
SURVEY PERMIT

NAME OF OWNER/APPLICANT	ADDRESS AND TELEPHONE NO.
AUTHORIZED REPRESENTATIVE	ADDRESS AND TELEPHONE NO.:
LOCATION OF PROPERTY	NO. OF LOTS: / AREA
ACCOMPANYING DOCUMENTS: <input type="checkbox"/> XEROX COPY OF TCT (B-9066) <input type="checkbox"/> XEROX COPY OF PLAN <input type="checkbox"/> XEROX COPY OF TAX CLEARANCE <input type="checkbox"/> ZONING/LOCATIONAL CLEARANCE <input type="checkbox"/> OTHER DOCUMENTS (SPECIFY)	PURPOSES: <input type="checkbox"/> SEGREGATION OF LOT <input type="checkbox"/> CONSOLIDATION OF LOT <input type="checkbox"/> ISSUANCE OF NEW TAX DECLARATION <input type="checkbox"/> TRANSFER <input type="checkbox"/> OTHERS (SPECIFY) Application No. _____ Reference No. _____ O.R. No. _____ Date of Issue: _____

EVALUATION OF FACT:

APPROVED:

ENGR. PETRONIO C. TOLENTINO
MPDC

NOTED BY: