



LAGUNA LAKE DEVELOPMENT AUTHORITY
National Ecology Center, East Avenue
Diliman, Quezon City
Tel. Nos.: 332-2346, 376-4039, 376-4072, 376-4049, 376-406

CLEARANCE APPLICATION FOR DEVELOPMENT PLAN/PROGRAM/PROJECT IN THE LAGUNA de BAY REGION

LLDA CLEARANCE AMENDMENT EXEMPTION EXPANSION

PART I – APPLICANT INFORMATION

Name of Establishment: _____
Tax Identification Number (TIN): _____ **Year Established:** _____

Business Address:

Number and Street: _____ Barangay: _____
City/Municipality: _____ Province: _____
GPS Coordinates: (Latitude) _____ (Longitude) _____

Name & Location of Project/Development:

Project Name (if any): _____
Number and Street: _____ Barangay: _____
City/Municipality: _____ Province: _____

Chief Executive Officer of the Establishment:

Name: _____ Title/Designation: _____
Tel #: _____ Fax #: _____ Cel #: _____ email add: _____

Applicant's Authorized Representative/Pollution Control Officer:

Name: _____ Title/Designation: _____
Name of Firm: _____
Number and Street: _____ Barangay: _____
City/Municipality: _____ Province: _____ Tel. #: _____
Fax #: _____ Cell. #: _____ email add: _____

PART II – BUSINESS ACTIVITY DESCRIPTION

I. Business Activity:

Production Capacity (allowed per ECC): _____

(continuation at the back)

A. Industrial Establishment/Infrastructure Projects and other similar project

Capital Investment (Authorized Capital Stock): PhP _____
Total Project Cost: _____

B. Agro-Industrial Establishment

Capacity (Maximum No. of Heads): _____

C. Housing Development, Institution, Hospital, Commercial Establishments, Parks, Golf Course warehouse/storage facilities, etc.

Gross Floor Area (sq.m): _____ Total Lot Area (sq.m): _____
For Townhouses/Villas/other cluster housing units (total no. of units): _____

D. Other Projects (Land Transport Terminal/Parking Areas)

No. of vehicle slots: _____

II. Employment and Operation Information**Total Employment (number of workers)**

Production: _____
Non-Production: _____

Operational Schedule/Time

No. of hours/day: _____ shifts/day: _____
No. of days/month: _____

PART III – WATER SUPPLY, WASTEWATER GENERATION, TREATMENT AND DISPOSAL**Sources of Water Supply**

MWSI/MWCI	Local Water District	Deep well	Laguna de Bay
Rivers	Others		

Total Water Consumption (m³/day): _____

Wastewater Generation, Treatment and Disposal

Total Volume of Wastewater Discharge (m³/day): _____

Method of Treatment: _____

Disposal: _____

I certify that the information above are true, complete and accurate to the best of my knowledge.

Signature of Representative/Pollution Control Officer

Date: _____

Signature of Chief Executive Officer

Date: _____

SUBSCRIBED AND SWORN to before me a NOTARY PUBLIC, this _____ day of _____, affiant exhibiting to me his/her Community Tax Receipt No. _____ issued at _____ on _____

NOTARY PUBLIC

Doc. No. _____

Page No. _____

Book No. _____

Series No. _____

All information contained in this application form will be held strictly confidential.