA KAWANI NITO ANG MAGBENTA O MAGREKOMENDA NG ANUMANG BRAND NG FIRE EXTINGUISHER"
"FIRE SAFETY IS OUR MAIN CONCERN"**

BFP-QSF-FSED-001 REV.01 (07.05.19)



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CLAIM STUB

CERTIFIED BY:

CUSTOMER RELATION OFFICER

DATE

NOTE: Authorized Representative must present an Authorization Letter and Copy of Owner's Identification Card

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