



LAGUNA LAKE DEVELOPMENT AUTHORITY
National Ecology Center, East Avenue
Diliman, Quezon City
Tel. Nos.: 332-2346, 376-4039, 376-4072, 376-4049, 376-4061

**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)

Operational Schedule/Time

Production: _____

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

Non-Production: _____

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

Signature of Chief Executive Officer

Date: _____

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.