



Republic of the Philippines  
Province of La Union  
**MUNICIPALITY of ARINGAY**  
Aringay, La Union

**Office of the Zoning Officer**

**APPLICATION FOR LOCATIONAL CLEARANCE**

Name of Applicant \_\_\_\_\_ Name of Corporation \_\_\_\_\_

Address of Applicant \_\_\_\_\_ Address of Corporation \_\_\_\_\_

Name of Authorized Representative \_\_\_\_\_ Address of Authorized Representative \_\_\_\_\_

Project Type \_\_\_\_\_ Project Tenure:  
 \_\_\_\_\_ New Development \_\_\_\_\_ Improvement  
 \_\_\_\_\_ Others

Project Location \_\_\_\_\_ Project Area (in sq.m.)  
 Lot: \_\_\_\_\_  
 Bldg.: \_\_\_\_\_

Project Capitalization (in words and figures) \_\_\_\_\_

Existing Land Uses of Project Site:  
 \_\_\_\_\_ Residential \_\_\_\_\_ Industrial \_\_\_\_\_ Vacant/Idle \_\_\_\_\_ Institutional \_\_\_\_\_ Others  
 \_\_\_\_\_ Commercial \_\_\_\_\_ Agricultural \_\_\_\_\_ Tenanted \_\_\_\_\_ Not Tenanted

Rights Over Land: \_\_\_\_\_ Project Tenure  
 \_\_\_\_\_ Owner \_\_\_\_\_ Lessee \_\_\_\_\_ Others \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary (Specify  
 Years)

Is the project applied for the subject of written notice/s from this Office and/or its Deputized Zoning Administrator to the effect from representative of Locational Clearance/Certificate of Zoning Compliance (LC/CZC) or to apply for LC/CZC? \_\_\_\_\_ YES \_\_\_\_\_ NO. If yes, please answer the following: a.) Name of Zoning Officer or Zoning Administrator who issued the Notice \_\_\_\_\_ b.) Date of Notice \_\_\_\_\_ c.) Orders/Requests indicated in the notice/s \_\_\_\_\_.

Is the project applied for the subject of similar application with other offices of the commission and/or Deputized Zoning Administrator? \_\_\_\_\_ YES \_\_\_\_\_ NO. If yes, please answer the following: a.) Other Zoning Office where similar application was filed \_\_\_\_\_ b.) Date filed \_\_\_\_\_ c.) Action taken by the Office mentioned in (a.) \_\_\_\_\_

Preferred Mode of Release of Decision:  
 \_\_\_\_\_ Pick-Up \_\_\_\_\_ By \_\_\_\_\_ snail \_\_\_\_\_ mail, \_\_\_\_\_ addressed \_\_\_\_\_ to:  
 \_\_\_\_\_ Applicant \_\_\_\_\_ Authorized Representative

Signature of Applicant: \_\_\_\_\_ Signature of Authorized Representative: \_\_\_\_\_

Republic of the Philippines)  
Province of La Union ) S.S.  
Municipality of \_\_\_\_\_)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2016, at \_\_\_\_\_, La Union, affiant exhibited to me his/her Residence Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

**NOTARY PUBLIC**