

ZA Form No. 5



OFFICE OF THE ZONING ADMINISTRATOR
City of Calamba



Application No. _____
Date of Receipt _____
O. R. No. _____
Date Issued _____
Amount Paid ₱ _____

APPLICATION FOR CERTIFICATE OF ZONING CLASSIFICATION

1. Name of Applicant	
2. Address & Tel. No. of Applicant	
3. Lot No. / TCT No. / Area (in square meters)	
4. Registered Owner	
5. Location of Lot	
6. Applicant's Right Over Land	
7. Signature of Applicant	8. Signature of Property Owner/s

Requirements:

- Survey plan with vicinity map, showing the property subject of application & indicating appropriate landmarks
- Tax Map
- Photocopy of TCT
- Photocopy of Tax Declaration
- Photocopy of Current Tax Receipt
- Affidavit of Non-Tenancy or Waiver of Tenant, for agricultural zone
- SPA to apply or sign in favor of applicant, if applicant is not the property owner
- Neighborhood Consent or Barangay Clearance, whichever is applicable **FOR APPLICABLE PROJECT ONLY**

CPDO - City of Calamba
(049) 545 - 6789 loc. 8209
Mobile: 0919 652 1098
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