

**MUNICIPAL ZONING ADMINISTRATOR OFFICE**

1. Name of Applicant	Address
2. Name of Corporation	Address
3. Name of Authorized Representative	Address
4. Project Type	5. Project Nature <input type="checkbox"/> New Development <input type="checkbox"/> Improvement <input type="checkbox"/> Others/Specify
6. Project Location (No./St./Brgy./City/Municipality/Province)	
Lot Area:	
7. Project Area (in Square Meters) / Building(s) / Improvement	
Lot Area:	Floor Area:
8. Right Over Land <input type="checkbox"/> Owner <input type="checkbox"/> Lessees <input type="checkbox"/> Others/Specify	9. Project Tenure <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (Specify Year)
10. Existing Land Use of Project Site  <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Vacant / Idle <input type="checkbox"/> Institutional <input type="checkbox"/> Others/Specify <input type="checkbox"/> Agricultural Specify Crops <input type="checkbox"/> Commercial  <div style="text-align: right;"><input type="checkbox"/> Tenanted      <input type="checkbox"/> Not Tenanted</div>	
11. Project Cost/Capitalization (In pesos, write in words and figures)	
12. <b>IS THE PROJECT APPLIED FOR THE SUBJECT OR WRITTEN NOTICE(S) FROM THIS OFFICE AND/OR ITS DEPUTIZED ZONING ADMINISTRATOR TO THE EFFECT REQUIRING FOR PRESENTATION OF LOCATIONAL CLEARANCE/CERTIFICATE OF ZONING COMPLIANCE (LC/CZC) OR TO APPLY LC/CZC</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please answer the following: 12.a. Name of HLURB Officer of Zoning Administrator who issued the Notice(s) 12.b. Date(s) of Notice	
13. <b>IS THE PROJECT APPLIED FOR THE SUBJECT SIMILAR APPLICATION WITH OTHER OFFICES OF THE COMMISSION AND/OR DEPUTIZED ZONING ADMINISTRATOR?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No 13.a. Other HLURB Office(s) where similar application(s) was/were filed 13.b. Date(s) Filed 13.c. Action(s) Taken by Office(s) mentioned in 16.a.	
14. <b>Preferred Mode of Release of Decision</b> <input type="checkbox"/> Pick-up <input type="checkbox"/> By Mail, Address To: <input type="checkbox"/> Applicant <input type="checkbox"/> Authorized Representative	
15. Signature of Applicant	16. Signature of Authorized Representative

Republic of the Philippines )  
MUNICIPALITY OF PANIQUI )  
Province of Tarlac )

SUBSCRIBED AND SWORN TO before e this day of \_\_\_\_\_ 20\_\_ in the city/municipality of Paniqui, Province of Tarlac affiant exhibit to me his/her Residence Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ at 20\_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**