



Republic of the Philippines  
 Department of Health  
**BUREAU OF HEALTH FACILITIES AND SERVICES**  
 Building 15, San Lazaro Compound, Rizal Avenue, Sta. Cruz, 1003 Manila  
 Trunk Line: 743-83-01; Direct Line: 711-9572; Fax: 781-4179  
 URL: <http://www.doh.gov.ph/>



**APPLICATION FOR PERMIT TO CONSTRUCT A  
MEDICAL FACILITY FOR OVERSEAS WORKERS AND SEAFARERS**

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Number	Street	Barangay
City/ Municipality		Region

Name of Applicant: \_\_\_\_\_

Owner/ Administrator

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

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

- Type of Application:
- Regular Medical Facility
  - Special Medical Facility
    - Seafarer's Medical Facility
    - Land-Based Medical Facility

Documents Attached Herewith:

1. Three (3) Sets of Floor Layouts	
1.1. Showing all areas with appropriate scale, dimensions and labels	
1.2. Demonstrating proper spatial and functional relationship of areas (refer to Checklist for Review of Floor Plan)	
2. DTI/ SEC Registration	

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.

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