

Republic of the Philippines

Department of Interior and Local Government
BUREAU OF FIRE PROTECTION
(Region)
(STATION)
(Station Address)

APPLICATION NO. _____

_____ Date

(To be filled up by applicant/owner)

Name of Applicant/Owner _____
Type of Building/Occupancy _____
Total Number of Floors _____
Total Floor Area _____
Location/Address of Building/Establishment/Construction _____

Requirements Submitted: (To be checked/filled up by the Customer Relations Officer)

<input type="checkbox"/> FIRE SAFETY EVALUATION CLEARANCE (FSEC)	<input type="checkbox"/> FIRE SAFETY INSPECTION CERTIFICATE (FSIC) FOR OCCUPANCY PERMIT OR FOR BUSINESS PERMIT
<input type="checkbox"/> Endorsement from the Building Official (BO) <input type="checkbox"/> Three (3) Sets of Building Plans and Specifications <input type="checkbox"/> One (1) set of Bills of Materials and Cost Estimates <input type="checkbox"/> Three (3) Sets of Detailed Fire Safety Plans and Specifications and Fire and Life Safety Assessment Report 1 (FALAR-1) for Occupancy of at least 50 persons	<input type="checkbox"/> Endorsement from Building Official (BO)/ Business Permit Licensing Office (BPLO) <input type="checkbox"/> Photocopy of Building Permit and Assessment of Occupancy Permit Fee/Assessment of Application for Business Permit/ BPLO Assessment/Tax Bill for Business Permit, as the case maybe <input type="checkbox"/> Copy of Fire Insurance Policy (If any, please specify) _____ <input type="checkbox"/> Copy of LATEST Fire Safety Inspection Certificate (FSIC) immediately preceding this application (if any) <input type="checkbox"/> Three (3) Sets of Fire and Life Assessment Report-2 (FALAR-2) or FALAR-3 for Business Permit (For Occupancy of at least 50 persons)

SIGNATURE OF APPLICANT/OWNER

Time and Date Received: _____
Due for Release (FSEC with FS Checklist): _____
(FSIC/NTC): _____

Certified By: _____

Customer Relations Officer

Note: Only application with complete requirements shall be processed.

CLAIM STUB

APPLICATION NO. _____

_____ Date

NAME OF APPLICANT/OWNER: _____

Time and Date Received: _____
Due for Release (FSEC with FS Checklist): _____
(FSIC/NTC): _____

Certified By: _____

Customer Relations Officer

“FIRE SAFETY IS OUR MAIN CONCERN”