



**APPLICATION FOR PERMIT TO CONSTRUCT A HOSPITAL OR OTHER HEALTH FACILITY**

Name of Hospital/Health Facility: \_\_\_\_\_

Address of Hospital/Health Facility: \_\_\_\_\_

Number Street Baranqay

City/ Municipality Region

Name of Applicant: \_\_\_\_\_  
 Owner/ Hospital Administrator

Mailing Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Classification According to

Ownership:	[ ] Government	[ ] Private
Function:	[ ] General	[ ] Special
Capability:	[ ] Level 1 Hospital	[ ] Birthing Home
	[ ] Level 2 Hospital	[ ] Acute-Chronic
	[ ] Level 3 Hospital	[ ] Custodial
	[ ] Level 4 Hospital	

Bed Capacity: \_\_\_\_\_

Type of Application:

[ ] Construction of \_\_\_\_\_

[ ] Expansion/ Renovation of \_\_\_\_\_

[ ] Upgrading From \_\_\_\_\_ To \_\_\_\_\_

[ ] Increase in Bed Capacity From \_\_\_\_\_ To \_\_\_\_\_

Documents Attached Herewith:

1. Three (3) Sets of Site Development Plans and Architectural Floor Plans	
1.1. Signed and sealed by an Architect (for Level 1 – 4 Hospitals)	
1.2. Showing all areas with appropriate scale, dimensions and labels	
1.3. Demonstrating proper spatial and functional relationship of areas (refer to Checklist for Review of Floor Plan)	
2. <i>If filed at the Center for Health Development</i> , a Letter of Endorsement to the Director of the Bureau of Health Facilities and Services	
3. <i>If a new hospital/health facility</i> ,	
3.1. Certificate of Need from the Center for Health Development (for Level 1 – 4 Hospitals)	
3.2. Zoning Certificate/ Location Clearance from the City/ Municipal Planning and Development Office	
3.3. Proof of Registration of Name of Hospital/Health Facility	
3.3.1. DTI/ SEC Registration (for private hospital/health facility)	
3.3.2. Enabling Act/ Board Resolution (for government hospital/health facility)	

I hereby declare that this Application has been accomplished by me, and that the foregoing information and attached documents required for the permit to construct are true and correct.

\_\_\_\_\_  
 Signature Over Printed Name  
 Date: