

CITY OF SAN PEDRO, LAGUNA

CITIZEN'S CHARTER

2025 (1st Edition)



I. Mandate:

Republic Act 7160, also known as the Local Government Code of 1991 gives the local governments powers to ensure the preservation and enhancement of culture, promotion of health and safety, right of people to a balanced ecology, development of technological capabilities, improvement of public morals, economic prosperity and social justice, full employment of residents, peace and order, and the convenience of inhabitants.

II. Vision:

San Pedro City: A leading recognized Smart City in CALABARZON by 2032.

III. Mission:

Deliver the highest quality of basic services to our constituents while optimizing our resources in accordance with the statutory requirements and our core values.

IV. Service Pledge:

It is the ultimate goal of the Officials and Employees of the City of San Pedro to make San Pedro a highly-urbanized place to sojourn, and the best commercial hub to do business. Running parallel is our desire to provide the best quality services to our constituents through effective and efficient governance. It is therefore imperative for us to ensure public safety, promote social justice and well-being, as well as the protection of human rights of every citizen of the City of San Pedro. All these are important to us because **WE CARE**.

<u>W</u>ork even beyond the call of duty, and not only during working hours/days, as provided for by law.

Excellence is the guiding principle of our public service.

Commitment to our sworn duty above all, and next to God.

Accountable to the people we serve.

Reliability and dependability of our services.

Efficiency and effectiveness is the very core and heart of our governance.

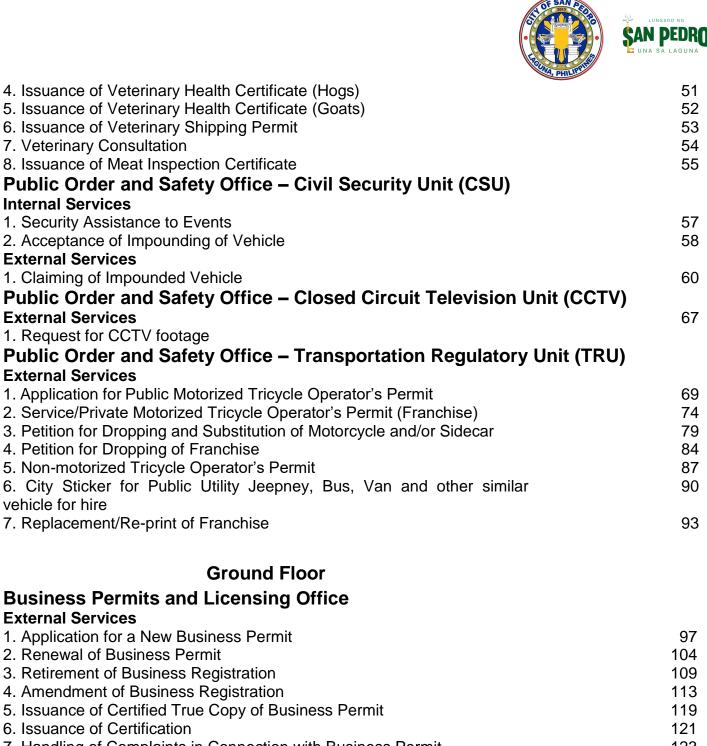




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City Agriculture Office

External Services





1. Vegetable, Fruit-bearing, and Forest Tree Seedlings Dispersal

The City Agriculture Office disperses free Vegetable, Fruit-bearing and Forest Tree seedlings materials to walk-in clients, barangays, schools, associations or any Non-Government Organizations (NGOs).

Office or Division:	City Agriculture Of	fice (CAgO)	
Classification:	Simple			
Type of Transaction: G2C – Governmen		rnment to Citizen		
Who may avail:	o may avail: Walk in clients, Barangay, schools, associations or NGO's			ns or NGO's
CHECKLIST OF RE	QUIREMENTS	WHERE TO SECURE		
1. Request Letter addre	I. Request Letter addressed to Honorable		To be made by the Requesting Party	
Mayor Art Joseph Francis Mercado (for		(signed by the requesting client)		client)
institutional clients) (1 O	institutional clients) (1 Original Copy)		,	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. The client/recipient shall make a request letter to be addressed to Hon. Mayor Art Joseph Francis Mercado, indicating the date of the tree planting, place of the tree planting, total number of seedlings needed, and the name of the group that will perform the said activities.	1. The Office of the Mayor Staff will receive the request letter.	None	3 minutes	Staff Office of the Mayor
2. The request letter will be presented to the office of the Mayor (OM) for receiving and approval by the Mayor through the verification and study of the Executive Assistant or the City Administrator.	2. The Office of the Mayor will receive the request letter for approval.	None	3 days	City Mayor
3.1. When the request is approved, the request letter will be forwarded to our office for releasing of the planting materials and inform the recipient to pick-up the plants.	3. The Office of the Mayor will forward the approved request letter to the City Agriculture Office	None	10 minutes - seedlings Preparation 8-10 minutes - transportation of seedlings	City Agriculturist Or Agriculturist II Or Agriculturist I CAgO





3.2. The requesting client shall receive the plants and sign the transmittal for record purposes.	3.1 A transmittal form will be produced containing the details of the			
	request TOTAL:	None	3 Days and 23 Minutes	
For Walk-in Clients				
1. The client will be asked to fill out the seedling dispersal masterlist and Client Feedback Form with their name and address for record purposes.	1. The City Agriculture Office employee shall prepare a seedlings releasing slip to be signed by an authorized employee and the farm worker will release the seedlings.	None	3 minutes	City Agriculturist Or Agriculturist II Or Agriculturist I CAgO
	TOTAL:	None	3 Minutes	





2. Sampaguita Seedlings Dispersal

The City Agriculture Office disperses free Sampaguita seedlings to walk-in clients, barangays, schools, associations or any Non-Government Organizations (NGOs).

Office or Division:	City Agriculture (Office (CAgO)	
Classification:	Simple			
Type of	G2C – Governm	ent to Citizen	1	
Transaction:				
Who may avail:	Walk in clients, E	Barangay, scl	hools, associations	s or NGO's
CHECKLIST OF RE	QUIREMENTS		WHERE TO SEC	URE
1. Request Letter addr	essed to	To be made	by the Requestin	g Party (signed
Honorable Mayor Art J	loseph Francis	by the requ	esting client)	
Mercado (for institution	, ,			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The client/recipient shall make a request letter to be addressed to Hon. Mayor Art Joseph Francis Mercado, indicating the date of the tree planting, place of the tree planting, total number of seedlings needed, and the name of the group that will perform the said activities.	1. The Office of the Mayor Staff will receive the request letter.	None	3 minutes	Staff City Mayor's Office
2. The request letter will be presented to the office of the Mayor (OM) for receiving and approval by the Mayor through the verification and study of the Executive Assistant or the City Administrator.	2. The Office of the Mayor will receive the request letter for approval.	None	3 days	City Mayor
3.1. When the request is approved, the request letter will be forwarded to our office for releasing of the planting materials and inform the recipient to pick-up	1.1 The Office of the Mayor will forward the approved request letter to the City Agriculture Office	None	10 minutes - seedlings Preparation 8-10 minutes - transportation of seedlings	City Agriculturist Or Agriculturist II Or Agriculturist I CAgO





the plants.				
3.2. The requesting client shall receive the plants and sign the transmittal for record purposes.	1.2 A transmittal form will be produced containing the details of the request			
	TOTAL:	None	3 Days and 23 Minutes	
For Walk-in Clients				
1. Fill-out seedling dispersal form.	1. Prepare seedlings releasing slip signed by an authorized employee and the release the seedlings.	None	3 minutes	City Agriculturist Or Agricultural Techonologist CAgO
	TOTAL:	None	3 Minutes	





3. Tilapia Fingerlings Dispersal

The City Agriculture Office disperses Tilapia Fingerlings to the requesting clients.

		(0.1.0)			
Office or	City Agriculture Offi	ce (CAgO)			
Division:	Cimple				
Classification:	Simple G2C – Government to Citizen				
Type of Transaction:	G2C – Government	. to Citizen			
	Deguesting Clients				
Who may avail:	Requesting Clients REQUIREMENTS	T	WHERE TO SEC	· IIDE	
		To be made	WHERE TO SEC		
Request Letter a Honorable Mayor A			e by the Requestin esting client)	g Party (signed	
Mercado	it Joseph Francis	by the requi	esting chemit)		
	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. The client/recipient shall make a request letter to be addressed to Hon. Mayor Art Joseph Francis Mercado, indicating the specifications of their grow-out area.	1. The Office of the Mayor Staff will receive the request letter.	None	3 minutes	Office of the Mayor Staff	
2. The request letter will be presented to the office of the Mayor (OM) for receiving and approval by the Mayor through the verification and study of the Executive Assistant or the City Administrator.	2. The Office of the Mayor will receive the request letter for approval.	None	3 days	City Mayor	
3.1. When the request is approved, the request letter will be forwarded to the City Agriculture Office for inspection of the proposed	3. The Office of the Mayor will forward the approved request letter to the City Agriculture Office 3.1 The City Agriculture Office	None	15 minutes	City Agriculturist Or Agriculturist I CAgO	





grow-out area.	shall send its technical			
3.2. The requesting client shall receive the Tilapia Fingerlings at the Fish Nursery at	personnel to the proposed grow-out area for inspection and technical assistance.			
Rosario Complex, Barangay	3.2 A transmittal			
Rosario.	form will be produced containing the quantity of Tilapia Fingerlings			
	TOTAL:	None	3 Days & 18 Minutes	





4. Seeds Dispersal

The City Agriculture Office disperses free vegetable seeds to clients.

Office or Division:	City Agriculture Offi	ce (CAgO)		
Type of Transaction: Who may avail: CHECKLIST OF	G2C – Government to Citizen Requesting Clients			
1. Valid I.D. (1 Phot		WHERE TO SECURE Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The client will be will be asked to fill out the seeds dispersal masterlist and Clent Feedback Form with their name and address for record purposes.	1. The City Agriculture Office will disperse packets of available vegetable seeds to the client.	None	5 minutes	City Agriculturist Or Agriculturist II Or Agriculturist I CAgO
•	TOTAL:	None	5 Minutes	





5. Organic Fertilizer Dispersal

The City Agriculture Office disperses free organic fertilizer to clients.

Office or Division:	City Agriculture Office (CAgO)			
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Requesting Clients			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Valid I.D. (1 Phot	otocopy) Client			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The client will be briefed regarding the organic fertilizer that they received from the office to make sure that they have the knowledge on how to use the organic fertilizer.	1. The City Agriculture Office will disperse packets of organic fertilizer to the client.	None	5 minutes	City Agriculturist Or Agriculturist II Or Agriculturist I CAgO
	TOTAL:	None	5 Minutes	





6. FishR Registration

The City Agriculture Office facilitates FishR Registration to the Fisherfolk in compliance with RA 8550 and EO 305 under the provisions of Section 32 of City Ordinance No. 2023-01 or Fishing Regulations Code of the City of San Pedro.

Office or	City Agriculture Office (CAgO)			
Division:		, , ,		
Classification:	Simple			
Type of	G2C - Government	to Citizen		
Transaction:				
Who may avail:	Fisherfolk			
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE			
1. Barangay Certific	cate showing proof	Barangay w	here the client res	sides
of residency and liv	elihood related to			
fishery (1 Original C	Copy)			
2. 1x1 I.D. Picture v	Picture with white Photo studio			
background (2 Orig	ground (2 Original Copies)			
3. FishR Application	n Form (1 Original	City Agriculture Office		
Copy)				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Fill up and	1. Review/Validate	None	5 minutes	City Agriculturist
submit the FishR	all the documents			Or
Application Form	submitted and			Agriculturist I
together with	registration			CAgO
requirements.	_			
2. The client	2. Prepare and	None	1 minute	City Agriculturist
receives the	release the			Or
Certificate of	Certificate of			Agriculturist I
Fisherfolk	Fisherfolk			CAgO
Registration or ID	Registration or ID			
	TOTAL:	None	6 Minutes	





7. BoatR Registration

The City Agriculture Office facilitates BoatR Registration to Fishing Vessel Owners in compliance with RA 8550 and EO 305 and under the provisions of Section 32 of City Ordinance 2023-21 or Fishing Regulations Code of City of San Pedro.

Office or	City Agriculture Office (CAgO)			
Division:	Oirean In			
Classification:	Simple			
Type of	G2C – Government to 0	Sitizen		
Transaction:	_			
	Fishing Vessel Owners	Ī		
CHECKLIST C	FOF REQUIREMENTS WHERE TO SECURE			
For new registration and renewal:				
1. Certificate of F	isherfolk Registration or	Client		
ID (1 Original Cor	oy)			
2. Valid I.D. (1 Ph	notocopy)	Client		
3. Barangay Certi	ificate (proof of no	Barangay	Hall of the Client	
	ne Fishing Vessel) (1			
Original Copy)	, ,			
4. PNP Maritime	e Clearance (if		0	
motorized) (1 Orig		PNP Mari	time Group	
5. Certificate of N				
renewal	(3.1)	Client		
CLIENT STEDS	ACENCY ACTIONS	FEES	PROCESSING	PERSON
CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	TIME	RESPONSIBLE
1. Fill-out and	1. Review / Validate	None	3 minutes	City Agriculturist
submit the	all the requirements			Or
BoatR	submitted.			Agriculturist I
Application				CAgO
Form together	1.1 Schedule/Conduct			
with the	Boat Inspection and	None	10 minutes	City Agriculturist
requirements.	perform			Or
	measurements.			Agriculturist I
				CAgO
2. Receive	2. Prepare and	None	1 minute	City Agriculturist
BoatR	release the			Or
Registration	Registration			Agriculturist I
Certificate and	Certificate and			CAgO
Number	Number			
1			14 Minutes	



8. Issuance of Fishing License for Fisherfolk and Special Permit to Fish for Recreational Fishing

The City Agriculture Office issues fishing license for fishing gears to fisherfolk and special permit for recreational fishing within the City waters of San Pedro in accordance with RA 8550 and EO 305 and under the provisions of Section 32 of City Ordinance No. 2023-21 or Fishing Regulations Code of the City of San Pedro.

Office or	City Agriculture Office (CAgO)		
Division:	Cimala			
Classification:	Simple G2C – Government to Citizen			
Type of	G2C – Government to C	Jitizen		
Transaction:	" F: 1: \/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	Fishing Vessel Owners	I	WILEDE TO CE	OUDE
	OF REQUIREMENTS		WHERE TO SE	CURE
For new registrati		Oli t		
	isherfolk Registration or	Client		
ID (1 Original Cor	• /	Oli t		
2. Valid I.D. (1 Ph		Client	Hall of the Olivert	
	ificate (proof of no	Barangay	Hall of the Client	
delinquency) (1 C		Olienst		
4. Fishing License	e (FL) – for renewal	Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up the Fishing License Application Form (for fisherfolk) and Special Permit to Fish Application Form (for Recreational Fishing) and submit the requirements.	1. Review / Validate all the requirements submitted.	None	3 minutes	City Agriculturist Or Agriculturist I CAgO
2. The Client pays the corresponding fees at the City Treasury Office.	2. The City Agriculture Office Personnel shall issue the Order of Payment to the client.	Gill Net: P100.00 per 100 meters Bubo/Bu bu (trap): P20.00 per unit Shrimp/	10 minutes	Collection Staff City Treasury Office





			PHILE	
		Crab Trap: P15.00 per unit		
		Fish Corrals / Baklad: P100.00 per unit		
		Other Fishing Gears: P100.00 per unit		
		Special Permit for Recreati onal Fishing: P300.00		
3. The Client shall submit the photocopy of the Official Receipt (OR) for recording purposes and receive the Fishing License or Special Permit to Fish.	3. Prepare and release the Fishing License or Special Permit to Fish.	None	1 minute	City Agriculturist Or Agriculturist I CAgO
	TOTAL:	Varies dependi ng on gear to be used	14 Minutes	
		Special Permit for Recreat ional Fishing: P300.00		





9. Issuance of Fish Transport Permit

The City Agriculture Office issues Fish Transporter and Backyard Fish Raisers under the provisions of City Ordinance No. 2023-39.

Office or Division:	City Agriculture Office (CAgO)			
Classification:	Simple			
Type of	G2C – Government to (Citizon		
Transaction:	G2C	JIIIZEII		
Who may avail:	Fishing Vessel Owners			
	F REQUIREMENTS		WHERE TO SE	CURE
1. Valid I.D. (1 Ph		Client	WIILKE TO GE	OUKL
2. Picture of fish t		Client		
Original Copy)	o bo donvolod (1	Ollonic		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up the Application Form and submit the requirements to the City Agriculture Office.	Review / Validate all the requirements submitted.	None	1 minute	City Agriculturist Or Agriculturist I CAgO
2. The Client pays the corresponding fees at the City Treasury Office.	2. The City Agriculture Office Personnel shall issue the Order of Payment to the client.	P100.00	10 minutes	Collection Clerk City Treasury Office
3. The Client shall submit the photocopy of the Official Receipt (OR) for recording purposes and receive the Fish Transport Permit/Certificat e.	3. Prepare and release the Fish Transport Permit/Certificate.	None	1 minute	City Agriculturist Or Agriculturist I CAgO
	TOTAL:	None	14 Minutes	





10. Registry System for Basic Sectors in Agriculture (RSBSA) Registration

The City Agriculture Office facilitates RSBSA enrollment for walk-in clients

Office or	City Agriculture Office (CAgO)			
Division:				
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Farmers, Livestock	and Poultry F		
CHECKLIST OF I	REQUIREMENTS		WHERE TO SEC	URE
1. Accomplished RS	SBSA Enrollment	City Agricult	ture Office or via D	Download Link:
Form (1 Original Co	ру)	https://www	.da.gov.ph/wp-	
		content/uplo	oads/2021/05/RSB	SSA_Enrollment-
		Form_0320	21.pdf	
2. 2x2 I.D. Picture to	aken within 6	Photo Studi	0	
months				
OLIENT OTERO	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Fill-out and	1. Review/validate	None	3 minutes	City Agriculturist
submit the BoatR	all submitted			Or
Application Form	documents and			Agriculturist II
together with the	facilitate the			Or
requirements.	registration.			Agriculturist I
10 quii omomon				CAgO
				City Agriculturist
2. The client	2. Prepare and			City Agriculturist Or
receives the	release the			Agriculturist II
Registration	Registration	None	1 minute	Or
Certificate or ID.	Certificate.			Agriculturist I
Certificate of ID.	Certificate.			CAgO
	TOTAL:	None	14 Minutes	<i>5,</i> (9.5



City Social Welfare and Development Office External Services



1. Conduct of Pre-Marriage Counselling

Pre-Marriage Counselling is one of the requirements in order to apply for the Marriage Certificate that can be availed of at our Civil Registry Office.

Office or	City Social Welfare and Development Office, Rural Health Unit					
Division: Classification:	(RHU), Local Civil Registrar and Population Commission (POPCOM)					
Type of	Simple G2C – Government to Citizen					
Transaction:	G2C – Government to Citizen					
Who may avail:	Any couple who wish	nes to get ma	rried			
CHECKLIST OF	Any couple who wishes to get married FREQUIREMENTS WHERE TO SECURE					
Birth Certificate (Any outlet o	Any outlet of the Philippine Statistics Authority			
Certified True Copy				ar of Place of Birth		
If male is below to	venty-five (25) years	old and fem	ale is below two	enty-one (21)		
years old:		1				
	I consent (1 Original		parent or legal of	guardian of the		
Copy)		applicant/s				
2. Valid I.D. (1 Orig Photocopy)	inal Copy, 1	From either applicant/	parent or legal of	guardian of the		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE		
1. Fill up registration, attendance, and marriage couple expectation form	Assist client on Registration and proper fill up of form	None	20 minutes	Staff POPCOM Office Or CHO-RHU Or Social Worker CSWDO		
2. Attend Pre marriage Orientation	2. Conduct orientation	None	4 hours	Staff POPCOM Office Or CHO-RHU Or Social Worker CSWDO		
3. Claim Certificate of Attendance / Participation	3. Issue certificate of attendance/ participation	None	5 minutes	Staff POPCOM Office Or CHO-RHU Or Social Worker CSWDO		
	TOTAL:	None	4 Hours and 25 Minutes			





2. Counselling on Child Rearing / Parenting Effectiveness

Counselling Service for Parents and/or guardians having difficulties with child rearing.

Office or	City Social Welfare and Development Office			
Division:				
Classification:	Simple			
Type of	G2C – Government t	o Citizen		
Transaction:				
Who may avail:	Parents or Guardians	s who are rai	sing children	
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE
1. I.D. of Parent or	Guardian (1	Client		
Photocopy)				
2. Birth Certificate of	of Child/Children (1	Client		
Photocopy)				
3. Accomplished In	take Form (1	City Social Welfare and Development Office		
Original Copy)		(CSWDO)		
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
CLILINI OILI O	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Walk into the	 Endorse client to 	None	5 minutes	Social Worker
office.	social worker.			CSWDO
2. Engage in	2. Conduct	None	30 minutes	Social Worker
counseling	counselling session			CSWDO
session	and follow up			
	activities as			
	needed (e.g.			
	schedule next			
	session/s)			
	TOTAL:	None	35 Minutes	



3. Complaints on Child Support or Custody

Assistance to either parent/guardian who is deprived of support or custody by the other parent / guardian of a child.

Office or	City Social Welfare and Development Office				
Division:					
Classification:	Complex				
Type of	G2C – Government to Citizen				
Transaction:					
Who may avail:	Parents or Guardians				
CHECKLIST OF	REQUIREMENTS	CHECKLIST OF REQUIREMENTS			
1. I.D. of Parent or C	Guardian (1 Original	Client			
Copy, 1 Photocopy)					
2. Birth Certificate of	f Child/Children (1	Client	Client		
Photocopy)					
3. Accomplished Into	ake Form (1	City Social \	Welfare and Dev	elopment Office	
Original Copy)		(CSWDO)			
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON	
	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Fill-out intake sheet.	Provide intake sheet	None	5 minutes	Social Worker CSWDO	
2. Voice out	2. Listen to	None	15 minutes	Social Worker	
complaint.	complaint and			CSWDO	
	assess case				
3. Set date when a case conference will be conducted with the complained party (if residing within San Pedro). *If complained is residing outside of San Pedro, refer	3. Issue invitation for the complained party.	None	5 minutes	Social Worker CSWDO	
client to Local Government Unit of residence of complained.					
4. Hand over the invitation to the Office of Barangay of residence complained	None	None	30 minutes	Barangay of Residence of Complained Party	
5. Attend scheduled case conference.	5. Conduct case conference. Put in writing agreements (if any) or give	None	1 hour	Registered Social Worker of the Office Handling the case CSWDO	





TOTAL:	None	1 Hour and 55 Minutes	
referral to PAO or certification of proceedings if no agreement was made between the two.			





4. Financial Assistance (for Medical, Burial and other Financial concerns) – Below Php 5,000.00 grants

Financial Assistance is granted for various purposes, such as medical, burial, and other financial concerns. This process explains particularly grants that are amounted below Php 5,000.00

		0011/00			
Office or	Office of the Mayor/CSWDO				
Division:					
Classification:	Simple	. 0'''			
Type of	G2C – Government	to Citizen			
Transaction:	5 11 : 4:1 6 1:				
Who may avail:	Residents of the Cit	y of San Ped			
CHECKLIST OF I	•	WHERE TO SECURE			
1. Letter Request (1	Original Copy, 1	Client			
Receiving Copy)			<u> </u>		
2. Certificate of Indig	gency (1 Original	Respective	Respective Barangay		
Copy)	// 0 : : 1	00145150			
3. Voter's Certification	` •	COMELEC			
Certified True Copy					
patient/deceased an Verification of COM	,				
Record at Barangay	Certificate of				
Indigency (4 Dhots	a a a a a a a a a a a a a a a a a a a	Client			
4. Valid I.D. (1 Photo		Cilent			
patient/deceased an	,				
1. Medical Abstract/		Client's Doctor, Clinic, or hospital			
		Client's Doc	Stor, Chillic, or flo	spitai	
(1 Original or 1 Certified True Copy) 2. Supporting Document/s as to the		Client's Doo	ctor, Clinic, or ho	enital	
medical needs (pres		Client's Doc	cor, Chillo, Or Ho	Spital	
request, operation q	• •				
bill) (1 Photcopy)	dotation, nospital				
For burial assistan	ce.				
Funeral Contract		Funeral Parlor			
Certified True Copy)					
2. Death Certificate		City Civil Registrar where the deceased			
Certified True Copy)		passed away		.o docodood	
	AGENCY	FEES TO	PROCESSIN	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Submit a request	1. Review the	None	2 minutes	Staff	
letter addressed to	completeness of			CSWDO	
the City Mayor with	the requirements				
all the pertinent	·				
documents	1.1 Conduct	None	3 minutes	Staff	
attached, to the City	interview and			CSWDO	
Social Welfare and	further				
Development Office.	assessment to the				
Development Office.	requestor.				





1.2 Encode the application and start the preparation of the case study.	None	5 minutes	Staff CSWDO
1.3 Sign the case study.	None	3 minutes	City Government Department Head I
			CSWDO
1.4 Forward the case study to the Office of the Mayor for approval.	None	2 minutes	Staff CSWDO
1.5 Check, receive and encode the Financial, Medical or Burial Assistance and endorse to the City Mayor for approval.	None	5 minutes	Clerk City Mayor's Office
1.6 Review, approve and indicate the amount of financial assistance to be given.	None	1 day	City Mayor City Mayor's Office
1.7 Encode the approved Financial Assistance and prepare the revolving fund voucher.	None	5 minutes	Clerk City Mayor's Office
1.8 Schedule the release of Financial Assistance. A message will be sent to the client for the schedule.	None	5 minutes	Clerk City Mayor's Office





2. Proceed to the Office of the Mayor to receive the financial assistance based on the given	2. Release the amount to the client upon presentation of a valid I.D.	None	5 minutes	Staff City Mayor's Office
schedule.				
	TOTAL:	None	1 Day and 37 Minutes	





5. Financial Assistance (for Medical, Burial and Other Financial Concerns) – Php 5,000.00 and above grants

Financial Assistance is granted for various purposes, such as medical, burial, and other financial concerns. This process explains particularly grants that are amounted Php 5,000.00 and above.

0.00		(00)4/D0		
Office or	Office of the Mayor/	CSWDO		
Division:	Cinamia			
Classification:	Simple	1. 0:1:		
Type of	G2C – Government	to Citizen		
Transaction:	D : 1 ((4 O:	(0 5	1	
Who may avail:	Residents of the Cit	y of San Ped		CUDE
CHECKLIST OF I	•	Olimat	WHERE TO SE	CURE
1. Letter Request (1	Original Copy, 1	Client		
Receiving Copy)		Danastina	D	
2. Certificate of Indig	gency (1 Original	Respective	Barangay	
Copy)	on (4 Onininal on	COMELEC		
3. Voter's Certification		COMELEC		
Certified True Copy				
patient/deceased an Verification of COM	,			
Record at Barangay	Certificate of			
Indigency (1 Photo	noony for oooh	Client		
4. Valid I.D. (1 Photo		Cilent		
patient/deceased an				
1. Medical Abstract/		Client's Doctor, Clinic, or hospital		
(1 Original or 1 Certi		Cheffit's Doctor, Chinic, or nospital		
2. Supporting Docur	1 7	Client's Doctor, Clinic, or hospital		
medical needs (pres		Client's Doctor, Climic, or nospital		
request, operation q	•			
bill) (1 Photcopy)	uotation, nospitai			
For burial assistan				
Funeral Contract		Funeral Parlor		
Certified True Copy)	. •			
2. Death Certificate		City Civil Registrar where the deceased		
Certified True Copy)		passed away		io acceasea
1 3 7	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit a	1. Review the	None	2 minutes	Staff
request letter	completeness of			CSWDO
addressed to the	the requirements			_
City Mayor with all				
the pertinent	1.1 Conduct	None	3 minutes	Staff
documents	interview and			CSWDO
attached, to the	further			
City Social Welfare	assessment to the			
and Development	requestor.			





0.00				
Office.	1.2 Encode the application and start the preparation of the case study.	None	5 minutes	Staff CSWDO
	1.3 Sign the case study.	None	3 minutes	City Government Department Head I
				CSWDO
	1.4 Forward the case study to the Office of the Mayor for approval.	None	2 minutes	Staff CSWDO
	1.5 Check, receive and encode the Financial, Medical or Burial Assistance and endorse to the City Mayor for approval.	None	5 minutes	Clerk City Mayor's Office
	1.6 Review, approve and indicate the amount of financial assistance to be given.	None	1 day	City Mayor City Mayor's Office
	1.7 Encode the approved Financial Assistance and forward to the City Budget Office for Obligation Request (OBRe) preparation.	None	3 minutes	Clerk City Mayor's Office
	1.8 Prepare the OBRe and forward the same	None	5 minutes	Staff City Budget Office





	,		
to the LCE/Executive Assistant IV for signature.			
1.9 Sign the OBRe, and forward to the City Budget Office for signature.	None	1 day	City Mayor Or Executive Assistant IV City Mayor's Office
1.10 Forward signed OBRe with all the attached	None	1 day	City Government Department Head I
documents to the City Accounting Office for checking and preparation of the Disbursement Voucher (DV).			City Budget Office
1.11 Forward signed DV to the City Treasurer's Office for encoding and check preparation, have the DV and check signed by the City Treasurer, for forwarding to the Mayor's Office for signature.	None	1 day	Staff City Accounting Office
1.12 Sign the DV and checks of the financial assistance.	None	1 day	City Mayor Or Executive Assistant IV City Mayor's Office
1.13 Forward the signed checks to the City Accounting Office for advice.	None	3 minutes	Staff City Mayor's Office
1.14 Forward the advised check to the City Treasury	None	5 minutes	Staff City Accounting Office





	Office for encoding and release.			
2. Proceed to the City Treasurer's Office to receive the check and present a valid I.D.	2. Release the check to the client.	None	5 minutes	Staff City Treasury Office
•	TOTAL:	None	5 Days and 41 Minutes	





6. Issuance of Solo Parent ID

Solo Parents who are residing at the City of San Pedro can claim a Solo Parent I.D. and enjoy the benefits as stipulated in the "Solo Parents' Welfare Act of 2000".

Office or	City Social Welfare and Development Office			
Division:				
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Qualified solo parer	nts residing a		
CHECKLIST OF I			WHERE TO SE	CURE
Barangay Certification Solo Parent (1 Original)	•	Barangay o	f residence of ap	pplicant
2. Affidavit of being		Legal Office	e of choice of Ap	plicant
Original Copy)) (16) · (4)	- · · · · ·		(
3. Child/ren's Birth C	Certificate (1		Statistics Authorit	· · · · · · · · · · · · · · · · · · ·
Photocopy)			Registrar of place	e of child's birth
4. 1x1 I.D. Picture (2		Client		
5. Accomplished Ap	plication Form (1	CSWDO		
Original Copy)	s a di			
If spouse is deceas		Land Ober	Daniatua: - £ l	f
1. Death Certificate (1 Photocopy) Local Civil Registrar of place of spouse's de			e or spouse's death	
If employed:		5	0"	
1. Certificate of Employment (1 Original Human Resources			sources Office wi	nere the applicant
Сору)	AGENCY	works	DDOCECCIN	DEDCON
CLIENT STEPS	ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Sign in the log book and wait for your queuing number to be called.	1. Give queueing number	None	15 minutes	Staff CSWDO
2. Submit the requirements to the CSWDO Staff.	2. Check the submitted requirements and give client the contact number to follow-up the status of the request.	None	30 minutes	Staff CSWDO
	2.1 Prepare Solo Parent I.D. and encode it to the database.	None	5 minutes	Staff CSWDO
	2.2 Forward I.D. to the CSWDO Head and City	None	3 days	Staff CSWDO





	Mayor for signature.			
3. Claim Solo Parent I.D.	3. Release Solo Parent I.D.	None	10 minutes	Staff CSWDO
	TOTAL:	None	3 Days and 50 Minutes	





7. Case Management of Abuse Cases

Management of cases of abuse in the form of physical, sexual, emotional, psychological, etc.

0.00	0:4 0 : 134/ 16		. 000	
Office or	City Social Welfare	and Develop	ment Office	
Division:	Llighty Tachnical			
Classification:	Highly Technical	to Business	Entity C2C C	overnment to
Type of Transaction:	G2B – Government Citizen, G2G – Gov			overnment to
Who may avail:	Women and Childre			ocidents of San
Willo Illay avail.	Pedro City	en vicums or	abuse who are i	esiderits or San
CHECKLIST OF I	· · · · · · · · · · · · · · · · · · ·		WHERE TO SE	CURE
Accomplished Into	·	CSWDO	WIILKE TO SE	-OOKL
Original Copy)	and Officer (1	001100		
For minors:				
1. Valid I.D. (1 Origin	nal Copy)	Client		
2. Birth Certificate (1			Statistics Authorit	y (Any outlet) or
,	1 37	Local Civil F		,
CLIENT STEPS	AGENCY	FEES TO		PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Walk into the	1. Assign client to	None	10 minutes	Staff
office and log on	a registered social			CSWDO
the logbook.	worker who will			
0.144.74	handle the case		00 : /	0
2. Write on the	2. Listen,	None	30 minutes	Social Worker
intake sheet and orient the social	document, and assess the case			CSWDO
worker of the	for appropriate			
abuse that	action while			
occurred.	maintaining			
	confidentiality.			
3. Go to the	3. Accompany,	Psycholog	1 hour	Social Worker
agency referred by	drop off, or refer	ical		CSWDO
the social worker	the client if	evaluation		
for proper	needed:	– Php		
intervention or		5,000.00		
execute the	PNP – WCPD for	10 000 00		
intervention plan	Genitalia	10,000.00 (dependin		
as agreed with the Social Worker	Examination	g on the		
handling the case	(rape) and giving	case)		
Tranding the case	sworn statement,	(ase)		
	and filing of case.			
	Amante Hospital:			
	Medico Legal			
	(physical abuse)			
	Psychologist: For			
	non – physical			
	Hoff – priysical			





abuse cases (e.g. emotional, economic) Shelter Agencies – if the client needs to placed in a shelter agency (depending on the case)			
TOTAL:	Psycholog ical evaluation – Php 5,000.00 – 10,000.00 (dependin g on the case	1 Hour and 30 Minutes	





8. Case Management of Children at Risk (CAR) and/or Children in Conflict with the Law (CICL)

Management of Cases of Children at CAR and/or CICL.

Office or Division:	City Social Welfare and Development Office				
Classification:	Highly Technical				
Type of	G2B – Government	to Business	Entity G2C - G	overnment to	
Transaction:	Citizen, G2G – Gov				
Who may avail:	CAR and/or CICL th			arties who will refer	
,,	cases (e.g. Concerr				
CHECKLIST OF I					
1. Referral letter (1 0	Original Copy)	From the re	ferring party (if r	eferral is from	
·		another gov	vernment office)		
2. Accomplished into	ake sheet (1	CSWDO			
Original Copy)					
3. 2x2 Photo (4 Orig	inal Copies)			rent, or guardian	
4. 2 pcs. long folder				rent, or guardian	
5. Valid I.D. of guard	•	From the re	ferring party, pa	rent, or guardian	
Photocopy for each)					
6. Certificate of live I	oirth of child (1	From the re	ferring party, pa	rent, or guardian	
Photocopy)	/4 5 \				
For children fifteen (15) years old and above: 1. Filled-out discernment evaluation (1 CSWDO					
	ment evaluation (1	1 CSWDO			
Original Copy)	AGENCY	FEES TO	PROCESSIN	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Walk into the	1. Refer client to	None	15 minutes	Staff	
office and write on	Social Worker			CSWDO	
the logbook	Handling CAR/				
	CICL			0 114/	
2. Orient social	2. Document	None	30 minutes	Social Worker	
worker about the	complaint, assist			CSWDO	
case.	client, and assess the case for				
	proper intervention, and				
	conduct				
	discernment				
	evaluation for 15				
	years old and				
	above child.				
3. Go to the	3. For petty cases	None	1 hour	Social Worker	
agency where	(e.g. theft, slight			CSWDO	
referred by the	physical injury,				
social worker for	etc.), a mediation				
proper intervention	will be attempted				
will execute the	between				





intervention plan	CAR/CICL Family			
as agreed with the	and complainant,			
Social Worker	monitoring by the			
handling the case	Social Worker.			
	For heinous crimes: Client will be oriented of legal process, CICL will be subjected to legal proceedings and referred to a shelter agency.			
	TOTAL:	None	1 Hour and	
			45 Minutes	





9. Emergency Shelter Assistance

Moving victims to evacuation center during times of disaster.

Office	Oit - On sigh Walfama	and Dameler		
Office or	City Social Welfare and Development Office			
Division:	<u> </u>			
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Indigent Citizens of San Pedro City who are in emergency			
	situations.			
CHECKLIST OF F	REQUIREMENTS		WHERE TO SE	CURE
1. Incident Record (1 Original Copy)	Bureau of F	ire Protection, B	arangay (to follow)
2. Intake Sheet (1 O		CSWDO (ca	an be to follow)	<u> </u>
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Be secured from hazards	1. Conduct ocular inspection, interview, assessment if needed (or if clients would rather stay with relatives)	None	1 hour	Staff CSWDO Or BFP Or Barangay Personnel Or CDRRMO
2. Be moved to evacuation center/s	2. Assist to relocate victims	None	1 hour	Staff CSWDO Or BFP Or Barangay Personnel Or CDRRMO
	TOTAL:	None	2 Hours	





10. Emergency Financial Assistance

Financial assistance for victims of disasters especially during fire incidents

Office or	City Social Welfare and Development Office			
Division:				
Classification:	Complex			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Indigent Citizens of	San Pedro C	City, Laguna who	are in emergency
	situations			
CHECKLIST OF F	REQUIREMENTS		WHERE TO SE	CURE
1. Fire Incident Repo	ort (1 Original or 1	Bureau of F	ire Protection, B	arangay
Certified True Copy)				
2. Accomplished Inta	ake Sheet (1	CSWDO		
Original Copy)				
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit the	1. Assign client to	None	30 minutes	Staff
requirements to	an interviewer			CSWDO
CSWDO and be	who will make a			
interviewed, then	social case study			
wait for the	report. Provide			
schedule of	contact Number to			
claiming	the client for			
	follow up, and			
	submit the			
	documents to the			
	Office of the			
	Mayor for			
	processing.			
2. Claim the	2. Release the	None	5 minutes	Staff
financial	financial			CSWDO
assistance from	assistance.			Or
the City Treasury				Staff
Office and sign the				City Treasury
payroll.				Office
1 7 -	TOTAL:	None	35 Minutes	- 122





11. Request for Social Case Study Report

A social case study report contains summative information needed about a client that needs referral to any agency that can help augment the client's needs.

	0: 0 : 134/ 16		. 0.00	
Office or	City Social Welfare	and Develop	ment Office	
Division:	0:1-			
Classification:	Simple	. 0:::		
Type of	G2C – Government	to Citizen		
Transaction:	011 1 1 1			1 1/ 6 1
Who may avail:	Clients seeking med			
		tional financial assistance from other agencies.		
CHECKLIST OF I			WHERE TO SE	
1. Barangay Certifica	ate of Indigency (1	Barangay F	lall where client	resides
Original Copy)		0014/00		
2. Accomplished Into	ake Form (1	CSWDO		
Original Copy)		Ol: 1		
3. Valid I.D. of Claim	ant and Beneficiary	Client		
(1 Photocopy)		D. (
4. Hospital Bill, Fund		Doctor, Hos	spitai, Clinic, Fun	eral Parlor, School
Laboratory Request				
Quotation or Prescri	ption, School billing			
(0				
(Supporting docume				
the patient or family				
student) (1 Original (, , , , , , , , , , , , , , , , , , ,			
For medical assistance:				
Medical Certificate (1 Original Copy) Hospital or Clinic				
For burial assistance:				
		A		
1. Valid I.D. of the D		Applicant		
	eceased (1			DEDCON
1. Valid I.D. of the D	eceased (1 AGENCY	FEES TO	PROCESSIN	PERSON RESPONSIBLE
1. Valid I.D. of the D Photocopy) CLIENT STEPS	eceased (1 AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	RESPONSIBLE
Valid I.D. of the D Photocopy) CLIENT STEPS Submit the	AGENCY ACTIONS 1. Check	FEES TO	PROCESSIN	RESPONSIBLE Staff
Valid I.D. of the D Photocopy) CLIENT STEPS Submit the documentary	AGENCY ACTIONS 1. Check submitted	FEES TO BE PAID	PROCESSIN G TIME	RESPONSIBLE
Valid I.D. of the D Photocopy) CLIENT STEPS Submit the documentary requirements to	AGENCY ACTIONS 1. Check submitted requirements, or	FEES TO BE PAID	PROCESSIN G TIME	RESPONSIBLE Staff
Valid I.D. of the D Photocopy) CLIENT STEPS Submit the documentary	AGENCY ACTIONS 1. Check submitted requirements, or advise client if	FEES TO BE PAID	PROCESSIN G TIME	RESPONSIBLE Staff
Valid I.D. of the D Photocopy) CLIENT STEPS Submit the documentary requirements to	AGENCY ACTIONS 1. Check submitted requirements, or advise client if there are lacking	FEES TO BE PAID	PROCESSIN G TIME	RESPONSIBLE Staff
Valid I.D. of the D Photocopy) CLIENT STEPS Submit the documentary requirements to	AGENCY ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate	FEES TO BE PAID	PROCESSIN G TIME	RESPONSIBLE Staff
1. Valid I.D. of the D Photocopy) CLIENT STEPS 1. Submit the documentary requirements to CSWDO	AGENCY ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents	FEES TO BE PAID None	PROCESSIN G TIME 5 minutes	RESPONSIBLE Staff CSWDO
Valid I.D. of the D Photocopy) CLIENT STEPS Submit the documentary requirements to CSWDO 2. Fill-out the	AGENCY ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client	FEES TO BE PAID	PROCESSIN G TIME	Staff CSWDO Staff
Valid I.D. of the D Photocopy) CLIENT STEPS Submit the documentary requirements to CSWDO 2. Fill-out the application/intake	AGENCY ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client application form.	FEES TO BE PAID None	PROCESSIN G TIME 5 minutes	RESPONSIBLE Staff CSWDO
Valid I.D. of the D Photocopy) CLIENT STEPS Submit the documentary requirements to CSWDO 2. Fill-out the	AGENCY ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client application form. Assist in filling up	FEES TO BE PAID None	PROCESSIN G TIME 5 minutes	Staff CSWDO Staff
Valid I.D. of the D Photocopy) CLIENT STEPS Submit the documentary requirements to CSWDO 2. Fill-out the application/intake form and submit it.	AGENCY ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client application form. Assist in filling up as needed	FEES TO BE PAID None	PROCESSIN G TIME 5 minutes	Staff CSWDO Staff CSWDO
1. Valid I.D. of the D Photocopy) CLIENT STEPS 1. Submit the documentary requirements to CSWDO 2. Fill-out the application/intake form and submit it. 3. Wait for the	AGENCY ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client application form. Assist in filling up as needed 3. Prepare Social	FEES TO BE PAID None	PROCESSIN G TIME 5 minutes	Staff CSWDO Staff CSWDO Staff CSWDO
1. Valid I.D. of the D Photocopy) CLIENT STEPS 1. Submit the documentary requirements to CSWDO 2. Fill-out the application/intake form and submit it. 3. Wait for the issuance of Social	AGENCY ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client application form. Assist in filling up as needed 3. Prepare Social Case Study	FEES TO BE PAID None	PROCESSIN G TIME 5 minutes	Staff CSWDO Staff CSWDO
1. Valid I.D. of the D Photocopy) CLIENT STEPS 1. Submit the documentary requirements to CSWDO 2. Fill-out the application/intake form and submit it. 3. Wait for the	AGENCY ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client application form. Assist in filling up as needed 3. Prepare Social Case Study Report and notify	FEES TO BE PAID None	PROCESSIN G TIME 5 minutes	Staff CSWDO Staff CSWDO Staff CSWDO
1. Valid I.D. of the D Photocopy) CLIENT STEPS 1. Submit the documentary requirements to CSWDO 2. Fill-out the application/intake form and submit it. 3. Wait for the issuance of Social	AGENCY ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client application form. Assist in filling up as needed 3. Prepare Social Case Study Report and notify client when it can	FEES TO BE PAID None	PROCESSIN G TIME 5 minutes	Staff CSWDO Staff CSWDO Staff CSWDO
1. Valid I.D. of the D Photocopy) CLIENT STEPS 1. Submit the documentary requirements to CSWDO 2. Fill-out the application/intake form and submit it. 3. Wait for the issuance of Social	AGENCY ACTIONS 1. Check submitted requirements, or advise client if there are lacking or inaccurate documents 2. Give client application form. Assist in filling up as needed 3. Prepare Social Case Study Report and notify	FEES TO BE PAID None	PROCESSIN G TIME 5 minutes	Staff CSWDO Staff CSWDO





Case Study Report	Case Study Report			CSWDO
	TOTAL:	None	2 Days and 17 Minutes	





12. Request for Certificate of Indigency

A Certificate of Indigency is issued by the CSWDO certifying that the said client belongs to an indigent family in the City of San Pedro.

Office or Division:	City Social Welfare and Development Office			
Classification:	Simple			
Type of	G2C – Government	to Citizon		
Transaction:	G2C – Government	to Citizen		
Who may avail:	Clients seeking med	dical burial t	transportation for	ood and/or non food
Willo Illay avail.	items or educationa		•	
CHECKLIST OF I		i ililariolai as	WHERE TO SE	
Barangay Certification		Barangay F	lall where client	
Original Copy, for re	• • • • • • • • • • • • • • • • • • • •	Barangay	ian where enem	icsiacs
returned to the clien	•			
2. Valid I.D. of reque	/	Client		
his/her patient, dece	_	Giloni		
student, or travelling	•			
Photocopy, whichev	• •			
3. Supporting docum		Doctor, Hos	spital, Clinic, Sch	ool, Funeral Parlor,
nature of the reques			•	ever is applicable)
burial, educational, t			J (, ,
assistance, etc.) (1 (Original Copy, for			
reference only, will b				
client)				
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit the	1. Check	None	5 minutes	Staff
documentary	requirements,			CSWDO
requirements to	advise client if there			
CSWD	are lacking or			
	inaccurate			
	documents			
2. Wait for the	2. Prepare	None	20 minutes	Staff
issuance of	Certificate of			CSWDO
Certificate of	Indigency and			
Indigency	notify client when			
	it is available for			
	claiming.			0.5
3. Claim Certificate	3. Issue	None	2 minutes	Staff
of Indigency	Certificate of			CSWDO
	Indigency to client		AT 14	
	TOTAL:	None	27 Minutes	



City Social Welfare and Development - Office of the Senior Citizens Affairs

External Services





1. Issuance of Senior Citizen ID and Purchase Booklet (DTI and Medicine)

Provision of Senior Citizen ID and Purchase booklet to Senior Citizens of San Pedro City, Laguna

Office or Division:	Office of Senior Citizens Affairs			
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	Senior Citizens who	are resident	ts of the City	
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE
1. Barangay Certifica	ate of Residency (1	Barangay C	Office where app	licant resides
Original or 1 Certifie		J		
2. 1x1 I.D. Pictures ((4 Original Copies)	Applicant		
3. Any of the following	ng (1 Photocopy):			
✓ Birth Certifica	te;		Statistics Authori	,
✓ National I.D.			Statistics Authori	ty (any outlet)
✓ Postal I.D.		Postal Offic	е	
✓ COMELEC I.I	D.	COMELEC		
✓ Passport		•	t of Foreign Affa	irs (DFA)
✓ Driver's Licen		LTO		
4. Application Form (1 Original Copy) CSWDO-OSCA				
If applicant has dua	T = .		1,1	
5. Certificate of Alleg	giance (1 Certified	Embassy w	here they are al	so a citizen
True Copy)	(4.0 × cC × LT × ×	F.	1 (1 1	
6. Oath of Allegiance	e (1 Certified Frue	Embassy w	here they are al	so a citizen
Сору)	ACENCY	FFFC TO	DDOCECCIN	DEDCON
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit complete	1. Check	None	10 minutes	Staff
requirements and	correctness of			CSWDO-OSCA
fill-out the	requirements.			
application form.	Give the client			
	contact number to			
	follow-up the ID			
	availability and			
	submit the ID to			
O Claim ID with	the OSCA staff.	NIa		Ot-tt
2. Claim ID with	2. Issue ID and	None		Staff
purchase booklet.	purchase booklet			CSWDO-OSCA
	to client and log at			
	the receiving log sheet.			
	311001.	None	10 Minutes	
		INOTIE	i o willutes	





2. Issuance of Lifetime Philhealth Membership Senior Citizens

Provision of Lifetime PhilHealth Membership to qualified senior citizens of San Pedro City, Laguna.

Office or	Office of Senior Citi	zens Affairs	Office of Senior Citizens Affairs			
Division:						
Classification:	Simple					
Type of	G2C					
Transaction:						
Who may avail:	Qualified senior citiz	zens who are	residents			
CHECKLIST OF F	REQUIREMENTS		WHERE TO SE	CURE		
1. 1x1 I.D. Picture (1	Original Copy)	Applicant				
2. Senior I.D. (1 Pho	tocopy)	Applicant				
3. Application Form	(1 Original Copy)	OSCA				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE		
Submit the complete requirements.	1. Assess requirements. Give Client a contact number for follow up, and submit papers to PhilHealth.	None	5 minutes	Staff CSWDO-OSCA		
2. Claim Philhealth ID and Membership Data Record from OSCA	2. Issue the said documents from Philhealth to client	None	5 minutes	Staff CSWDO-OSCA		
TOTAL:		None	10 Minutes			



3. Issuance of Senior Citizen Certification for Application and Cancellation

Provision of Senior Citizen Certification for any valid purposes and to those who will transfer from other cities/municipalities to Senior Citizens of San Pedro City, Laguna.

Office or	Office of the Senior	Citizens Affa	nire	
Division:	Office of the Serior Citizens Affairs			
Classification:	G2C			
Type of	Simple			
Transaction:	0 ' 0'''			
Who may avail:	Senior Citizens who	are resident		A
CHECKLIST OF I			WHERE TO SE	CURE
1. Senior Citizen's II)	CSWDO-O	SCA	
For transfer:				
2. Senior Citizen's II	O from other	CSWDO-OS	SCA	
cities/municipalities				
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Request for	1. Give a copy of	None	15 minutes	Staff
certification of	the application			CSWDO-OSCA
application/other	form. Check			
purposes/cancellati	completeness of			
on	presented			
	document/s,			
	advise the			
	requestor to log			
	on documents			
	request log sheet,			
	process the			
	certification for			
	validation and			
	signature of			
	OSCA head.			
Totalı	OSCA HEAU.	None	15 Minutes	
Total:		None	29 Minutes	



Persons with Disabilities Affairs Office

External Services





1. Issuance of PWD ID and Purchase Booklet (DTI and Medicine) – New and Renewal

Provision of Persons with Disability (PWD) ID and Purchase Booklets to qualified citizens of San Pedro City, Laguna.

Office or	City Social Welfare	and Develor	ment Office _P\	ND Extension
Division:	City Social Welfare and Development Office –PWD Extension Office			
Classification:	G2C – Government	to Citizen		
Type of	Simple			
Transaction:				
Who may avail:	Qualified Persons w	vith Disabilitie	es (PWD) who a	re residents of San
	Pedro City		,	
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE
1. Disability Certifica	ite indicating the	Doctor or he	ospital of choice	of client
type of disability of the	ne applicant <i>(1</i>			
Original or 1 Certifie	d True Copy)			
2. Valid ID (photoco	by)	Applicant		
3. 2 pcs. one by one	(1x1) ID picture	Applicant		
4. Duly-accomplishe	d Application form	PDAO		
(1 Original Copy)				
5. For Minors: Birth	Certificate (1		Statistics Authori	ty (PSA) or
Photocopy)			Registrar (LCR)	
6. Expired PWD ID	,	Applicant	T	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Accomplish	1. Check	None	30 minutes	Staff
Application Form	submitted			PDAO
(Philippine	requirements			
Registry for PWD	submitted. Give			
version 4.0) and	the client a			
submit together	contact number			
with the complete	for follow-up, and			
requirements.	forward I.D. to			
	Office of the			
	Mayor for			
	signature.			
	A A Francis (I.)	NI.	40	00.55
	1.1 Encode the	None	10 minutes	Staff
	applicant's data in			PDAO
	the DOH Online			
	Registry, and in			
	the PDAO			
	Database.			
	1.2 Process the	None	5 minutes	Staff
	applicant's ID.	INOLIG	J minutes	PDAO
	applicants ID.			IDAO
	1.3 Endorse the	None	15 minutes	Staff
	ID to the Office of		(if the Mayor	PDAO





	the Mayor for signature.		is available)	
2. Claim ID with Purchase Booklets (Medicines & Basic and Prime Commodities)	2. Issue the ID and Purchase Booklets to client	None	5 minutes	Staff PDAO
	TOTAL:	None	1 Hour & 5 Minutes	



2. Issuance of Certifications (Cancellations, Requirements by NGAs, Local Government Units, Other Government Agencies, etc.)

Provision of Certifications to Persons with Disability (PWD) as a requirement of third party, i.e., NGA, LGU, Other Government Agencies, etc.

Office or	City Social Welfare and Development Office –PWD Extension			
Division:	Office	. 0:::		
Classification:	G2C – Government	to Citizen		
Type of	Simple			
Transaction:				
Who may avail:	Persons with Disabilities (PWD) who are residents of San Pedro			nts of San Pedro
	City, Laguna			
CHECKLIST OF I			WHERE TO SE	CURE
1. Barangay Certification	ate (1 Original	Barangay		
Copy)				
2. PWD ID (1 Photo	copy)	Applicant		
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Accomplish	1. Check the	None	20 minutes	Staff
Application Form	completeness of			PDAO
and submit	the duly-			
together with the	accomplished			
complete	form and required			
requirements.	documents			
	1.1 Prepare the	None	10 minutes	Staff
	Certification			PDAO
		None	5 minutes (if	Staff
			the Head is	PDAO
			available)	
	1.2 Endorse to	None	15 minutes	Staff
	PDAO Head for		(if the Mayor	PDAO
	signature.		is available)	
2. Claim the	2. Issue the	None	5 minutes	Staff
Certificate	Certification to			PDAO
	client.			
	TOTAL:	None	40 Minutes	



City Veterinary Office

External Services





1. Inspection of Animals Prior to Slaughter

Animals are inspected before slaughter and checking of documents.

Office or Division:	City Veterinary Office			
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Requesting Clients	who bring an		
CHECKLIST OF F	REQUIREMENTS		WHERE TO SE	
1. Livestock Handler			nimal Industry (I	BAI)
2. Veterinary Health	Certificate	Requesting		
3. Shipping Permit	T		Office of the plac	<u> </u>
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Present	1. Check	Inspection	2 minutes per	Meat Inspector I
requirements to	documents and	Fee: Php	animal (Ante-	Or
the City Veterinary	examine the	25.00/ani	mortem	Meat Inspector II
Office	animals.	mal	inspection)	City Veterinary
				Office
			3 minutes	
			(post-mortem	
			inspection)	
	TOTAL:	Inspectio	2 minutes	
		n Fee:	per animal	
		Php	(Ante-	
		25.00/ani	mortem	
		mal	inspection)	
			2	
			3 minutes	
			(post-	
			mortem	
			inspection)	





2. Free Anti-Rabies Vaccination

Free-Anti Rabies Vaccination is conducted at the request of the barangay or subdivision concerned.

Office or Division:	City Veterinary Office			
Classification:	Simple			
Type of	G2C – Government	to Citizon		
Transaction:	O20 - Government	to Citizen		
Who may avail:	Constituents (ner B	arangay/Suh	divison)	
	Constituents (per Barangay/Subdivison) REQUIREMENTS WHERE TO SECURE			CURE
1. Request Letter (1		Requesting		····
Receiving Copy)	ACENCY	FFFC TO	DDOCECCIN	DEDCON
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit request	1. Receive	None	1 minute	Staff
letter addressed to	Request Letter			City Mayor's
the City Mayor.				Office
	1.1 Approve	None	7 days	
	Request			City Mayor
				City Mayor's
				Office
				Or
				City
				Administrator
				City
				Administrator's
				Office
2. Proceed to the	2. Travel to	None	30 minutes	City Veterinarian
venue of the	vaccination site			Or
vaccination for	(upon schedule)			Meat Inspector I
registration and	to conduct the			City Veterinary
administration of	activity.			Office
the vaccine.	0.4. Complete	Niana	0 6 5	City Matarina via a
	2.1 Conduct	None	3 hours	City Veterinarian
	actual vaccination			Or Most Inspector I
	activity.			Meat Inspector I City Veterinary
				Office
	TOTAL:	None	7 Days, 3	J.1100
			Hours & 30	
			Minutes	





3. Issuance of Veterinary Health Certificate (Dogs and Cats)

Dogs and cats are evaluated and check for any signs and symptoms of disease via routine inspection.

Office or	City Veterinary Office			
Division:				
Classification:	Simple			
Type of	G2C - Government	to Citizen		
Transaction:				
Who may avail:	Constituents (per B	arangay/Sub	divison)	
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE
1. Dog or cat to be of	hecked	Requesting	Client	
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Bring dog/s or	1. Examine the	None	30 minutes	City Veterinarian
cat/s to the City	animal and issue			City Veterinary
Veterinary Office	an updated			Office
for examination.	vaccination card.			
	1.1 Issue	None	1 minute	Meat Inspector II
	Veterinary Health			City Veterinary
	Certificate.			Office
	TOTAL:	None	31 Minutes	





4. Issuance of Veterinary Health Certificate (Hogs)

Veterinary Health Certificates are being issued to hog raisers.

Office or	City Veterinary Office				
Division:					
Classification:	Simple	Simple			
Type of	G2C – Government	G2C – Government to Citizen, G2B - Government to Business			
Transaction:	Entity				
Who may avail:	Hog raisers (Backya	ard and Com	mercial)		
CHECKLIST OF F	F REQUIREMENTS WHERE TO SECURE			CURE	
None	None				
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON	
	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Request City	Visit livestock	None	30 minutes	City Veterinarian	
Veterinarian to visit	farm to examine City Veterinary				
the livestock farm	the hog/s.			Office	
for examination of					
hogs.	1.1 Issue	None	1 minute	Meat Inspector II	
	Veterinary Health			City Veterinary	
	Certificate.			Office	
	TOTAL:	None	31 Minutes		





5. Issuance of Veterinary Health Certificate (Goats)

Veterinary Health Certificates are being issued to goat raisers.

Office or Division:	City Veterinary Office			
Classification:	Simple			
Type of	G2C – Government	to Citizen, G	32B - Governme	nt to Business
Transaction:	Entity	•		
Who may avail:	Goat raisers (Backy	ard and Com	nmercial)	
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE
None		N/A		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Request for the City Veterinarian to visit the livestock farm for examination of goats.	1. Retrieve blood samples from goats for CAE from the Bureau of Animal Industry (BAI).	None	1 week	City Veterinarian City Veterinary Office
	1.1 Issue Veterinary Health Certificate	None	1 minute	Meat Inspector II City Veterinary Office
	TOTAL:	None	1 Week and 1 Minute	





6. Issuance of Veterinary Shipping Permit

Prior to shipment all animals are inspected. .

Office or	City Veterinary Office				
Division:					
Classification:	Simple				
Type of	G2C – Government to Citizen, G2B - Government to Business				
Transaction:	Entity				
Who may avail:	Dog/Cat owners; Hog Raisers (Backyard and Commercial)				
CHECKLIST OF F	REQUIREMENTS		WHERE TO SE	CURE	
1. Animal to be chec	ked	Requesting	Requesting Client		
CLIENT STEPS	AGENCY FEES TO PROCESSIN PERSON ACTIONS BE PAID G TIME RESPONSIBL				
1. For Dogs and	1. Examine the	Php	30 minutes	City Veterinarian	
Cats – Bring dog/s	animal and issue	150.00		Or	
or cat/s to the City	an updated	per animal		Meat Inspector II	
Veterinary Office	Vaccination Card.			City Veterinary	
for examination.				Office	
For Hogs – Request for the City Veterinarian to visit the livestock farm for examination of hogs.	1.1 Visit the livestock farm to examine the hogs.				
2. Receive	2. Issue	None	3 minutes	Meat Inspector II	
Veterinary	Veterinary			City Veterinary	
Shipping Permit.	Shipping Permit.			Office	
	TOTAL:	Php 150.00 per animal	33 Minutes		





7. Veterinary Consultation

Pet owners can bring their respective pets to the City Veterinary Office for free consultations.

	01: 14: 1 04			
Office or	City Veterinary Office			
Division:				
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Dog/Cat owners			
CHECKLIST OF F	REQUIREMENTS		WHERE TO SE	CURE
1. Record of Animal	(1 Original Copy, if	City Veterin	ary Office	
available)				
CLIENT STEDS	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Bring dog/s or	1. Examine the	None	30 minutes	City Veterinarian
cat/s to the City	animal.			City Veterinary
Veterinary Office				Office
for consultation.				011100
Tor corroundition.	1.1 If the animal is	None	3 minutes	City Veterinarian
	found to be sick,	None	o minutos	City Veterinary
	*			,
	issue the			Office
	necessary			
	prescription and			
	advice.			
	TOTAL:	None	33 Minutes	





8. Issuance of Meat Inspection Certificate

Meat Inspection is important before shipping off to the market for selling.

Office or	City Veterinary Office				
Division:					
Classification:	Simple	Simple			
Type of	G2B – Government	to Business	Entity		
Transaction:					
Who may avail:	Meat Dealers				
CHECKLIST OF F	REQUIREMENTS		WHERE TO SE	CURE	
1. Ante-Mortem and	Post-Mortem Slip	City Veterin	ary Office		
CLIENT STEDS	AGENCY	FEES TO	PROCESSIN	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Present carcass	1. Examine the	None	2 minutes	Meat Inspector II	
to the City	animal carcass			Or	
Veterinary Office	Meat Inspector I				
				City Veterinary	
				Office	
	1.1 Issue Meat	None	3 minutes	Meat Inspector II	
	Certification			Or	
	Certificate.			Meat Inspector I	
				City Veterinary	
				Office	
	TOTAL:	None	5 Minutes		



Public Order and Safety Office – Civil Security Unit Internal Services



1. Security Assistance to Events

Provision of assistance to the other departments of the Local Government that needs security/crowd control in their particular event or project.

Office or	Public Order and Safety Office - Civil Security Unit				
Division:					
Classification:	Simple				
Type of	G2G – Government to Government				
Transaction:					
Who may avail:	Departments of the	LGU of San	Pedro		
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE			URE	
1. Request Letter (1 Original Copy, 1	Requesting Department			
Receiving Copy)					
2. Request Form (1		POSO – Civ	vil Security Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit request	1. Evaluate the	None	5 minutes	Administrative	
letter containing	request and			Assistant Or	
the exact location	determine			Clerk	
of the event, date,	manpower and			POSO-CSU	
and time, and	logistical				
type of service	requirements.				
needed, as well					
as the form.	1.1 Check	None	5 minutes	Administrative	
	availability of			Assistant Or	
	personnel and			Clerk	
	resources.			POSO-CSU	
	1.2 Indicate	None	5 minutes	Administrative	
	details on the form			Assistant Or	
	and present the			Clerk	
	same to the			POSO-CSU	
	requesting party				
	for				
	acknowledgment				
Acknowledge	2. Prepare and	None	5 minutes	Security Officer	
the agency action	issue deployment				
by affixing	order and notify all			POSO-CSU	
signature on the	concerned				
designated	personnel				
portion of the					
form.	2.1 Deploy	None	5 minutes	Security Officer	
	personnel				
	concerned.			POSO-CSU	
3. Acknowledge	3. File the form.	None	5 minutes	Personnel on	
service rendered				Duty	
on the form.				POSO-CSU	
	TOTAL:	None	30 Minutes		



2. Acceptance of Impounding of Vehicle

If motorists are violating provisions in accordance with the City Traffic Code, their vehicle could be impounded. These impounded vehicles are to be surrendered to the Civil Security Unit at the designated impounding area, care of the Traffic Management Unit, which is also under the Public Order and Safety Office.

	T				
Office or	Civil Security Unit – POSO				
Division:					
Classification:	Simple				
Type of	G2G – Government	G2G – Government to Government			
Transaction:					
Who may avail:	POSO Traffic Enfor	cer / PNP			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Ordinance Violat	ion Receipt (1	POSO Enfo	rcer		
Original Copy)					
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Turn over the vehicle to be impounded and the corresponding Ordinance Violation Receipt (OVR).	1. Inspect the vehicle in the presence of the enforcer1.1 Document the impounding	None None	5 minutes 10 minutes	Personnel on Duty POSO-CSU Personnel on Duty	
	details including picture and inventory of accessories of the impounded vehicle			POSO-CSU	
2. Sign the monitoring sheet and CSU logbook	2. Secure the document and impounded vehicle	None	5 minutes	Personnel on Duty POSO-CSU	
	TOTAL:	None	20 Minutes		



Public Order and Safety Office – Civil Security Unit External Services





1. Claiming of Impounded Vehicle

Vehicles that are impounded due to violation of the provisions of City laws and ordinances can be claimed, provided that the corresponding fees are paid.

Г <u></u>				
Office or	Civil Security Unit -	POSO		
Division:	0			
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Violators of the City	Traffic Code		
	REQUIREMENTS		WHERE TO SEC	URE
1. Ordinance Violat Photocopy)	ion Receipt (1	Redeeming	Officer	
2. Impound Release Copy)	e Form (1 Original	Redeeming	Officer	
3. Official Receipt (1 Original Conv)	City Treasu	rer's Office	
	e City Anti-Muffler (ici s Office	
Factory-installed		Client		
2. Muffler Clearance			vil Security Unit	
	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Proceed to impounding area and repair or restore factory-installed muffler	Document the repair or restoration and issue Muffler Clearance	None	10 minutes	Personnel on Duty POSO-CSU
2. Submit the Muffler Clearance to the Redeeming Section	2. Verify and encode data, and issue Order of Payment.	None	5 minutes	Redeeming Officer
3. Pay the required fees at the City Treasury Office and receive the Official Receipt (OR).	3. Receive payment and issue Official Receipt (O.R.)	Php 1,000.00	5 minutes	Revenue Collection Clerk City Treasury Office
4. Present the O.R. to the Redeeming Section	4. Verify OR and issue Impound Release Form	None	5 minutes	Redeeming Officer
5. Present the Impound Release Form, sign the monitoring sheet and logbook, and claim the impounded vehicle	5. Release the impounded vehicle after verification of the Impound Release Form and document the transaction.	None	10 minutes	Personnel on Duty POSO-CSU
. 5111010	TOTAL:	Php	35 Minutes	
	IOIAL.	ı iip	JJ Millutes	





		1,000.00		
For violation of ot	her provisions in th	e City Traffic	c Code:	
1. Submit the Ordinance Violation Receipt (OVR) to the Redeeming Section	Receive OVR and issue order of payment	None	10 minutes	Redeeming Officer
2. Pay the required fees at the City Treasury Office and receive the Official Receipt (OR).	2. Receive payment and issue Official Receipt (O.R.)	Refer to current fees as declared in the 2017 Traffic Code	5 minutes	Revenue Collection Clerk City Treasury Office
3. Present the O.R. to the Redeeming Section	3. Verify the OR and Issue Impound Release Form	None	5 minutes	Redeeming Officer
4. Present the Impound Release Form to the CSU personnel at the Impounding Area, sign the monitoring sheet and CSU logbook, and claim the impounded vehicle	4. Release the impounded vehicle after verification of the Impound Release Form and document the transaction	None	10 minutes	Personnel on Duty POSO-CSU
	TOTAL:	Refer to current fees as declared in the 2017 Traffic Code	25 Minutes	



VIOLATIONS, FINES & PENALTY CHARGES ON THE NEW CITY TRAFFIC ORDINANCE SCHEME (based on City Ordinance 2019-30)

a. Defacing, Unlawful Removal of Traffic Signs – Any person who removes damages or destroys the traffic signs shall be penalized as follows:

First Offense - 1,000.00

Second Offense - 2,000.00

Third Offense - 3,000.00 and/or three (3) days imprisonment at the

discretion of the proper court

b. Disregarding Closed Door Policy – Any Bus Driver who disregards/violates the "Close Door Policy" shall be fined in the amount of P1,000.00.

c. Disregarding One-Way Road/No Entry – Any vehicle disregarding the one-way road or enters on a "No Entry" signed area shall be fined as follows:

First Offense - 1,000.00

Second Offense - 2,000.00

Third Offense - 3,000.00

d. Disregarding Traffic Signs – Any person who disregards traffic signs installed within the city shall be fined as follows:

First Offense - 1,000.00

Second Offense - 2,000.00

Third Offense - 3,000.00

e. Illegal/Unauthorized Terminal – Any "For Hire" vehicle assembling a group of vehicles to form a terminal not prescribed by this Ordinance is illegal and therefore shall be *fined* P2,000.00 or imprisonment for fifteen(15) days or upon the discretion of the proper court.





f. No Jaywalking – violation of this Ordinance shall be fined as follows:

First Offense - 200.00

Second Offense - 300.00

Third Offense - 500.00 and community service

g. No Loading/Unloading - All vehicles violating shall be fined as follows:

First Offense - 500.00

Second Offense - 1,000.00

Third Offense - 1,500.00

h. No Parking Zone – violators shall be fined as follows:

First Offense - 1,000.00

Second Offense - 2,000.00

Third Offense - 3,000.00

i. No Right Turn on Red Signal - Violators shall be fined as follows:

First Offense - 300.00

Second Offense - 500.00

Third Offense - 1,000.00

j. No U-Turn Allowed – Violators shall be fined as follows:

First Offense - 300.00

Second Offense - 500.00

Third Offense - 1,000.00





k. Obstruction – Any vehicle that willfully block, obstructs or closes up with an obstacle(s) or hindrance(s) from other vehicle(s), establishment(s) or something, shall be penalized as follows:

First Offense - 1,000.00

Second Offense - 2,000.00

Third Offense - 3,000.00

- I. Reckless Driving Any person who drives any vehicle with willful or wanton disregard for the safety of persons or property is guilty of reckless driving. It includes but not limited to counter flowing, beating the red light, and disregarding traffic lights. Violation of this section is a gross misdemeanor punishable by fine of P1,500.00 and/or imprisonment of not more than three (3) days at the discretion of the proper court. If accidents happen resulting to damage to property, physical injuries, or death, this is without prejudice to the crime committed as defined and punished under the Revised Penal Code and/or Land Transportation Code.
- m. Noise Pollution violation of this ordinance shall be fined as follows:

First Offense - 1,000.00

Second Offense - 2,000.00

Third Offense - 3,000.00

n. Maximum Speed Limit of Single Motorcycle – violation of this ordinance shall be fined as follows:

First Offense - 1,000.00

Second Offense - 2,000.00

Third Offense - 3,000.00

o. Illegal Use of Franchise – violators shall be fined accordingly as follows:

First Offense - 2,000.00

Second Offense - 3,000.00

Third Offense - 5,000.00 or imprisonment at the discretion

of the proper court





p. Out of Line – violation of this Ordinance shall be penalized as follows:

First Offense - 1,000.00

Second Offense - 2,000.00

Third Offense - 3,000.00

q. Prohibition of Multi-Riders in a Single Motorcycle – violation of this Ordinance shall be fined as follows:

First Offense - 1,000.00

Second Offense - 2,000.00

Third Offense - 3,000.00

r. Unauthorized/Uniformed Barkers for PUJ and TODA – violation of this Ordinance shall be fined with the following:

First Offense - 500.00

Second Offense - 1,000.00

Third Offense - 1,500.00



Public Order and Safety Office – Closed-Circuit Television (CCTV) Unit External Services



1. Request for CCTV footage

Concerned Citizens may request from the Public Order and Safety Office (POSO) – Closed Circuit Television (CCTV) Unit for whatever purpose it may serve.

Office or	Public Order and Sa	afety Office –	Closed Circuit Te	levision (CCTV)		
Division:	Public Order and Safety Office – Closed Circuit Television (CCTV)					
Classification:	Simple					
Type of	G2C – Government to Citizen					
Transaction:						
Who may avail:	All Concerned	All Concerned				
	REQUIREMENTS		WHERE TO SEC	URF		
	olice Report, Blotter	POSO-CCT		, O. (L.)		
or Request Letter.	oneo resport, biottor	000 001	V Omoo			
b. For Civilian: Po	lice Report, Blotter,					
Request Letter or B	•					
the incident is Bara						
2. Duly accomplished		POSO-CCT	V Office			
Form (1 Original Co	•					
3. Xerox copy of Ide		POSO-CCT	V Office			
(ID) (For Civilian Or						
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON		
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE		
1. Submit the	1. Received the	None	3 minutes	CCTV		
CCTV Request	Evaluate the			Personnel		
form and	submitted			POSO-CCTV		
documentary	document					
requirements.						
2. Client Review	1. For Review	None	3 minutes	CGDH I		
	Assess &			POSO		
	Approval by					
	POSO Head					
3. Receive and	3. For Review	None	15 minutes	CCTV		
secure CCTV	Assess &			Personnel		
footage				POSO-CCTV		
	Approval by					
	POSO Head and					
	O'th.					
	City					
	Administration	Nena	4 Day 5-5-1 40			
	TOTAL:	None	1 Day and 13			
			Minutes			



Public Order and Safety Office – Transportation Regulatory Unit

External Services





1. Application for Public Motorized Tricycle Operator's Permit

This service involves issuance, by the city government, of a franchise to a qualified operator applying for a permit to operate a tricycle unit for hire within a designated route and area in the territorial jurisdiction of the City of San Pedro, both for new franchises and renewed franchises, provided that they meet the qualifications and requirements as stipulated in City Ordinance No. 2024-22, otherwise known as the "2024 Traffic Ordinance of the City of San Pedro, Laguna".

_			
Public Order and Safety Office - Transportation Regulatory Unit			
Simple			
G2C – Governme	ent to Citizen		
	nit owner who meets the qualifications and be an operator of a tricycle for hire		
	whose Public Motorized Tricycle Operator's period has expired and who shall meet the		
QUIREMENTS	WHERE TO SECURE		
Application form	POSO-TRU		
s Clearance of a garage (1	Barangay Hall where the applicant resides		
f Registration f the vehicle (1	Land Transportation Office		
e for Third Party)	Insurance Company		
r's License (1	Land Transportation Office		
wearing TODA opies)	Applicant		
	TODA where the applicant applied for membership		
oding	Applicant		
	Applicant		
	Simple G2C – Governments to It is a specific and permit is validity prequirements EQUIREMENTS Application form Clearance of a garage (1 is a garage (1 is fee to Third Party (1)) The for Third Party (1) The vehicle (1 is a garage (1 is a garage (1 is a garage (1))) The vehicle (1 is a garage (1 is a garage (1)) The vehicle (1 is a garage (1)) The vehicl		





10. Certificate of Membership		TODA where the applicant applied for membership			
11. Roof Number Tagging		Applicant			
12. Deed of Sale or Deed of Conveyance/Transfer (1 Photocopy)		Applicant			
13. Official Receipt (1 and 1 Photocopy)	Original Copy	City Treasur	er's Office		
For renewal of franc	hise:				
1. All requirements pr (1-13 except #11)	reviously listed	Applicant			
2. Previous franchise receipt (1 Photocopy)		Applicant			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Secure requirements	1. Shall provide application form and list of requirements	None	3 minutes	Applicant	
2. Submit the application form and documentary requirements.	2. Receive the submitted documents.	None	3 minutes	Admin Staff POSO-TRU	
3. Evaluation and validation of requirements	3. CTRU Personnel shall evaluate and validate submitted requirement before the applicant proceed to the next step	None	3 minutes	Admin Staff POSO-TRU	
4. Assessment	4.CTRU Personnel shall assess the fees and Application of Franchise based on the approved fees by the	None	3 minutes	Admin Staff POSO-TRU	





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	Sangguniang Panlungsod in accordance with the traffic code.			
5. Approval of the applicant's submitted requirements	5.Shall approve and sign the evaluated franchise application to proceed for the payment of fees.	None	5 minutes	CTRU OIC Head
6. Pay the required fee/s at the City Treasurer's Office and receive the	6. Receive payment and Issue OR.	(Renewal) Franchise f fee - ₱150.00	3 minutes	Revenue Collection Clerk City Treasurer's
Official Receipt		ID TODA - ₱ 50.00 Mayor's Permit - ₱ 100.00 City Sticker - ₱ 60.00		Office
		(New)		
		Franchise f fee - ₱150.00		
		ID TODA - ₱ 50.00 Mayor's Permit - ₱ 120.00 City Sticker - ₱ 60.00		
7. Encoding and recording of data	7.Shall encode the information on the system to generate the franchise certificate.	None	10 minutes	CTRU Personnel





8. Approval of the applicant's encoded Special Authority (Franchise Certificate)	8. Shall recommend the approval of the processes document and forward them to the Office of the Mayor	None	5 minutes	CTRU OIC Head
	8.1 Shall approve and sign the processed documents for the renewed franchise	None	5 minutes	Office of the Mayor
9. Present the OR and the tricycle unit for inspection installation of sticker and other franchise-related material.	9. Shall assist in the inspection of unit, and placement of stickers	None	3 minutes	Admin Staff POSO-TRU
10. Receive franchise, fare matrix guide and Identification Card (I.D.) and sign the vehicle sticker releasing logbook.	10. Shall release the Operator's ID, Special Authority to Operate Body Plate Number and City Sticker and record to franchise releasing logbook.	None	5 minutes	CTRU Personnel
	TOTAL:	Based on Schedule of Fees (City Ordinance 2024-22)	48 Minutes	



Fees on Tricycle Operations (Renewal and New Application):

Particulars	Fees Per Annum
1. Franchise fee	₱ 150.00
2. ID TODA	₱ 50.00
3. Mayor's Permit (Renew)	₱ 100.00
4. Mayor's Permit (New)	₱ 120.00
5. City Sticker	₱ 60.00
6. City Plate	₱ 450.00
7. Dropping	₱ 150.00





2. Service/ Private Motorized Tricycle Operator's Permit (Franchise)

This service involves issuance, by the city government, of a franchise to a qualified operator applying for a permit to operate a tricycle unit for private use or for service within the territorial jurisdiction of the City of San Pedro.

Office or Division:	Public Order and Safety Office - Transportation Regulatory Unit				
Classification:	Simple				
Type of Transaction:	G2C – Government	to Citizen			
Who may avail:		cle unit owner who meets the qualifications and an operator of a tricycle for private use or			
	, ,	ose Private Motorized Tricycle Operator's iod has expired and who shall meet the			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
New Service Fran	chise:				
Duly-accomplish (1 Original Set)	ned Application form	POSO-TRU			
Barangay Business Clearance certifying availability of a garage (1 Original Copy)		Barangay Hall where the applicant resides			
3. Latest Certificate of Registration and Official Receipt issued by the LTO (1 Photocopy)		LTO			
4. Insurance Cover Liability (1 Photoco	rage for Third Party opy)	Insurance Company			
5. 2 x 2 I.D. picture wearing TODA uniform (2 Original Copies)		Applicant			
6. Copy of Previous Franchise/ MTOP		Applicant			
7. School Permit (For School Service)		From school where the student studies			
8. Certificate of Membership		TODA where the applicant applied for membership			
9. Professional Driv (Photocopy)	ver's License	LTO			





10. I.D with specific service	c time and route of	Applicant			
· ·	11. Color Code (roof should be painted with yellow and black stripes)		Applicant		
12. Trash can					
13. Official Receipt and 1 Photocopy)	t (1 Original Copy	City Treasu	rer's Office		
For school service	e:				
1. All requirements (1-13)	previously listed	Applicant			
2. School Permit (Photocopy)	School			
For business serv	vice:	<u> </u>			
1. All requirements (1-13)	previously listed	Applicant			
2. Business Permit	(1 Photocopy)	BPLO			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Secure requirements	Shall provide application form and list of requirements	None	3 minutes	Applicant	
2. Submit the application form and documentary requirements.	2. Receive the submitted documents.	None	3 minutes	Admin Staff POSO-TRU	
3. Evaluation and validation of requirements	3. CTRU Personnel shall evaluate and validate submitted requirement before the applicant proceed to the next step	None	3 minutes	Admin Staff POSO-TRU	
4. Assessment	4. CTRU Personnel shall assess the fees and Application of Franchise	None	3 minutes	Admin Staff POSO-TRU	





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	based on the approved fees by the Sangguniang Panlungsod in accordance with the traffic code			
5. Approval of the applicant's submitted requirements	5.Shall approve and sign the evaluated franchise application to proceed for the payment of fees.	None	5 minutes	CTRU OIC Head
6. Pay the required fee/s at the City Treasurer's Office and receive the Official Receipt	6. Receive payment and Issue OR.	Franchise fee - ₱300.00 ID TODA - ₱ 50.00 Mayor's Permit - ₱ 120.00 City Sticker - ₱ 60.00	3 minutes	Revenue Collection Clerk City Treasurer's Office
7. Encoding and recording of data	7.Shall encode the information on the system to generate the franchise certificate.	None	10 minutes	CTRU Personnel
8. Approval of the applicant's encoded Special Authority (Franchise Certificate)	8. Shall recommend the approval of the processes document and forward them to the Office of the Mayor	None	5 minutes	CTRU OIC Head





	8.2 Shall approve and sign the processed documents for the renewed franchise	None	5 minutes	Office of the Mayor
9. Present the OR and the tricycle unit for inspection installation of sticker and other franchise-related material.	9. Shall assist in the inspection of unit, and placement of stickers	None	3 minutes	Admin Staff POSO-TRU
10. Receive franchise, fare matrix guide and Identification Card (I.D.) and sign the Vehicle Franchising Releasing Logbook/Vehicle Sticker Releasing Logbook.	10. Shall release the Operator's ID, Special Authority to Operate Body Plate Number and City Sticker and record to franchise releasing logbook	None	5 minutes	CTRU Personnel
	TOTAL:	Based on Schedule of Fees (City Ordinanc e 2024- 22)	48 Minutes	



Fees on Service/Private Motorized Tricycle/Unit (Renewal and New Application):

Particulars	Fees Per Annum
Specific Franchise	₱ 300.00
City Sticker	₱ 60.00
Mayor's Permit	₱ 120.00
Identification Card	₱ 50.00





3. Petition for Dropping and Substitution of Motorcycle and/or Sidecar

This service involves updating the franchise of a qualified operator whenever there is a change in his/her motorcycle unit and/or sidecar.

Office or Division:	Public Order and	Safety Office - Transportation Regulatory Unit			
	· · · · · · · · · · · · · · · · · · ·				
Classification:	Simple	Simple			
Type of Transaction:	G2C – Governm	ent to Citizen			
Who may avail:	change his/her m	who intends to change his/ her motorcycle unit to notorcycle unit and/or sidecar but with the ing the franchise.			
CHECKLIST OF RE	QUIREMENTS	WHERE TO SECURE			
New Franchise:					
1. Duly-accomplished Application form (1 O	•	POSO-TRU			
2. Barangay Business certifying availability of Original Copy)		Barangay Hall where the applicant resides			
3. Latest Certificate o and Official Receipt of Photocopy)	•	Land Transportation Office			
4. Insurance Coverag Liability (1 Photocopy	•	Insurance Company			
5. Professional Drive (Photocopy)	r's License	Land Transportation Office			
6. 2 x 2 l.D. pictures vuniform (2 Original C	•	Applicant			
7. TODA Uniform		TODA where the applicant applied for membership			
8. TODA roof color co	oding	Applicant			
9. Trash can		Applicant			
10. Certificate of Mer	nbership	TODA where the applicant applied for membership			
11. Roof Number Tag	gging	Applicant			
12. Deed of Sale or E Conveyance/Transfe		Applicant			





13. Official Receipt (1 and 1 Photocopy)	Original Copy	City Treasur	er's Office	
14. Copy of Previous MTOP	Franchise/	Applicant		
For renewal of franc	chise:			
1. All requirements pr (1-15 except #11)	reviously listed	Applicant		
2. Previous franchise receipt (1 Photocopy)		Applicant		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure requirements	1. Shall provide application form and list of requirements	None	3 minutes	Applicant
2. Submit the application form and documentary requirements.	2. Receive the submitted documents.	None	3 minutes	Admin Staff POSO-TRU
3. Evaluation and validation of requirements	3. CTRU Personnel shall evaluate and validate submitted requirement before the applicant proceed to the next step	None	3 minutes	Admin Staff POSO-TRU
4. Assessment	4. CTRU Personnel shall assess the fees and Application of Franchise based on the approved fees by the Sangguniang Panlungsod in accordance with the traffic	None	3 minutes	Admin Staff POSO-TRU





			PHILI	
	code.			
5. Approval of the applicant's submitted requirements	5.Shall approve and sign the evaluated franchise application to proceed for the payment of fees.	None	5 minutes	CTRU OIC Head
6. Pay the required fee/s at the City Treasurer's Office and receive the	6. Receive payment and Issue OR.	(Renewal) Franchise fee - ₱150.00	3 minutes	Revenue Collection Clerk City Treasurer's Office
Official Receipt		ID TODA - ₱ 50.00 Mayor's Permit - ₱ 100.00 City Sticker - ₱ 60.00		Office
		(New)		
		Franchise f fee - ₱150.00		
		ID TODA - ₱ 50.00 Mayor's Permit - ₱ 120.00 City Sticker - ₱ 60.00		
		Dropping Certificate		
		-₱150.00		
7. Encoding and recording of data	7.Shall encode the information on the system to generate the franchise certificate.	None	10 minutes	CTRU Personnel
8. Approval of the	8. Shall	None	5 minutes	CTRU OIC





applicant's appended	rocommond tha			Hood
applicant's encoded Special Authority (Franchise Certificate)	recommend the approval of the processes document and forward them to the Office of the Mayor			Head
	8.1 Shall approve and sign the processed documents for the renewed franchise	None	5 minutes	Office of the Mayor
9. Present the OR	0 Shall sociat	None	3 minutes	Admin Staff
and the tricycle unit for inspection, installation of sticker and other franchise- related material.	9. Shall assist in the inspection of unit, and placement of stickers			POSO-TRU
10. Receive franchise, fare matrix guide and Identification Card (I.D.) and sign the vehicle franchise releasing logbook/vehicle sticker releasing logbook.	10. Shall release the Operator's ID, Special Authority to Operate Body Plate Number and City Sticker and record to franchise releasing logbook.	None	5 minutes	CTRU Personnel
	TOTAL:	Based on Schedule of Fees (City Ordinance 2024-22)	48 Minutes	



Fees on Tricycle Operations (Dropping)

Particulars	Fees Per Annum
1. Franchise fee	₱ 150.00
2. ID TODA	₱ 50.00
3. Mayor's Permit (Renew)	₱ 100.00
4. Mayor's Permit (New)	₱ 120.00
5. City Sticker	₱ 60.00
6. City Plate	₱ 300.00
7. Dropping	₱ 150.00





4. Petition for Dropping of Franchise

This service involves processing of petition, filed by a franchisee, to drop, terminate or relinquish his/her franchise.

Office or Division:	Public Order and Safety Office-City Transportation Regulatory Unit (CTRU)			
Classification:	Simple			
Type of Transaction:	G2C – Gove	rnment to Citizen		
Who can avail:	Any franchise his/her francl	ee who intends to d nise	rop, terminate	or relinquish
CHECKLIS' REQUIREMI	_	WHI	ERE TO SECU	IRE
1.Petition for Droppir Franchise Form (1 O	•	CTRU Office		
2.Current Franchise Copy)	(1 Original	Applicant		
3.Official Receipt of press (1 original Copy Photocopy	•	City Treasurer's Office (CTO)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBL E
1.Submit the complete documentary requirements,prese nt the tricycle unit	1. Receive and evaluate the submitted	None	2 minutes	Admin Staff CTRU
for removal of sticker and other franchise related material	documents, 1.1 Assess the fees to be paid	None	2 minutes	Admin Staff CTRU Admin Staff





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	1.2 Issue order of	None	2 minutes	CTRU
	payment 1.3 Remove the sticker and other franchise- related materials from the tricycle unit	None	10 minutes	Admin Staff CTRU
2.Pay the required fees at the City Treasurer's Office and receive the official Receipt	2.Receive payment and Issue Official Receipt (O.R)	Php 200.00	3 minutes	Revenue Collection Clerk Treasury Office
3.Present the O.R and Receive the Certificate of Dropping of	3. Verify the Official Receipt and receive the Photocopy	None	2 minutes	Admin Staff POSO-CTRU
Franchise	3.1 Encode the data, cancel the franchise and update the records	None	10 minutes	Admin Staff POSO-CTRU
	3.2 Print the CDF and route to signatories	None	10 minutes	Admin Staff POSO-CTRU





3.3 Approve and sign the processed documents for the cancel of franchise	None	4 minutes	CTRU Head/OIC POSO Head Office of the Mayor
3.5 Release the CDF	None	3 minutes	Admin Staff POSO-CTRU
TOTAL:	Php 200.00	48 Minutes	





5. Non-motorized Tricycle Operator's Permit

This service involves issuance, by the city government, of a franchise to a qualified operator applying for a permit to operate a pedicab unit for hire within a designated route and area in the territorial jurisdiction of the City of San Pedro.

Office or Division:	Public Order and Safety Office-City Transportation Regulatory Unit (CTRU)			
Classification:	Simple			
Type of Transaction:	G2C – Governme	nt to Citizen		
Who may avail:	requirements,set to a pedicab unit for	owner who meets the qualifications and forth by the City Government, for an operator of hire within a designated route and area in the on of the City of San Pedro		
CHECKLIST OF R	EQUIREMENTS	WHERE TO SECURE		
Duly-accomplished (1 Original Set)	d Application Form	POSO-CTRU Office		
Barangay Clearan availability of garage Copy)	·	Barangay Hall where the applicant resides		
Insurance Coverage Liability (1 Photocopy	•			
4. 2x2 I.D picture we uniform (2 Original C				
5.Official Receipt of payment of fees (1 original Copy and 1 Photocopy		City Treasurer's Office (CTO)		
For renewal of Fran	chise:			
All requirements previously listed		Applicant		
Previous franchise Receipt (1 Photocopy		Applicant		





CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Submit the complete documentary requirements,prese	1. Receive and evaluate the submitted documents,	None	2 minutes	Admin Staff CTRU
nt the tricycle unit for removal of sticker and other	1.1 Assess the fees to be paid	None	2 minutes	Admin Staff CTRU
franchise related material	1.2 Issue order of payment	None	2 minutes	Admin Staff CTRU
2.Pay the required fees at the City Treasurer's Office	2.Receive payment and Issue Official	Refer to Schedule of Fees for	3 minutes	Revenue Collection Clerk
and receive the official Receipt (O.R)	Receipt (O.R)	the Computati on (Ref. City Ord.2017- 23/Traffic Code		Treasury Office
3.Present the O.R and Submit its	3. Verify the Official Receipt and receive the Photocopy	None	2 minutes	Admin Staff/ POSO-CTRU
Photocopy, present the pedicab unit for installation of sticker and plate	3.1 Print the franchise and route to	None	10 minutes	Admin Staff/ POSO-CTRU
and receive franchise,fare matrix guide and identification card	signatories 3.2 Encode the data	None	10 minutes	Admin Staff/ POSO-CTRU
(I.D)	3.3 Install the sticker and plate on their designated spot	None	10 minutes	Admin Staff/ POSO-CTRU





3.4 Release the franchise, fare matrix guide and I.D	None	5 minutes	Admin Staff/ POSO-CTRU
TOTAL:	Based on Schedule of Fees (City Ordinance 2024-22)	46 Minutes	

NOTE: Plate is subject to change every 3 years regardless of the date of its issuance to the operator



6. City Sticker for Public Utility Jeepney, Bus, Van and other similar vehicle for hire

This service involves issuance, by the city government, of City Sticker to Public Utility Jeepney, Bus, Van and other similar vehicle for hire with a fixed and authorized terminal located in the territorial jurisdiction of the City of San Pedro.

Office or Division:	Public Order and Safety Office-City Transportation Regulatory Unit (CTRU)			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Any operator of a Public Utility Jeepney, Bus, Van and other similar vehicle for hire with a fixed and authorized terminal located in the territorial jurisdiction of the City of San Pedro			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Duly-accomplished Application Form (1 Original Set)		CTRU Office		
2.Barangay Clearance (Certifying availability of garage) (1 Original Copy)		Barangay Hall where the applicant resides		
3.Latest Certificate of Registration and Official Receipt of the vehicle (1 Photocopy)		LTO		
4. 2x2 I.D picture wearing PODA uniform (2 Original Copy)		Applicant		
5.Official Receipt of payment of fees (1 original Copy and 1 Photocopy)		City Treasurer's Office (CTO)		
6. Current franchise (1 Photocopy)		LTFRB		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCES SING TIME	PERSON RESPONSIBL E





		T		
1.Submit the complete documentary requirements	1. Receive and evaluate the submitted documents, 1.1 Assess the fees to be paid	None	2 minutes 2 minutes	Admin Staff/ CTRU Assessment Officer Or Admin Staff
				CTRU
	1.2 Issue order of payment	None	2 minutes	Admin Staff/ CTRU
2. Pay the required fees at the City Treasurer's Office and receive the official Receipt (O.R)	2. Receive payment and Issue Official Receipt (O.R)	Refer to Schedule of Fees for the Computation Amended (Ref. City Ord.2024- 44/Traffic Code PUJ-Fee- 450 Php FX/VAN-Fee- 450Php BUS-Fee- 500 Php	3 minutes	Revenue Collection Clerk Treasury Office





3.Present the O.R and Receive the City	3.1 Verify the Official Receipt and receive the Photocopy	None	2 minutes	Admin Staff/ POSO-CTRU
Sticker	3.2 Encode the data	None	10 minutes	Admin Staff/ POSO-CTRU
	3.3 Route the application form to signatories	None	10 minutes	Admin Staff/ POSO-CTRU
	3.4 Release the city sticker and place it on designated spot	None	5 minutes	Admin Staff/ POSO-CTRU
	TOTAL:	Based on Schedule of Fees (City Ordinance 2024-22)	36 minutes	





7. Replacement/Re-print of Franchise

This service involves re-issuance or replacement of the franchise certificate.

Office or Division:	Public Order and Safety Office-City Transportation Regulatory Unit (CTRU)			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Any franchisee/operator who lost his/her original franchise certificate			
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE			
1.Duly-accomplished Application Form (1 Original Set)		POSO-CTRU Office		
2.Official Receipt of payment of fees (1 original Copy and 1 Photocopy		City Treasurer's Office (CTO)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBL E
1.Submit the complete documentary requirements	Receive and evaluate the submitted documents,	None	2 minutes	Admin Staff/ CTRU
	1.1 Assess the fees to be paid	None	2 minutes	Admin Staff/ CTRU
	1.2 Issue order of payment	None	2 minutes	Admin Staff/ CTRU





				T
2. Pay the required fees at the City Treasurer's Office and receive the official Receipt (O.R)	2. Receive payment and Issue Official Receipt (O.R)	Refer to Schedule of Fees for the Computa tion (Ref. City Ord.2017 - 23/Traffic Code	3 minutes	Revenue Collection Clerk Treasury Office
3.Present the O.R and receive the City Sticker	3. Verify the Official Receipt and receive the Photocopy	None	2 minutes	Admin Staff/ POSO-CTRU
	3.1 Encode the data	None	10 minutes	Admin Staff/ POSO-CTRU
	3.2 Print the franchise and Route it to signatories	None	10 minutes	Admin Staff/ POSO-CTRU
	3.3 Release the franchise certificate	None	5 minutes	Admin Staff/ POSO-CTRU
	TOTAL	Based on Schedul e of Fees (City Ordinan ce 2024- 22)	35 minutes	





A. Public Motorized Tricycle/annum

1. Franchise Fee - 150.00

2. Supervision Fee - 100.00

3. Annual Registration Fee - 100.00

4. Mayor's Permit

New - 150.00

Renewal - 120.00

5. Annual City Sticker - 150.00

6. Annual Safety Inspection Fee - 50.00

7. I.D. - 50.00

8. City Plate - 250.00

9. Dropping - 150.00

B. Services/Private Motorized Tricycles/unit

1. Specific Franchise - 600.00/year

2. Supervision - 150.00/year

3. City Sticker - 250.00/year

4. Mayor's Permit - 200.00/year

5. Annual Registration Fee - 100.00

6. TRU Identification Card (I.D.) - 100.00



Business Permits and Licensing Office

External Services





1. Application for a New Business Permit

Issuance of New Business Permit to eligible Business Owner or Business Entity.

Office or	Business Permits and Licensing Office				
Division: Classification:	Simple				
	G2B - Government to Business Entity				
Type of Transaction:	G2B - Government to business Entity				
Who may avail: Business Owner or Business Entity					
	REQUIREMENTS	WHERE TO SECURE			
	ed Application Form	Business Permits and Licensing Office			
(Duplicate)	ou rippiloution rollin	Dubiniose i onnice and Electroning emice			
2. Valid Governmer	nt-Issued ID (1	Applicant			
Original)	•				
3. Business Registr	ation (1 Original Copy	y or Certified True Copy and One Photocopy)			
a. If Single Pro	prietorship - BNRS	Department of Trade and Industry			
b. If Partnership	o/Corporation -	Securities and Exchange Commission			
Articles of					
· ·	Incorporation and				
	Registration with				
the	A d'alamat	Occupanti a Deceleration A discit			
c. If Cooperative		Cooperative Development Authority			
=	and Certificate of				
Registration d. If Homeowne	or - Pogistration	Department of Human Settlements and Urban			
	artment of Human	Development			
Settlements		Development			
Developmen					
4. Franchise Agree		Franchisor			
(1 Original Copy)	,				
5. Barangay Tax Or	rder of Payment	Barangay Hall (where the business is located)			
(1 Original Copy)					
6.Proof of Right ov		Applicant			
location (1 Origina	I or Certified				
True Copy)					
a. If Owned i. TCT/0	PTC/Tay				
	ration under				
	ime of the				
applic					
	ent to use sign				
	Owner				
b. If rented - C					
Lease with	Lessor's Proof				
of Right and	d Lessor's				
Permit					
	se - Consent to Use				
signed by the	ne Owner				





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7. If applying through a representative:	Applicant
(1 Original Copy)	
a.Single Proprietorship -	
Typewritten/Printed	
authorization letter signed	
by the business proprietor	
(1 Original Copy) with	
attached copy of valid	
government-issued ID with	
3 specimen signatures of	
the principal and the	
representative (1 Copy)	
b.Corporation/Cooperative -	
Notarized Secretary's	
Certificate authorizing	
representative to act in	
behalf of the	
Corporation/Cooperative (1	
Original Copy) and copy of	
valid government-issued ID	
with 3 specimen signatures	
of the representative (1	
Copy)	
8. Sketch of Business Location	Applicant
(1 Original Copy)	
9. Unified Clearance (Duplicate)	Business Permits and Licensing Office
10. Statement of Account (SOA) (3	Business Permits and Licensing Office
Copies)	Ŭ
11. Community Tax Certificate (1	City Treasurer's Office
Original Copy)	
12. Official Receipt (1 Original Copy)	City Treasurer's Office
13. Fire Security Inspection Certificate	Bureau of Fire Protection
(1 Original Copy)	
Other Requirements depending on th	e Nature of Business:
Hotels/Inn Tourist Accommodation,	Department of Tourism
Travel Agency, Resort, Restaurant:	·
1. Department of Tourism	
Accreditation (1 Original Copy)	
Dealer of Rice:	National Food Authority
2. National Food Authority License-	,
(1 Original Copy)	
Off-Track Betting:	National Gaming Control Board – National
Off-Track Betting Certificate	Accreditation
(1 Original Copy)	
	Sangguniang Panlungsod Resolution
Drugstore/Bakery/Food Supplement:	Food and Drug Administration
4. Food and Drug Administration	3
License (1 Original Copy)	
Contractor:	Philippine Contractors Accreditation Board
5. Contractor's License General	





Specialty and Engil	neering Contractor			
(1 Original Copy)				
(- 5				
Casino and Gamin	<u>g:</u>	Philippine Am	nusement and Ga	ming Corporation
6. Casino and Othe	er Gaming	 National Ac 	creditation	
Certificate		Sangguniang	Panlungsod Res	olution
(1 Original Copy)				
Banking Institution,		Bangko Sent	ral ng Pilipinas	
Money Remittance				
7. Central Bank Lic	ense Certificate			
(1 Original Copy)		_		
Educational Institut		Department of	of Education	
8. Educational Insti	tution Certificate			
(1 Original Copy)	· · (OOT) ()		OT\/ D : 1	
Close-Circuit Telev		Legitimate Co	CTV Provider	
9. CCTV Certificate				
(1 Original Copy)		A ::::::::::::::::::::::::::::::::::::	na Divisiona Dumas	ou of Animoni
Animal Facilities	oto Animal		re Division, Burea	
10. License to Oper Facility/Certificate		industry – De	partment of Agric	ulture
Original Copy)	n Registration (1			
Original Copy)	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit				
	ACTIONS	BE PAID	TIME	RESPONSIBLE
Submit accomplished application form,	ACTIONS 1. Receive accomplished application form	BE PAID	TIME	RESPONSIBLE Clerk (Job Order) Or
1. Submit accomplished application form, unified clearance,	ACTIONS 1. Receive accomplished application form and unified	BE PAID	TIME	RESPONSIBLE Clerk (Job Order) Or Inspector (Job
1. Submit accomplished application form, unified clearance, and requirements,	ACTIONS 1. Receive accomplished application form and unified clearance, check	BE PAID	TIME	Clerk (Job Order) Or Inspector (Job Order)
1. Submit accomplished application form, unified clearance, and requirements, accommodate	ACTIONS 1. Receive accomplished application form and unified clearance, check requirements,	BE PAID	TIME	RESPONSIBLE Clerk (Job Order) Or Inspector (Job
1. Submit accomplished application form, unified clearance, and requirements, accommodate inspection of Joint	ACTIONS 1. Receive accomplished application form and unified clearance, check requirements, and verify	BE PAID	TIME	Clerk (Job Order) Or Inspector (Job Order)
1. Submit accomplished application form, unified clearance, and requirements, accommodate inspection of Joint Inspection	ACTIONS 1. Receive accomplished application form and unified clearance, check requirements,	BE PAID	TIME	Clerk (Job Order) Or Inspector (Job Order)
1. Submit accomplished application form, unified clearance, and requirements, accommodate inspection of Joint Inspection Assessment	ACTIONS 1. Receive accomplished application form and unified clearance, check requirements, and verify records.	BE PAID	TIME	Clerk (Job Order) Or Inspector (Job Order)
1. Submit accomplished application form, unified clearance, and requirements, accommodate inspection of Joint Inspection Assessment Team (JIAT) (only	ACTIONS 1. Receive accomplished application form and unified clearance, check requirements, and verify records. a. Application	BE PAID	TIME	Clerk (Job Order) Or Inspector (Job Order)
1. Submit accomplished application form, unified clearance, and requirements, accommodate inspection of Joint Inspection Assessment Team (JIAT) (only for application	ACTIONS 1. Receive accomplished application form and unified clearance, check requirements, and verify records. a. Application which do not	BE PAID	TIME	Clerk (Job Order) Or Inspector (Job Order)
1. Submit accomplished application form, unified clearance, and requirements, accommodate inspection of Joint Inspection Assessment Team (JIAT) (only for application which require	ACTIONS 1. Receive accomplished application form and unified clearance, check requirements, and verify records. a. Application which do not require	BE PAID	TIME	Clerk (Job Order) Or Inspector (Job Order)
1. Submit accomplished application form, unified clearance, and requirements, accommodate inspection of Joint Inspection Assessment Team (JIAT) (only for application which require Occupancy	ACTIONS 1. Receive accomplished application form and unified clearance, check requirements, and verify records. a. Application which do not require Occupancy	BE PAID	TIME	Clerk (Job Order) Or Inspector (Job Order)
1. Submit accomplished application form, unified clearance, and requirements, accommodate inspection of Joint Inspection Assessment Team (JIAT) (only for application which require Occupancy Permit), and	ACTIONS 1. Receive accomplished application form and unified clearance, check requirements, and verify records. a. Application which do not require Occupancy Permit (Post	BE PAID	TIME	Clerk (Job Order) Or Inspector (Job Order)
1. Submit accomplished application form, unified clearance, and requirements, accommodate inspection of Joint Inspection Assessment Team (JIAT) (only for application which require Occupancy Permit), and undergo Interview	ACTIONS 1. Receive accomplished application form and unified clearance, check requirements, and verify records. a. Application which do not require Occupancy Permit (Post Audit/	BE PAID	TIME	Clerk (Job Order) Or Inspector (Job Order)
1. Submit accomplished application form, unified clearance, and requirements, accommodate inspection of Joint Inspection Assessment Team (JIAT) (only for application which require Occupancy Permit), and	ACTIONS 1. Receive accomplished application form and unified clearance, check requirements, and verify records. a. Application which do not require Occupancy Permit (Post	BE PAID	TIME	Clerk (Job Order) Or Inspector (Job Order)
1. Submit accomplished application form, unified clearance, and requirements, accommodate inspection of Joint Inspection Assessment Team (JIAT) (only for application which require Occupancy Permit), and undergo Interview	ACTIONS 1. Receive accomplished application form and unified clearance, check requirements, and verify records. a. Application which do not require Occupancy Permit (Post Audit/	BE PAID	TIME	Clerk (Job Order) Or Inspector (Job Order)
1. Submit accomplished application form, unified clearance, and requirements, accommodate inspection of Joint Inspection Assessment Team (JIAT) (only for application which require Occupancy Permit), and undergo Interview	ACTIONS 1. Receive accomplished application form and unified clearance, check requirements, and verify records. a. Application which do not require Occupancy Permit (Post Audit/ Inspection).	None None	TIME 5 minutes	Clerk (Job Order) Or Inspector (Job Order) BPLO
1. Submit accomplished application form, unified clearance, and requirements, accommodate inspection of Joint Inspection Assessment Team (JIAT) (only for application which require Occupancy Permit), and undergo Interview	ACTIONS 1. Receive accomplished application form and unified clearance, check requirements, and verify records. a. Application which do not require Occupancy Permit (Post Audit/ Inspection). a.1 B.O.S.S.	None None	TIME 5 minutes	Clerk (Job Order) Or Inspector (Job Order) BPLO
1. Submit accomplished application form, unified clearance, and requirements, accommodate inspection of Joint Inspection Assessment Team (JIAT) (only for application which require Occupancy Permit), and undergo Interview	ACTIONS 1. Receive accomplished application form and unified clearance, check requirements, and verify records. a. Application which do not require Occupancy Permit (Post Audit/Inspection). a.1 B.O.S.S. support offices	None None	TIME 5 minutes	Clerk (Job Order) Or Inspector (Job Order) BPLO JIAT Team CPDCO, OBO,

application and requirements.





		PHILE	
a.2 Evaluate application form, unified clearance and requirements, encode application details and print system generated application form.	None	10 minutes	Clerk (Job Order) Or Inspector (Job Order) BPLO
a.3 Assess Capital.	None	10 minutes	Local Assessment Operations Officer III Or Budgeting Asst. BPLO
a.4 Assess taxes, fees and other charges using Business Permits Licensing System (BPLS) and issue Statement of Account (SOA). b. Application which require Occupancy Permit (For schedule of Joint Inspection Assessment Team (JIAT) inspection / Pre Audit / Inspection)	None	5 minutes	Assessment Clerk (Job Order) Or Admin Asst. (Job Order) Or Clerk (Job Order) BPLO
b.1 Conduct On- Site inspection and accomplish Unified Clearance.	None	1 day	JIAT Team BPLO, CPDCO, OBO, CHO, CENRO





	1			
	b.2 Evaluate application form, unified clearance and requirements, encode application details and print system generated application form.	None	10 minutes	Clerk BPLO
	b.3 Assess Capital.	None	10 minutes	Local Assessment Operations Officer III Or Budgeting Asst. BPLO
	b.4 Assess taxes, fees and other charges using Business Permits Licensing System (BPLS) and issue Statement of Account(SOA).	None	5 minutes	Assessment Clerk (Job Order) BPLO
2. Pay assessed taxes, fees and other charges at the City Treasurer's Office.	2. Receive payment and issue Official Receipt and Community Tax Certificate.	A. Business Tax B. Mayor's Permit C. Other Fees Fire Safety Inspection Fee: (Php 500.00 or 15% of Mayor's Permit Fee and Regulatory Fees whichever is higher) CTC Fee:	15 minutes	Revenue Collection Clerk City Treasurer's Office BFP (Backroom)





		T		
		(for Single: P30.00)		
		(for Corporation : P500.00)		
		In accordance with the following:		
		Revised Revenue Code of the City of San Pedro, Laguna		
		Fire Code of the Philippines		
		National Building Code		
		Sanitation Code		
3. Final submission of required documents and claiming of Business Permit.	3. Receive required documents and print Business Permit for approval and releasing.	None	5 minutes	Data Controller BPLO
	3.1 Conduct final check of required documents for Recommending Approval of BPLO Head.	None	15 minutes	Local Assessment Operations Officer III BPLO
	3.2 Sign and recommend the	None	5 minutes	City Government





approval of Business Permit (Digitized Signature of the City Mayor).			Department Head I BPLO
3.3 Scan Business Permit and supporting documents for filing.	None	5 minutes	Clerk (Job Order) BPLO
3.4 Release Business Permit together with supporting documents and Business Plate.	None	5 minutes	Clerk (Job Order) Or Tax Mapping Aide (Job Order) BPLO
TOTAL:	Business Tax + Mayor's Permit + Other Fees + Fire	Post Audit/ Inspection Business: 1 Hour and 35 Minutes	
	Safety Inspection Fee + CTC Fee	Pre Audit/ Inspection Business:	
		1 Hour and 20 Minutes (1 Day Inspection)	





2. Renewal of Business Permit

Issuance of Renewal Business Permit to eligible Business Owner or Business Entity.

Office or	Business Permits and Licensing Office				
Division:	3				
Classification:	Simple				
Type of	G2B - Government to Business Entity				
Transaction:					
Who may avail:	Business Owner or	,			
	REQUIREMENTS	WHERE TO SECURE			
	ed Application Form	Business Permits and Licensing Office			
(3 Copies)					
2. Valid Governmer	nt-Issued ID (1	Applicant			
Original)		A 1:			
3. Sworn declaratio		Applicant			
Sales/Gross Receip					
preceding taxable	year (1 Original				
Copy) 4. Quarterly VAT R	oturne for the	Bureau of Internal Revenue (BIR)			
immediately preced		Dureau Or Internal Neverlue (DIK)			
(January-September					
received by the BIR					
Copy)	. (1 001111104 1140				
5. Monthly VAT Ref	turns (October-	Bureau of Internal Revenue (BIR)			
November) (1 Certif		, ,			
6. Financial Statem	ent / Income Tax	Bureau of Internal Revenue (BIR)			
Return covering the	taxable year 2				
years prior to renev					
Original Copy or Ce					
		ices outside the City of San Pedro, Laguna			
7. Breakdown of gro	<u> </u>	Applicant			
receipts per city/mu	nicipality (1				
Original Copy)	to and/or annilestis	Pagagotive I CI I			
	ts and/or application es/municipalities for	Respective LGU			
current taxable yea	-				
ourioni landbie yea	\ 17/	or Lessors			
9. Sworn declaratio		Applicant			
properties for rent v		, Approach			
duration of lease lis					
Original Copy)					
	If applying the	rough a representative			
10a. Single Proprie	111	Applicant			
Typewritten/Printed					
signed by the busin					
Original Copy) with					
•	ID with 3 specimen				
signatures of the pr	incipal and the				





		1		
representative (1 C				
10b. Corporation/Co	•	Applicant		
	Notarized Secretary's Certificate			
authorizing represe				
behalf of the Corpo	ration/Cooperative			
(1 Original Copy) ar	•			
	ID with 3 specimen			
signatures of the re				
Copy)	,			
11. Statement of Ad	count (SOA) (3	Business Pe	rmit and Licensin	a Office
Copies)	,	2 40000 . 0		9 011100
12. Community Tax	Certificate	City Treasur	er's Office	
(1 Original Copy)	Continoato	Oity Troubur	or 5 Office	
13.Official Receipt ((1 Original Copy)	City Treasur	er's Office	
14. Fire Security Ins			re Protection	
_	spection Certificate	Buleau Oi Fi	ie Piolection	
(1 Original Copy)	n of Barangay Bar	ADDIO COSO SI	t if applicable:	
	on of Barangay Rev			non in lanata -1\
15. Barangay Tax (rider of Payment	barangay Ha	II (where the busi	ness is located)
(1 Original Copy)	AGENCY	FFFC TO	DDOCESSING	DEDCON
CLIENT STEPS		FEES TO	PROCESSING	PERSON BESDONSIDIE
1. Submit	ACTIONS 1. Evaluate	BE PAID	TIME	RESPONSIBLE
		None	5 minutes	Clerk (Job
requirements	requirements,			<i>Order)</i> Or
(include Barangay Tax Order of	verify records,			•
	and print system			Inspector (Job
Payment if	generated			Order)
applicable), and	application form.			BPLO
undergo interview	4.4.4.5	Nissa	45	1 1
for gross	1.1 Assess Gross	None	15 minutes	Local
assessment.	Sales/Gross			Assessment
	Receipts.			Operations Officer
				Or D. A. G. A.
				Budgeting Asst.
				BPLO
	1.2 Assess taxes,	None	5 minutes	Assessment
	fees and other			Clerk (Job
	charges using			Order)
	Business Permits			BPLO
	Licensing System			
	(BPLS) and issue			
	Statement of			
	Account (SOA).			
2. Pay assessed	2. Receive	A. Business	15 minutes	Revenue
taxes, fees and	payment and	Tax		Collection Clerk
other charges at	issue Official	B. Mayor's		City Treasurer's
the City	Receipt and	Permit		Office
Treasurer's	Community Tax	C. Other		
Office.	Certificate.	Fees		
333.	1 23	. 555	I	





 •	
Fire Safety	BFP
Inspection	(Backroom)
Fee:	
(Php 500 or	
15% of	
Mayor's	
Permit Fee	
plus	
Regulatory	
Fees	
whichever	
is higher)	
CTC Fee:	
(for Single:	
Gross Sales	
/Receipts	
divided by	
1,000.00 +	
5.00)	
3.00)	
(for	
Corporation	
Corporation	
Cross Colos	
Gross Sales	
/Receipts	
divided by	
2,500.00 +	
500.00)	
In	
accordance	
with the	
following:	
Revised	
Revenue	
Code of the	
City of San	
Pedro,	
Laguna	
Fire Code	
of the	
Philippines	
National	
Building	
Code	





1	1			
		Sanitation Code		
3. Final submission of required	3. Receive required documents and	None	5 minutes	<i>Clerk</i> BPLO
documents and claiming of Business Permit	print Business Permit for approval and releasing.			Dave Ritchelle P. Mercado (Clerk - Job Order)
	•			James Alexander Z. Deocaris (Inspector - Job Order)
	3.1 Conduct final check of required documents for Recommending Approval of BPLO Head.	None	15 minutes	BPLO Local Assessment Operations Officer III
	Di Lo rioda.			Jesselyn A. Plondriz (Local Assessment Operations Officer III)
	3.2 Sign and recommend the approval of Business Permit (Digitized Signature of the	None	5 minutes	City Government Department Head I BPLO
	City Mayor).			Elsa A. Santos (Head, BPLO)
	3.3 Scan Business Permit and supporting	None	5 minutes	<i>Clerk</i> BPLO
	documents for filing.			Jennifer C. Tumamao (Clerk - Job Order)
	3.4 Release	None	5 minutes	Clerk





Business Permit together with			BPLO
supporting			Maria
documents.			Evangeline N.
			Mijares
			(Tax Mapping
			Aide - Job
			Order)
TOTAL:	Business	1 Hour and 15	
	Tax +	Minutes	
	Mayor's Permit +		
	Other Fees		
	+ Fire		
	Safety		
	Inspection		
	Fee + CTC		
	Fee		





3. Retirement of Business Registration

Approval of Business Retirement of Business Owner or Business Entity

Office or	Business Permits and Licensing Office				
Division:					
Classification:	Simple				
Type of	G2B - Government to Business Entity				
Transaction:		·			
Who may avail:	Business Owner or	Business Entity			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
1. Duly Accomplish	ed Application Form	Business Permits and Licensing Office			
(Duplicate)					
2. Valid Governmer	nt-Issued ID (1	Applicant			
Original)					
3. Request Letter (1		Applicant			
4a. If Corporation		Applicant			
Resolution or Secr	•				
showing decision of					
retire the business					
	ietorship - Affidavit				
of showing no inter					
business (1 Origina					
5. Certificate of Clos		Barangay Hall (where the business is located)			
3 ,	date of cessation of				
business operation		Applicant			
6. Original Business	` —	Applicant			
Copy) If lost, Affidate 7. Sworn declaration		Applicant			
sales/gross receipts	<u> </u>	Арріїсані			
taxable year (1 Orig					
8. Income Tax Retu		Bureau of Internal Revenue (BIR)			
Financial Statemen		Baread of internal Neverlae (Birt)			
taxable year if avail					
(1 Certified True Co					
9. Breakdown of gro		Applicant			
receipts per city/mu		' '			
Original Copy)					
10. Picture of Estab	lishment showing	Business Permits and Licensing Office			
no business operati	_				
(1Original Copy)					
11. Location sketch	from main road (1	Applicant			
Copy)					
12. Certificate of Cl		Applicant			
Lessor/Mall/Building	g Administrator (1				
Original Copy)					
13. Affidavit of No C		Applicant			
applicable) (1 Origin		B. diama B. with a different Com-			
14. Statement of Ad	ccount (SOA) (3	Business Permits and Licensing Office			





Copies)				
15. Official Receipt	(for Retirement)	City Treasurer's Office		
(1 Original Copy)				
16. Certificate of Re	etirement of	City Treasure	er's Office	
Business Record (1	Original Copy)			
	If applying t	hrough a repres	sentative	
17a. Corporation/Co		Applicant		
Notarized Secretary				
authorizing represe	ntative to act in			
behalf of the				
Corporation/Coope	rative (1 Original			
Copy) and copy of	valid government-			
issued ID with 3 spe	ecimen signature			
of the representativ	e (1 Copy)			
17b. Typewritten/F		Applicant		
authorization letter				
	r (1 Original Copy)			
with attached copy				
issued ID with 3 sp				
signatures of the p	-			
representative (1 C				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit	1. Receive	None	5 minutes	Clerk (Job
accomplished	accomplished			Order)
application form	application form			Or
and requirements,	and schedule for			Inspector (Job
and undergo	Inspection.			Order)
interview for gross				BPLO
assessment.				
	1.1 Conduct	None	1 day	License
	inspection to			Inspector
	verify closure of			BPLO
	business.			
	4.0.5	NI = ·	10	Olemba (1)
	1.2 Evaluate	None	10 minutes	Clerk (Job
	application form			Order)
	and			Or Inapactor (Joh
	requirements,			Inspector (Job
	and verify records.			<i>Order)</i> BPLO
	records.			BFLO
	1.3 Assess	None	10 minutes	Local
	Gross Sales/	INOIIC	าง กากเนเธอ	Assessment
	Gross Receipts.			Operations Officer
	Oroso receipts.			Ul
				Or
				Budgeting Asst.
				BPLO





_	1	T		1
	1.4 Assess taxes and fees, and issue Statement of Account (SOA).	None	5 minutes	Assessment Clerk (Job Order) BPLO
2. Pay assessed taxes and fees at the City Treasurer's Office.	2. Receive payment and issue Official Receipt and Certification.	A. Business Tax Certification Fee: Php100.00 In accordance with: Revised Revenue Code of the City of San Pedro, Lagun	15 minutes	Revenue Collection Clerk City Treasurer's Office
3. Final submission of required documents and claiming of Certification for Retirement of	3. Evaluate required documents for approval and releasing.	None	5 minutes	Clerk (Job Order) Or Inspector (Job Order) BPLO
Business Registration.	3.2 Conduct final check of required documents for approval of BPLO Head.	None	5 minutes	Local Assessment Operations Officer III BPLO
	3.3 Sign and approve retirement of business registration.	None	5 minutes	City Government Department Head I BPLO
	3.4 Scan Certification for Retirement of Business Registration and supporting documents for	None	5 minutes	Clerk (Job Order) BPLO





filing.			
3.5 Release Certification for Retirement of Business Registration together with supporting documents.	None	5 minutes	Clerk (Job Order) Or Tax Mapping Aide (Job Order) BPLO
TOTAL:	Business Tax + Certification Fee	1 Hour and 15 Minutes (1 Day Inspection)	





4. Amendment of Business Registration

Approval of Application for Amendment of Business Registration by Business Owner or Business Entity.

	<u> </u>				
Office or	Business Permits and Licensing Office				
Division:	Olara I.				
Classification:	Simple	to Duoinggo Entity			
Type of Transaction:	G2B - Government	to Business Entity			
Who may avail:	REQUIREMENTS	WHERE TO SECURE			
1. Duly Accomplish	· · · · · · · · · · · · · · · · · · ·	Business Permits and Licensing Office			
Form	eu Application	Business Fermits and Licensing Office			
(1 Copy)					
2. Original Busines:	s Permit (1 Original	Applicant			
Copy)	or ormit (r original	Терпоат			
3. Valid Governmer	nt-Issued ID (1	Applicant			
Original)	(
4. Request Letter (1 Original Copy)	Applicant			
, ,		rough a representative			
4a. Single Proprieto		Applicant			
Typewritten/Printed	authorization letter				
signed by the busin	ess proprietor(1				
Original Copy) with					
valid government-is					
specimen signature					
and the representat					
4b. Corporation/Co	•	Applicant			
Notarized Secretary					
authorizing represe					
behalf of the Corpo	•				
(1 Original Copy) a	ID with 3 specimen				
signatures of the re	-				
Copy)	presentative (1				
СОРУ	If Changi	ng Business Name			
5a. New DTI/SEC/C		Department of Trade and Industry/			
Original Copy or Ce	•	Securities and Exchange Commission/			
g = 32p = 30		Cooperative Development Authority			
5b. Amended Barar	ngay Clearance (1	Barangay Hall (where the business located)			
Original Copy)	`	,			
	If Changin	g Business Address			
5c. Amended DTI/S		Department of Trade and Industry/			
Registration (1 Orig		Securities and Exchange Commission/			
Certified True Copy		Cooperative Development Authority			
5d. Amended Barar	ngay Clearance (1	Barangay Hall (where the business is located)			
Original Copy)					
5e. Board Resolution	_	Applicant			
Certificate showing	decision of the				





company to change (1 Original Copy or				
Copy)		1		
5f. Proof of right to use property (1 Original Copy)		Applicant		
If address to reloca applicant - TCT/De (1 Original Copy)	te is owned by the ed of Absolute Sale			
If address to reloca Contract of Lease (1 Original Copy) and			
Lessor's Permit (Or 5g. Picture of estal and		Applicant		
exterior) with location				
noarest main road (If Adding or Cl	hanging Line d	of Rusiness	
5h. DTI/SEC/CDA F			of Trade and Indu	ıstrv/
Original Copy or Ce	` `	•	nd Exchange Com	•
(if necessary)	ruiod rido copy,		Development Aut	
5i. Amended Barangay Clearance (1			all (where the busi	
Original Copy) (if n			(212 3.0 230	
	• ,	ng Business (Owner	
5j. Notarized Deed	T	Applicant		
Ównership or other				
(acknowledged befo	ore Notary Public)			
(1 Original Copy)				
5k. Amended Barar	ngay Clearance (1	Barangay H	all (where the busi	ness is located)
Original Copy)				
		orm of Busine	•	
5I. DTI/SEC/CDA R		•	of Trade and Indu	•
Original Copy or Ce	ertified True Copy)	Securities and Exchange Commission/		
Eno. Austria de d'Origina	many Olassas /4	Cooperative Development Authority		
5m. Amended Bara Original Copy)			Barangay Hall (where the business is located)	
6. Request Slip/Ord Original Copy)			ermits and Licensi	ng Office
7. Official Receipt (City Treasu		
	Change of Bus			
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit	1. Receive and	None	10 minutes	Clerk (Job
accomplished	evaluate			Order)
application form	application and			Or
and documentary	documents,			Inspector (Job
requirements.	verify records.			Order) BPLO
	1.1. Assess	None	10 minutes	Local
	documents.	INOLIG	10 111111111111111111111111111111111111	Assessment
	documents.			733533111511t





			PHILE	
				Operations Officer III BPLO
	1.2 Approve application.	None	5 minutes	City Government Department Head I BPLO
	1.3 Issue Request Slip/Order of Payment.	None	3 minutes	Clerk (Job Order) Or Inspector (Job Order) BPLO
2. Pay corresponding fee at the City Treasurer's Office.	2. Receive payment and issue official receipt.	P 150.00 In accordance with the Revised Revenue Code of the City of San Pedro, Laguna	5 minutes	Revenue Collection Clerk City Treasurer's Office
3. Final submission of required documents and claiming of Amended Business Permit.	3. Receive documents and amend records.	None	15 minutes	Clerk (Job Order) Or Inspector (Job Order) BPLO
	3.1 Print amended Business Permit for signature.	None	5 minutes	Clerk (Job Order) BPLO
	3.2 Conduct final check of required documents, affix signature and recommend the approval of Amended Business Permit (Digitized Signature of the	None	5 minutes	City Government Department Head I BPLO





		1		1
	City Mayor).			
	3.3 Scan Amended Business Permit and supporting documents for filing.	None	5 minutes	Clerk (Job Order) BPLO
	3.4 Release Amended Business Permit together with supporting documents.	None	5 minutes	Tax Mapping Aide (Job Order) BPLO
Change	of Ducinosa Address	/ Adding or C	handing line of D	u in a a a
	of Business Address		10 minutes	
1. Submit accomplished application form and documentary	Receive and evaluate application and documents, and	None	10 minutes	Clerk (Job Order) Or Inspector (Job
requirements.	verify records.			<i>Order)</i> BPLO
	1.1 Conduct On- Site inspection and accomplish Unified Clearance.	None	1 day	JIAT Team BPLO, CPDCO, OBO, CHO, CENRO
	1.2 Assess documents and evaluate JIAT findings.	None	10 minutes	Local Assessment Operations Officer III BPLO
	1.3 Approve application.	None	5 minutes	City Government Department Head I BPLO
	1.4 Issue Request Slip/Order of Payment.	None	3 minutes	Clerk (Job Order) Or Inspector (Job Order) BPLO
2. Pay	2. Receive	P 150.00	5 minutes	Revenue
corresponding fee	payment and			Collection Clerk





- t th - Oit	:	l		O:4 . T
at the City	issue official	ln 		City Treasurer's
Treasurer's	receipt.	accordance		Office
Office.		with the		
		Revised		
		Revenue		
		Code of the		
		City of San		
		Pedro,		
		Laguna		
3. Final	3. Receive	None	15 minutes	Clerk (Job
submission of	documents and			Order)
required	amend records.			Or
documents and				Inspector (Job
claiming of				Order)
Amended				BPLO
Business Permit.	0.4 D	Nicol	F	
	3.1 Print amended	None	5 minutes	Clerk (Job
	Business Permit			Order)
	for signature.			BPLO
	3.2 Conduct final	None	5 minutes	City
	check of required	NOHE	5 minutes	Government
	documents, affix			Department
	signature and			Head I
	recommend the			BPLO
	approval of			Di LO
	Amended			
	Business Permit			
	(Digitized			
	Signature of the			
	City Mayor).			
	ony mayory.			
	3.3 Scan	None	5 minutes	Clerk (Job
	Amended		· · · · · · · · · · · · · · · · · · ·	Order)
	Business Permit			BPLÓ
	and supporting			
	documents for			
	filing.			
				_
	3.5 Release	None	5 minutes	Tax Mapping
	Amended			Aide (Job Order)
	Business Permit			BPLO
	together with			
	supporting			
	documents.			
	TOTAL:	D 450 00	Change of	
	TOTAL:	P 150.00	Change of Business	
			Name /	
			ivaille /	





Owner / Form:
1 Hour and 18 minutes
Change of Business Address / Adding or Changing Line of Business:
1 Hour and 18 minutes (1 Day Inspection)





5. Issuance of Certified True Copy of Business Permit

Issuance of Certified True Copy to Business Owner or Business Entity.

	<u> </u>				
Office or	Business Permits and Licensing Office				
Division:					
Classification:	Simple				
Type of	G2B - Government	to Business E	ntity		
Transaction:	_				
Who may avail:	Business Owner or		,		
	REQUIREMENTS		WHERE TO SEC	URE	
 Business Permit Photocopy) 	(Original Copy and	Applicant			
Valid Governmer Original)	nt-Issued ID (1	Applicant			
3. Request Letter (1	Original Copy)	Applicant			
,	If requesting t		esentative		
3a. Single Proprieto		Applicant			
Typewritten/Printed	-				
letter signed by the	business				
proprietor (1 Origina					
attached copy of va	lid government-				
issued ID with 3 spe	ecimen signatures				
of the principal and	the representative				
(1 Copy)					
3b. Corporation/Co		Applicant			
Notarized Secretary					
authorizing represe					
behalf of the Corpo	•				
(1 Original Copy) ar					
government-issued					
specimen signature					
representative (1 C					
4. Request Slip/Ord	ler of Payment (1	Business Permits and Licensing Office			
Original Copy)					
5. Official Receipt (City Treasure			
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Submit request	1. Receive	None	5 minutes	Clerk (Job	
letter and	request letter with			Order)	
documentary	documentary			Or	
requirements.	requirements and			Inspector (Job	
	conduct			Order)	
	verification of			BPLO	
	records.				





	1.1 Issue Request Slip/Order of Payment.	None	3 minutes	Clerk (Job Order) Or Inspector (Job Order) BPLO
2. Pay corresponding fee at the City Treasurer's Office.	2. Collect payment and issue Official Receipt.	P 150.00	5 minutes	Revenue Collection Clerk City Treasurer's Office
3. Final submission of required documents and claiming of Certified True Copy.	3. Receive required documents and stamp certified true copy.	None	5 minutes	Clerk (Job Order) Or Inspector (Job Order) BPLO
осру.	3.1 Evaluate documents and affix initials.	None	5 minutes	Local Assessment Operations Officer III BPLO
	3.3 Approve request and affix signature	None	5 minutes	City Government Department Head I BPLO
	3.3 Release Certified True Copy.	None P 150.00	5 minutes 33 Minutes	Tax Mapping Aide (Job Order) BPLO





6. Issuance of Certification

Issuance of Certification to Business Owner, Business Entity, Institution, Individual and others.

	T				
Office or	Business Permits and Licensing Office				
Division:	0'				
Classification:	Simple				
Type of	G2B - Government to Business Entity				
Transaction:	G2C - Government to Client				
	G2G - Government				
Who may avail:	Business Owner, B	Business Entity	, Client, Governm	ent Agency, and	
	others.				
	REQUIREMENTS		WHERE TO SEC	URE	
1. Request Letter (1		Applicant			
2. Valid Governmer	nt-Issued ID (1	Applicant			
Original)					
_		rough a repres	sentative		
3a. Single Proprieto	•	Applicant			
Typewritten/Printed					
letter signed by the					
proprietor (1 Origina	,				
attached copy of va	•				
issued ID with 3 spe					
of the principal and	the representative				
(1 Copy)		A 11 4			
3b. Corporation/Co	-	Applicant			
Notarized Secretary					
authorizing represe					
behalf of the Corpo	•				
(1 Original Copy) a					
government-issued					
specimen signature					
representative. (1 C		Duainasa Dar	waita and Liaanain	- C#ioo	
4. Request Slip/Ord	iei oi Payment (1	Business Permits and Licensing Office			
Original Copy)	1 Original Canal	City Traces	vr'o Office		
5. Official Receipt (City Treasure		DEDSON	
CLIENT STEPS	AGENCY ACTIONS	FEES TO	PROCESSING TIME	PERSON RESPONSIBLE	
1 Submit request	1. Receive	BE PAID None	10 minutes	Clerk (Job	
1. Submit request letter and	request letter with	INUITE	าง กากเก็นเยือ	Order)	
documentary	documentary			Order) Or	
requirements.	requirements and			Inspector (Job	
requirements.	conduct			Order)	
	verification of			BPLO	
	records.			טו נט	
	records.				
	1.1 Issue request	None	3 minutes	Clerk (Job	





	slip/order of payment.			Order) Or Inspector (Job Order) BPLO
2. Pay corresponding fee at the City Treasurer's Office.	2. Collect payment and issue Official Receipt.	P 150.00 In accordance with the Revised Revenue Code of the City of San Pedro, Laguna	5 minutes	Revenue Collection Clerk City Treasurer's Office
3. Final submission of required documents and claiming of	3. Receive required documents and print certification.	None	10 minutes	Clerk (Job Order) BPLO
Certification.	3.1 Review certification, evaluate required documents and affix initials.	None	5 minutes	Local Assessment Operations Officer III BPLO
	3.2 Approve certification and affix signature.	None	5 minutes	City Government Department Head I BPLO
	3.3 Release certification.	None	5 minutes	Tax Mapping Aide (Job Order) BPLO
	TOTAL:	P 150.00	43 Minutes	





7. Handling of Complaints in Connection with Business Permit

Receiving and addressing a complaint in connection with business permit.

Office or	Business Permits and Licensing Office				
Division:					
Classification:	Complex				
Type of	G2B - Government to Business Entity				
Transaction:	G2C - Government to Client				
140	G2G - Government				
Who may avail:		Business Owner, Business Entity, Client, Government Agency, and			
CHECKLIST OF	others. REQUIREMENTS	WHERE TO SECURE			
CHECKLIST OF	•	inspection/tax drive			
1 a Complaint Latte		Business Owner/ Business Entity/ Government			
1.a Complaint Lette	er (1 Original Copy)	Agency/ Client/ others			
1.b Complaint Form	n (Duplicate)	Business Permits and Licensing Office			
1.c Phone Call		Client/Complainant			
1.d Electronic Com	munication	Client/Complainant			
2. Valid Governmer	nt-Issued ID (1	Client/Complainant			
Original and Copy v	with 3 Specimen				
Signatures)					
3. Inspection Slip (7		Business Permits and Licensing Office			
4. Notice for Compl		Business Permits and Licensing Office			
Copy and Receiving					
5. Advice to Cease		Business Permits and Licensing Office			
Operation Notice (7		000			
6. Closure Order (1	Original Copy and	Office of the City Mayor			
Receiving Copy)		Office of the Otto Management			
7. Lifting of Suspen		Office of the City Mayor			
Notice/Cancellation	` •				
Copy and Receiving		 valid complaint and violation			
1.a Complaint Lette		Business Owner/ Business Entity/ Government			
i.a Complaint Lette	i (i Oligiliai Copy)	Agency/ Client/ others			
1.b Complaint Form	n (Duplicate)	Business Permits and Licensing Office			
1.c Phone Call		Client/Complainant			
	· ·				
1.d Electronic Com		Client/Complainant			
2. Inspection Slip (Business Permits and Licensing Office			
3. Joint Written Rep		Interface Regulatory Offices (BPLO, Zoning,			
Recommendations	(1 Original and	OZA, OBO, Sanitation, CENRO)			
Receiving Copy)	1 " (4 2 : : :				
4. Technical Meetin	ng Letter (1 Original	Business Permits and Licensing Office			





Copy and Receiving	a Copy)			
5. Highlights of the Technical Meeting		Business Permits and Licensing Office		
(1 Original Copy and Receiving Copy)				
6. Closure Order (1 Original Copy and		Office of the City Mayor		
Receiving Copy)				
7. Lifting of Suspen		Office of the	e City Mayor	
Notice/Cancellation Copy and Receiving				
	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
	For normal	inspection/ta	ax drive	
1. Submit the	1. Receive the	None	5 minutes	Clerk (Job
complaint	complaint			Order)
letter/duly	letter/duly			BPLO
accomplished	accomplished			
Complaint Form.	Complaint Form.			
	1.1 Verify records.	None	5 minutes	Clerk (Job Order)
				BPLO
	1.2 Evaluate complaint and	None	30 minutes	Local Assessment
	assign to Area			Operations
	Inspector.			Officer III BPLO
	1.3	None	1 day	Area Inspector
	Inspect/validate complaint and issue Inspection Slip.			BPLO
	1.4 Prepare	None	30 minutes	Local
	Notice for			Assessment
	Compliance for			Operations
	signature of BPLO			Officer III
	Head (if			BPLO
	necessary) 3			
	working days after issuance of			
	Inspection Slip.			
	1.5 Issue Notice	None	1 day	Area Inspector
	for Compliance (if necessary).	THORIG	1 day	BPLO
	,			





		PHILIP	
1.6 Issue Advice to Cease and Desist Operation Notice (if necessary) 7 working days after issuance of Notice for Compliance.	None	1 day	Area Inspector BPLO
1.7 Prepare Closure Order for signature of the City Mayor/City Administrator (if necessary) 3 working days after issuance of Advice to Cease and Desist Operation Notice.	None	30 minutes	Local Assessment Operations Officer III BPLO
1.8 Implement Closure Order (If necessary) after duly signed by the City Mayor/City Administrator.	None	1 day	Inspector (Job Order) BPLO
1.9 Prepare Lifting of Suspension Notice/ Cancellation Order for signature of the City Mayor/City Administrator (if necessary).	None	30 minutes	Local Assessment Operations Officer III BPLO
1.10 Issue Lifting of Suspension Notice/ Cancellation Order and remove Closure Order Tarpaulin, Stickers, Padlock and Chain (if necessary).	None	1 day	Inspector (Job Order) BPLO





			PHILIT	
	In accordance with Resolution No. 2013-487 Municipal Ordinance No. 2013-121.			
	For business with v	⁄alid complaiı	nt and violation	
Submit the complaint letter/duly accomplished Complaint Form	1. Receive the complaint letter/duly accomplished Complaint Form.	None	5 minutes	Clerk (Job Order) BPLO
and attend Technical Meeting (if necessary).	1.1 Verify records.	None	5 minutes	Clerk (Job Order) BPLO
	1.2 Evaluate complaint.	None	30 minutes	Local Assessment Operations Officer III BPLO
	1.3 Inspect/validate complaint and issue Inspection Slip/Notice of Violations from other Members of JIAT	None	1 day	Interface Regulatory Offices BPLO, CPDCO, OBO, CHO, CENRO
	(Assignment of inspector is a prerogative of the Interface Regulatory Office Head and inclusion of Interface Regulatory Office to the inspection is depending on the nature of complaint.)			Interface
	1.4 Prepare joint written report with recommendations address to the City Mayor/City	None	1 day	Regulatory Offices BPLO, CPDCO, OBO, CHO, CENRO





		PHILIP	
Administrator.			
1.5 Prepare Technical Meeting Letter for signature of BPLO Head and City Administrator (If necessary).	None	1 hour	Local Assessment Operations Officer III BPLO
1.6 Conduct Technical Meeting (if necessary).	None	2 hours	Interface Regulatory Offices BPLO, CPDCO, OBO, CHO, CENRO
1.7 Prepare Highlights of the Technical Meeting (if necessary).	None	1 hour	Local Assessment Operations Officer III BPLO
1.8 Prepare Notice for Compliance for signature of BPLO Head (if necessary).	None	30 minutes	Local Assessment Operations Officer III BPLO
1.9 Issue Notice for Compliance (if necessary).	None	1 day	Inspector (Job Order) BPLO
1.10 Prepare Closure Order for signature of the City Mayor/City Administrator (if necessary).	None	30 minutes	Local Assessment Operations Officer III BPLO
1.11 Implement Closure Order (If necessary) after duly signed by the City Mayor/City Administrator.	None	1 day	Inspector (Job Order) BPLO





		PHILIP	
1.12 Prepare Lifting of Suspension Notice/ Cancellation Order for signature of the City Mayor/City Administrator (if necessary).	None	30 minutes	Local Assessment Operations Officer III BPLO
1.13 Issue Lifting of Suspension Notice/ Cancellation Order and remove Closure Order Tarpaulin, Stickers, Padlock and Chain (if necessary). In accordance with Resolution No. 2013-487 Municipal Ordinance No. 2013-121	None	1 day	Inspector (Job Order) BPLO
TOTAL:	None	For Normal Inspection/Tax Drive: 2 Hours and 10 Minutes (5 Days Inspection) For Business with Valid Complaint and Violation: 6 Hours and 10 Minutes (5 Days Inspection)	



City Accounting Office

Internal Services





1. Processing Of Disbursement Voucher (DV)

Preparation of Disbursement Voucher form to claim payment.

Office or Division:	City Accounting Office				
Classification:	G2G – Government to Government				
Type of	Simple				
Transaction:					
Who may avail:	All Clients				
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Obligation Reque	est (3 Original	City Budget	Office - 4/F		
	st Letter (1 Original	Office of the	e Mayor – 4/F		
Documentary Re Original Copy)	quirements (1	Requesting	Client		
Payment of Supplie	ers/Contractorsr	•			
1. Procurement Red Original Copy, 1 Ph documents)	quirements (1	City Procure	ement Office – G/F	and BAC – 4/F	
Payment for Utiliti	es				
1. Statement of Acc Copy)	count (1 Original	MERALCO, Laguna Management & Service Corporation, Primewater Infrastructure Corp			
Payment for Finan	cial Assistance (Me			-	
1. Assistance Slip, CSWD Requirement Copy)	•	City Social Welfare and Development Office – G/F			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit abovementioned requirements to the City Accounting Office.	1. Receive documents for payment.	None	1 minute	Accounting Clerk City Accounting Office	
1.1 Examine the authenticity, reliability and completeness of documents.		None	15 minutes	Accounting Clerk II City Accounting Office	
	1.2 Prepare the disbursement voucher with complete supporting documents.	None	10 minutes	Accounting Clerk II City Accounting Office	
	1.3 Review the	None	5 minutes	City Accountant	





			PHILI	
	voucher and certify that allotment was obligated for the purpose and supporting documents are complete.			City Accounting Office
	1.4 Record signed disbursement voucher in the outgoing logbook and submit to City Treasurer's Office for check preparation.	None	1 minute	Accounting Clerk City Accounting Office
2. Submit Disbursement Vouchers with signed Checks	2. Receive DVs with signed Checks	None	1 minute (1 day and 4 hours waiting from City Treasury and concerned office to sign on check)	Accounting Clerk City Accounting Office
	2.1 Prepare Accountant's Advice of Local Check Disbursements.	None	5 minutes	Accounting Clerk I City Accounting Office
	2.2 Verify Accountant's Advice of Local Check Disbursements.	None	5 minutes	Accountant II City Accounting Office
	2.3 Approve Accountant's Advice of Local Check Disbursements.	None	5 minutes	City Accountant City Accounting Office
	2.4 Forward DV with signed checks using Accountant's Advice to City Treasury Office.		5 minutes	Accounting Clerk City Accounting Office





TOTAL:	None	1 Day, 4 Hours	
		and 53	
		Minutes	





2. Preparation of Payroll

Preparation of Payroll Sheet and Summary of Salaries and Disbursement Voucher for employees of City Hall.

Office or	City Accounting Off	ice			
Division: Classification:	COC Covernment to Citizen COC Covernment to Covernment				
Type of	G2C- Government to Citizen, G2G – Government to Government Complex				
Transaction:	Complex				
Who may avail:	Officials Regular F	mnlovees lo	h Orders and thos	se who are under	
villo illay avaii.	Officials, Regular Employees, Job Orders and those who are under Contract of Service				
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Obligation Reque	est (3 Original	City Budget	: Office – 4/F		
Copies)					
City Officials, Reg		T			
	an, step increment,	_	Resources and M	lanagement	
leave without pay a		Office			
for basis of salary of	computations (1				
Original Copy)					
Note: 1 Photocopy	may be provided for				
documents where in	may be provided for				
is not available.	i tile oligiliai copy				
Job-Order, Contra	ct of Service:				
· · · · · · · · · · · · · · · · · · ·	rd (1 Original Copy)	City Human	Resources and M	lanagement	
l. Dany Timo Rood	ra (1 Original Oopy)	Office /Emp		lanagomoni	
2. Approved Accom (1 Original Copy)	plishment Report	Employee	- ,		
, , ,	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Submit the	1. Receive	None	5 minutes	Accounting	
above mentioned	documents and			Clerk	
requirements to	check for			City Accounting Office	
City Accounting Office.	completeness.			Office	
Office.	1.1 Prepare the	None	3 days	Accounting	
	computation of	None	o days	Clerk II	
	salaries and			City Accounting	
	Payroll Sheet			Office	
	according to				
	attendance				
	reflected on DTR				
	and AR (for JO				
	and COS).				
	4.0.0	N.I.	F	04.4	
	1.2 Review the	None	5 minutes	City Accountant	
	payroll and certify			City Accounting Office	
I	that payroll is			Unice	





	correct, services have been rendered and payment is approved. 1.3 Record the signed payroll sheet with printed Obligation Request and forward to City Administration Office for signature.	None	1 minute	Accounting Clerk City Accounting Office
2. Submit the signed Payroll Sheet and Obligation Request to City Accounting Office	2. Receive for Summary of salaries / DV preparation.	None	1 minute (1 day waiting from City Admin and City Budget Office)	Accounting Clerk City Accounting Office
Accounting Office	2.1 Prepare Summary of Salaries (employees with ATM) and DV (non-ATM employees).	None	30 minutes	Accounting Clerk III City Accounting Office
	2.2 Certify the Summary of Salaries and DV.	None	5 minutes	City Accountant City Accounting Office
	2.3 Record signed summary of salaries and disbursement voucher with payroll sheet in the outgoing logbook and submit to City Treasurer's Office for preparation of Authority to Debit (ATM Employees) and Check (non-ATM employees).	None	1 minute	Accounting Clerk City Accounting Office
3. Submit Copy of approved	3. Receive copy of Authority to debit	None	5 minutes	Accounting Clerk III





Authority to Debit to City Accounting Office	for employees with ATM and send to Authorized Depository Bank for crediting of salaries.			City Accounting Office
	4. Receive Disbursement Vouchers with signed Checks.	None	5 minutes	Accounting Clerk City Accounting Office
	4.1 Prepare Accountant's Advice of Local Check Disbursements	None	5 minutes	Accounting Clerk I City Accounting Office
	4.2 Verify Accountant's Advice of Local Check Disbursements	None	5 minutes	Accountant II City Accounting Office
	4.3 Approve Accountant's Advice of Local Check Disbursements.	None	5 minutes	City Accountant City Accounting Office
	4.4 Forward Disbursement Voucher with signed checks using Accountant's Advice to City Treasury Office.	None	5 minutes	Accounting Clerk City Accounting Office
	TOTAL:	None	5 Days, 1 Hour and 14 Minutes	





3. Financial Reporting

Preparation of Mandatory Financial Reports and Financial Statements.

Office or Division:	City Accounting Office				
Classification:	G2G – Government to Government				
Type of	Complex				
Transaction:	Complex				
Who may avail:	All clients				
	REQUIREMENTS		WHERE TO SEC	URF	
City Government			WIILKE TO GEG	OILE	
Transaction Docu		City Treasu	rer's Office-G/F		
Receipts, Disburser		ony mada	101 0 011100 0/1		
Bank Statements e					
Copy)	to) (1 Original				
2. Annual Budget (1 Photocopy)	City Budget	Office- 4/F		
3. Budget Utilization		City Budget			
Original Copy)	τιτοροιίο (τ	Duuget	. OIII0 0- 4 /I		
27 Barangays		l			
1. Transaction Doc	ıments (Official	Barangay G	Covernment		
Receipts, Disburse		Darangay C	overiment		
Bank Statements e					
Copy)	ic) (1 Original				
2. Annual Budget (1 Photocopy)	Barangay G	Covernment		
	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Submit the	1. Receive	None	5 minutes	Accounting	
above mentioned	documents and	110110	5 mm a.cc	Clerk	
requirements to	check for			City Accounting	
City Accounting	completeness.			Office	
Office.					
	1.1 Record the	None	7 days	Accounting	
	transactions to			Clerk III	
	Books of			City Accounting	
	Accounts.			Office	
	1.2 Prepare the	None	11 days	City Accountant	
	Financial Reports		,	City Accounting	
	(FRs).			Office	
	1.3 Certify the	None	30 minutes	City Accountant	
	correctness of the			City Accounting	
	FR.			Office	
	1.4 Submit to	None	1 day	City Accountant	
	concerned			City Accounting	
	Office/Office of			Office	





the Mayor for signature. 1.5 Submit Copy of signed Financial Reports to Commission on Audit.	None	5 minutes	City Accountant City Accounting Office
TOTAL:	None	19 Days and 40 Minutes	



City Assessor's Office

External Services





1. Issuance of Certifications

Certificate of Property Holdings or Certificate of No Property Holding and Certified copy of Tax Declarations.

Office or	City Assessor's Offi	ce			
Division:	,				
Classification:	Simple				
Type of	G2G-Government to Government, G2B-Government to Business,				
Transaction:	G2C-Government to	o Citizens		·	
Who may avail:	All City of San Pedr	o real proper	ty owners/tax paye	ers, buyers,	
	brokers, Consultant	s, realtors/de	evelopers, and other	er parties of	
	interest.				
	REQUIREMENTS		WHERE TO SEC	URE	
For Certified Cop	-	City Treasu	rer's Office		
Declaration: Update					
Property Tax / Tax					
2. Government-Issu		Property ow	/ner		
(PRC; UMID; PHILS	SYS ID, etc.) (for				
validation only)	· DDT D	<u> </u>			
3. Title, Tax Declara		Property ow	ner		
or other reference f					
identification. (1 pho					
1. Authorization lett		Droporty ou	/DOF		
	ntative and purpose	Property owner			
of request. (1 origin					
2. Government-Issu	,	Representative			
	C; UMID; PHILSYS	representative			
ID, etc.) (1 photoco					
3. Government-Issu		Property ow	/ner		
(PRC; UMID; PHILS					
photocopy)	, , ,				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Fill out Request	1. Check existing	None	5 minutes	Assessment	
Slip	records.			Clerk I	
				City Assessor's	
	1.1 Issue Order of	None		Office	
	Payment		5 ()		
2. Pay	None	CTC Tax	Refer to City	Revenue	
Certification fee at		Declaratio	Treasurer's	Collection Clerk	
Treasury Office		n Php	Office	City Treasurer's	
		150.00;		Office	
		Php 200.00			
		200.00 (for			
		`			
		•			
		previous Tax Declaratio			





		n)		
3. Submit Certification fee receipt to	3. Trace back previous records.	None	25 minutes	Data Controller II City Assessor's
Frontline personnel.				Office
	3.1 Prepare, validate and sign	None	10 minutes	Assessment Clerk I
	certification.			City Assessor's Office
	3.2 Approve certification.	None	5 minutes	City Assessor City Assessor's Office
4. Receive the certification.	4. Record receipt of Certification by	None	5 minutes	Assessment Clerk I
Certification.	the requesting person			City Assessor's Office
	TOTAL:	None	50 Minutes (excluding time for payment)	





2. Issuance of Certificate of No Improvement

Certification that a certain parcel of land is vacant.

es of		
yers,		
yers,		
<u> </u>		
Property owner		
ERSON		
PONSIBLE		
oder (Job		
Order)		
Assessor's		
Office		
Manning		
: Mapping Aide I		
Assessor's Office		
Office		
oder (Job		
Order)		
Assessor's		
Office		





	certification.			City Assessor's Office
	3.2 Approve certification.	None	5 minutes	Office City Assessor City Assessor's
	3.1 Examine and sign for approval.	None	5 minutes	Tax Mapper I City Assessor's
Certification fee to Frontline personnel.	Certification.	110110	20 1111110100	Order) City Assessor's Office
Treasury Office. 3. Submit	3. Prepare	Improvem ent: Php 150.00 None	Office 20 minutes	City Treasurer's Office Encoder (Job
2. Pay Certification fee at	None	Certificate of No	Refer to City Treasurer's	Revenue Collection Clerk





3. Transfer of Tax Declaration - Land, Building, Machinery, Subdivision or Consolidation

Issuance of New Tax Declaration for newly transferred properties or newly subdivided / consolidated properties.

Office or	City Assessor's Offi	ce		
Division:				
Classification:	Simple, Complex, Highly Technical			
Type of	G2G-Government to Government, G2B-Government to Business,			
Transaction:	G2C-Government to	G2C-Government to Citizens		
Who may avail:	All City of San Pedr	o real property owners/tax payers, buyers,		
	brokers, Consultant	s, realtors/developers, and other parties of		
	interest.			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
1. Certified true cop	y of Transfer	Registry of Deeds, Calamba, Laguna		
Certificate of Title (1 original) *			
2. Deed of Conveys		Property Owner		
Certificate is require	ed if seller is a	Corporate Secretary		
corporation)				
Deed of Sale/ De				
Extrajudicial Settler				
•	icate of Sale / Deed			
of Conditional Sale,	•			
Certificate etc. (1 p				
3. Certificate Autho	rizing Registration	Property Owner /		
(CAR) (1 photocop	y)	Bureau of Internal Revenue, Biñan City,		
		Laguna		
4. Updated Official	•	San Pedro City Hall, Treasury Office		
Property Tax payme				
Clearance (1 photo				
5. Official Receipt of		San Pedro City Hall, Treasury Office		
or Transfer Tax Cle	arance (1			
photocopy)				
6. Approved Subdiv		Owner / Land Management Bureau, DENR,		
Subdivision / Conso		Los Baños, Laguna		
Transactions) (1 pl				
7. Government-Issu		Property owner		
(PRC; UMID; PHILS	SYS ID, etc.) (for			
validation only)		<u> </u>		
• •		Title may be presented instead, provided that		
	of previous owner is	active.		
If done through a				
1. Authorization lett	•	Property Owner		
•	ntative and purpose			
of request. (1 Origin				
2. Government-Issu		Representative		
	C; UMID; PHILSYS			
ID, etc.) (1 photoco				
3. Government-Issu	ued ID of owner	Property owner		





(PRC; UMID; PHILS	SYS ID, etc.) (1			
photocopy)				
	to late release of TO			
Acknowledgemer	•	Registry of	Deeds, Calamba, I	Laguna
Certification of Rele				
If previous owner i			<u> </u>	
1. Previous Transfe	r Certificate of Title	Registry of	Deeds, Calamba, I	Laguna
(1 photocopy)	nts are not availabl			
1. RD / LRA Certific			Doods Colomba	Loguno
2. Notarized Affidav		Notary Publ	Deeds, Calamba, l	Laguna
Z. Notarizeu Amuav	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit	1. Check and	None	15 minutes	Assessment
complete	verify submitted			Clerk I
documents to	documents			City Assessor's
incoming/				Office
outgoing officer	1.1 Issue Order of	None		
	payment for			
	Transfer of Tax Declaration Fee			
	Deciaration ree			
	* A penalty of			
	Php500.00 to Php			
	1,500.00 per title			
	imposed for late			
	declaration filed			
	sixty (60) days			
	after the issuance			
	of Transfer			
	Certificate of Title			
	from the Registry			
2. Pay Transfer of	of Deeds. None	Php	Refer to	Collections
Tax Declaration	INOLIC	250.00	Treasury Office	Officer
fee and penalty, if		per Tax	Troadary Office	City Treasurer's
applicable, at		Declaratio		Office
Treasury Office		n; Php		
,		500.00 to		
		Php		
		1,500.00		
		for late		
		filing		
3. Submit	3. Attach copy of	None	1 minute	Assessment
Transfer of Tax	receipt to other	INOIIC	i iiiiiute	Clerk I
Declaration Fee	documents.			City Assessor's
receipt to				Office
incoming/outgoing	3.1 Attach			
officer.	Request Slip.			





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4. Fill out Request Slip then submit to incoming/ outgoing officer.	4. Review and receive complete documents.	None	5 minutes	Assessment Clerk I City Assessor's Office
5. None	5. Forward all documents to Tax Mapping Division for verification.	None	Transmitted by batch: 11 am/ 5pm	Assessment Clerk I City Assessor's Office
	5.1 PIN Identification.	None	10 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	5.2 Trace back previous records.	None	25 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	5.3 Dispatch documents to inspector.	None	10 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	5.4 Inspect the property, prepare then submit manual FAAS to Tax Mapper.	None	8 working hours or more (depending on lot area and number of parcels)	Tax Mapping Aide I City Assessor's Office
			Inspected by batch on the next day after receipt of documents.	
			Transmitted on the day after inspection.	
	5.5 Transmit documents to Appraisal and Assessment Division.	None	5 minutes	Tax Mapping Aide I City Assessor's Office





		PHILIP	
5.6 Verify, Check and Compute Market Value and Assessed value of property.	None	2 hours (per Tax Declaration)	Tax Mapper I City Assessor's Office
5.7 Dispatch documents to encoder.	None	5 minutes	Tax Mapper I City Assessor's Office
5.8 Encode Tax Declaration then submit documents to Assessment and Appraisal Officer for Checking.	None	15 minutes (per Tax Declaration)	Encoder (Job Order City Assessor's Office
5.9 Check Tax Declaration then submit to recommending officer.	None	20 minutes (per Tax Declaration) Transmitted by batch. 4pm- 5pm	Tax Mapper I City Assessor's Office
5.10 Evaluate and Sign printed FAAS then submit to City Assessor for Approval.	None	20 minutes (per Tax Declaration)	Asst. Dept. Head I City Assessor's Office
5.11 Approve Tax Declaration.	None	5 minutes	City Assessor City Assessor's Office
5.12 Print Approved Tax Declaration and FAAS with Notice of Assessment.	None	10 minutes	Administrative Officer I City Assessor's Office
5.13 Sign Printed Tax Declaration, FAAS and Notice of Assessment.	None	5 minutes	City Assessor City Assessor's Office





	5.14 Register Tax Declaration and segregate Attachments for filing.	None	5 minutes	Records Personnel City Assessor's Office
6. Receive Tax Declaration and Notice of assessment.	6. Record receipt of documents by the owner.	None	5 minutes	Assessment Officer I City Assessor's Office
	TOTAL:	None	5 or more days depending on the number of parcels/real property units (RPUs) involved and the complexity of Transaction/s involved	

Simple – Involves transfer of lot only Complex – Involves transfer of Lot with Improvements Highly Technical – Involves transfer of multiple lots and improvements in excess of five (5) Real Property Units (RPUs)





4. New Declaration or Reassessment of Building

Declaration of Newly-Constructed Building or Renovated Building.

Office or	City Assessor's Offi	ce		
Division:	_			
Classification:	Complex, Highly Te			
Type of	G2G-Government to		nt, G2B-Governme	ent to Business,
Transaction:	G2C-Government to			
Who may avail:	All City of San Pedr	• •		-
	brokers, Consultant	s, realtors/de	evelopers, and other	er parties of
	interest.	<u> </u>		
	REQUIREMENTS		WHERE TO SEC	URE
1. Building Permit,		Office of the	e Building Official	
and Floor Plan (1 p				
2. Sworn Statemen		Notary Pub	lic	
Current and Fair Ma				
Properties (1 original	•			
in the absence of the	ne foregoing			
documents				
3. Request letter from	om the registered	Property Ov	vner	
owner (1 original)	-	_		
4. Updated Official		City Treasu	rer's Office	
Property Tax payment or Tax				
Clearance (1 photocopy)				
5. Government-Issu		Property owner		
(PRC; UMID; PHILS	SYS ID, etc.) (for			
validation only)				
If done through a				
1. Authorization lett	<u> </u>	Property ow	ner	
•	ntative and purpose			
of request. (1 origin				
2. Government-Issu		Representa	tive	
	RC; UMID; PHILSYS			
ID, etc.) (1 photoco	ppy)			
3. Government-Issu		Property ow	ner	
(PRC; UMID; PHILS	SYS ID, etc.) (1			
photocopy)		_		
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit	1. Check and	None	15 minutes	Assessment
complete	verify submitted			Clerk I
documents to	documents.			City Assessor's
incoming/	1 1 Attach	None		Office
outgoing officer	1.1 Attach	None		
	Request Slip			
2 Fill out Doguest	2. Receive	None	5 minutes	Assessment
2. Fill out Request		None	o minutes	Clerk I
Slip then submit	complete			
to incoming/	documents.			City Assessor's





			PHILIP	
outgoing officer.				Office
3. None	3. Forward all documents to Tax Mapping Division for Verification.	None	Transmitted by batch: 11am/5pm	Assessment Clerk I City Assessor's Office
	3.1 PIN Identification	None	10 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	3.2 Trace back previous records.	None	25 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	3.3 Dispatch documents to inspector.	None	10 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	3.4 Inspect the property, prepare then submit manual FAAS to Tax Mapper.	None	8 working hours or more (depending on lot area and number of parcels)	Tax Mapping Aide I City Assessor's Office
	3.5 Transmit documents to Appraisal and Assessment Division.	None	5 minutes	Tax Mapping Aide I City Assessor's Office
	3.6 Verify, Check and Compute Market Value and Assessed value of property.	None	2 hours (per Tax Declaration)	Tax Mapper I City Assessor's Office
	3.7 Dispatch documents to encoder.	None	5 minutes	Tax Mapper I City Assessor's Office





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	3.8 Encode Tax Declaration then submit documents to Assessment and Appraisal Officer for Checking.	None	15 minutes (per Tax Declaration)	Encoder (Job Order) City Assessor's Office
	3.9 Check Tax Declaration then submit to Recommending Officer.	None	20 minutes (per Tax Declaration(Transmitted by batch. 4pm- 5pm	Tax Mapper I City Assessor's Office
	3.10 Evaluate Tax Declaration then submit to City Assessor for Approval.	None	20 minutes (per Tax Declaration) Transmitted by batch. 4pm- 5pm	Assistant Dept. Head I City Assessor's Office
	3.11 Approve Tax Declaration. 3.12 Print	None	5 minutes	City Assessor City Assessor's Office
	Approved Tax Declaration and FAAS with Notice of Assessment.	None	10 minutes	Administrative Officer I City Assessor's Office
	3.13 Sign Printed Tax Declaration, FAAS and Notice of Assessment.	None	10 minutes	City Assessor City Assessor's Office
	3.14 Register Tax Declaration and segregate Attachments for filing.	None	5 minutes	Assessor's Staff City Assessor's Office
4. Receive Tax Declaration and Notice of assessment.	4. Record receipt of documents by the owner.	None	5 minutes	Incoming/ Outgoing Officer City Assessor's Office
		None	5 or more days depending on the number of parcels/real	





property units (RPUs)
involved and
the complexity
of
Transaction/s
involved

Complex – Involved declaration of 1 improvement

Highly Technical – Involves declaration of multiple improvements in excess of five (5) Real Property Units (RPU)





5. New Declaration or Reassessment of Machinery

Declaration of Newly-Installed Machinery or Machineries subject to reassessment.

Office or	City Assessor's Offi	ce		
SDivision:	0	.1		
Classification:	Complex, Highly Te			
Type of	G2G-Government to		nt, G2B-Governme	ent to Business,
Transaction:	G2C-Government to			
Who may avail:	All City of San Pedr			
	brokers, Consultant	s, realtors/de	evelopers, and other	er parties of
OUEOW IOT OF	interest.		WILEDE TO OFG	UDE
	REQUIREMENTS	D	WHERE TO SEC	URE
1. Sales invoice / O	•	Property ow	/ner	
Audited Financial S	tatement (1			
photocopy)	An alaima wi an	Duananti car		
2. Itemized List of N		Property ow	/ner	
indicating the Seria				
and Country of Orig	, ,			
Acquisition, Date of Operation and Land				
Value	ieu Oosi hei Dook			
3. Sworn Statemen	t of the True	Notary Publ	lic	
		I Notary i ubi	IIC	
Current and Fair Market Value of Real Properties (1 original),				
in the absence of the	•			
documents	ic foregoing			
4. Updated Official	receipt of Real	City Treasu	rer's Office	
Property Tax payme	•	Oity Troubu	101 0 011100	
Clearance (1 photo				
5. Request letter from		Property ow	/ner	
owner (1 original)	J	, ,		
6. Government-Issu	led ID of owner	Property ow	/ner	
(PRC; UMID; PHILS	SYS ID, etc.) (for	. ,		
validation only)				
If done through a	representative:			
1. Authorization lett		Property ow	ner	
authorized represer	ntative and purpose	_		
of request. (1 origin				
2. Government-Issu		Representative		
Representative (PR	C; UMID; PHILSYS			
ID, etc.) (1 photoco	ppy)			
3. Government-Issu		Property ow	/ner	
(PRC; UMID; PHILS	SYS ID, etc.) (1			
photocopy)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit	1. Check and	None	15 minutes	Assessment
complete	verify submitted			Clerk I
documents to	documents.			City Assessor's





	I			
incoming/ outgoing officer	1.1 Attach Request Slip			Office
	request onp			
2. Fill out Request Slip then submit to incoming/ outgoing officer.	2. Receive complete documents.	None	5 minutes	Assessment Clerk I City Assessor's Office
3. None	3. Forward all	None	Transmitted by	Assessment
o. None	documents to Tax Mapping Division for Verification.	None	batch: 11am/5pm	Clerk I City Assessor's Office
	3.1 PIN Identification	None	10 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	3.2 Trace back previous records.	None	25 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	3.3 Dispatch documents to inspector.	None	10 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	3.4 Inspect the property, prepare then submit manual FAAS to Tax Mapper.	None	8 working hours or more (depending on lot area and number of parcels)	Tax Mapping Aide I City Assessor's Office
	3.5 Transmit documents to Appraisal and Assessment Division.	None	5 minutes	Tax Mapping Aide I City Assessor's Office
	3.6 Verify, Check and Compute Market Value and Assessed value of property.	None	2 hours (per Tax Declaration)	Tax Mapper I City Assessor's Office





	1			
	3.7 Dispatch documents to encoder.	None	5 minutes	Tax Mapper I City Assessor's Office
	3.8 Encode Tax Declaration then submit documents to Assessment and Appraisal Officer for Checking.	None	15 minutes (per Tax Declaration)	Encoder (Job Order) City Assessor's Office
	3.9 Check Tax Declaration then submit to Recommending Officer.	None	20 minutes (per Tax Declaration) Transmitted by batch. 4pm- 5pm	Tax Mapper I City Assessor's Office
	3.10 Evaluate and Sign printed FAAS then submit to City Assessor for Approval.	None	20 minutes (per Tax Declaration)	Asst. Department Head I City Assessor's Office
	3.11 Approve Tax Declaration.	None	5 minutes	City Assessor City Assessor's Office
	3.12 Print Approved Tax Declaration and FAAS with Notice of Assessment.	None	10 minutes	Administrative Officer I City Assessor's Office
	3.13 Sign Printed Tax Declaration, FAAS and Notice of Assessment.	None	5 minutes	City Assessor City Assessor's Office
	3.14 Register Tax Declaration and segregate Attachments for filing.	None	5 minutes	Records Division Personnel City Assessor's Office
4. Receive Tax	4. Record receipt	None	5 minutes	Assessment
Declaration and	of documents by			Clerk I





Notice of assessment.	the owner.			City Assessor's Office
		None	5 or more days depending on the number of parcels/real property units (RPUs) involved and the complexity of Transaction/s involved	

Complex – Involved declaration of 1 Real Property Unit





6. New Declaration (Land – Untitled)

First time Declaration of Unitled Land.

Office	O:t.				
Office or Division:	City Assessor's Offi	ce			
Classification:	Compley Highly Technical				
	Complex, Highly Te		ot COR Covernme	ent to Ducinosa	
Type of	G2G-Government to		it, G2B-Governme	ent to Business,	
Transaction:	G2C-Government to				
Who may avail:	All City of San Pedr				
	brokers, Consultant	s, realtors/de	evelopers, and other	er parties of	
OUEOK IOT OF	interest.	1	WHERE TO SEC	NUDE	
	REQUIREMENTS	L and Mana	WHERE TO SEC		
1. Approved Plan (i originai)	Land Mana Laguna	gement Bureau, D	ENR, LOS Banos,	
2. Certification (Alie	nable and	DENR, Los	Baños, Laguna		
Disposable) (1 origi	nal)		_		
3. Sworn Statemen	t of the True	Notary Pub	lic		
Current and Fair Ma		3.10			
Properties (1 origin					
4. Affidavit that the		Notary Pub	lic		
continuous and not					
of the property (1 o	riginal) [.]				
5. Certification that		Barangay Captain and/or City Mayor adjoining			
present possessor	and occupant of the	lot owners			
land and Certification	on of the adjoining				
lot owners (1 origin	nal)				
6. Letter request of		Property ow	ner		
7. Government-Issu		Property ow	ner		
(PRC; UMID; PHILS	SYS ID, etc.) (for				
validation only)					
If done through a	representative:				
1. Authorization lett	er stating name of	Property owner			
authorized represer	ntative and purpose				
of request. (1 origin					
2. Government-Issu	ued ID of	Representative			
•	RC; UMID; PHILSYS				
ID, etc.) (1 photoco					
3. Government-Issu		Property owner			
(PRC; UMID; PHIL	SYS ID, etc.) (1				
photocopy)					
	ACENOV	ACENCY FEEC TO DEOCESCING DEDCON			
CLIENT STEPS	AGENCY ACTIONS	FEES TO PROCESSING PERSON BE PAID TIME RESPONSIBLE			
1. Submit	1. Check and	None	15 minutes	Assessment	
complete	verify submitted			Clerk I	
documents to	documents.			City Assessor's	
incoming/				Office	
outgoing officer	1.1 Attach				





	D Oli			
	Request Slip			
2. Fill out Request Slip then submit to incoming/ outgoing officer.	2. Receive complete documents.	None	5 minutes	Assessment Clerk I City Assessor's Office
3. None	3. Forward all documents to Tax Mapping Division for Verification.	None	Transmitted by batch: 11am/5pm	Assessment Clerk I City Assessor's Office
	3.1 PIN Identification	None	10 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	3.2 Trace back previous records.	None	25 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	3.3 Dispatch documents to inspector.	None	10 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	3.4 Inspect the property, prepare then submit manual FAAS to Tax Mapper.	None	8 working hours or more (depending on lot area and number of parcels)	Tax Mapping Aide I City Assessor's Office
	3.5 Transmit documents to Appraisal and Assessment Division.	None	5 minutes	Tax Mapping Aide I City Assessor's Office
	3.6 Verify, Check and Compute Market Value and Assessed value of property.	None	2 hours (per Tax Declaration)	Tax Mapper I City Assessor's Office
	3.7 Dispatch	None	5 minutes	Tax Mapper I





documents to encoder. 3.8 Encode Tax Declaration then submit documents to Assessment and Appraisal Officer for Checking. 3.9 Check Tax Declaration then submit to Recommending Officer. 3.10 Evaluate and Sign printed FAAS then submit to City Assessor for Approval. 3.11 Approve FAAS on System. 3.12 Print Approved Tax Declaration and FAAS with Notice of Assessment. 3.13 Sign Printed Tax Declaration, FAAS and Notice of Assessment. 3.14 Register Tax Declaration and Segregate Attachments for filing. 4. Receive Tax Declaration and Notice of assessment. None To minutes (per Tax Declaration) 20 minutes (per Tax Declaration) Transmitted by batch. 4pm-5pm Tax Declaration) Transmitted by batch. 4pm-5pm Tax Declaration) Transmitted by batch. 4pm-5pm Tax Declaration Transmitted by batch. 4pm-5pm Tax Declaration) Transmitted by batch. 4pm-5pm Tax Declaration To minutes Tax Declaration To minutes Toty Assessor's Office Toty Asses				PHILI	
Declaration then submit documents to Assessment and Appraisal Officer for Checking. 3.9 Check Tax Declaration then submit to Recommending Officer. 3.10 Evaluate and Sign printed FAAS then submit to City Assessor for Approval. 3.11 Approve FAAS on System. 3.12 Print Approved Tax Declaration and FAAS with Notice of Assessment. 3.13 Sign Printed Tax Declaration, FAAS and Notice of Assessment. 3.14 Register Tax Declaration and Segregate Attachments for filling. 4. Receive Tax Declaration and None Sminutes Office Passessor's Office Passe					
Declaration then submit to Recommending Officer. 3.10 Evaluate and Sign printed FAAS then submit to City Assessor for Approval. 3.11 Approve FAAS on System. 3.12 Print Approved Tax Declaration and FAAS with Notice of Assessment. 3.13 Sign Printed Tax Declaration, FAAS and Notice of Assessment. 3.14 Register Tax Declaration and Segregate Attachments for filling. 4. Receive Tax Declaration and None Sminutes City Assessor's Office None Sminutes City Assessor's Office None Sminutes City Assessor's Office Sminutes City Assessor's Office None Sminutes City Assessor's Office City Assessor's Office Sminutes Sminutes City Assessor's Office Sminutes City Assessor's Office City Assess		Declaration then submit documents to Assessment and Appraisal Officer for	None	Tax	Order) City Assessor's
Sign printed FAAS then submit to City Assessor for Approval. 3.11 Approve FAAS on System. 3.12 Print Approved Tax Declaration and FAAS with Notice of Assessment. 3.13 Sign Printed Tax Declaration, FAAS and Notice of Assessment. None Tax Declaration and Segregate Attachments for filing. 4. Receive Tax Declaration and Notice of assessment. None Tax Declaration and Segregate Attachments for filing. A Receive Tax Declaration and Notice of assessment. None Tax Declaration and Segregate Attachments for filing. A Receive Tax Declaration and Notice of assessment.		Declaration then submit to Recommending	None	Tax Declaration) Transmitted by batch. 4pm-	City Assessor's
FAAS on System. 3.12 Print Approved Tax Declaration and FAAS with Notice of Assessment. None 10 minutes Administrative Officer I City Assessor's Office Administrative Officer I City Assessor's Office S minutes City Assessor's Office 10 minutes Administrative Officer I City Assessor's Office 11 minutes Assessor's Office 12 minutes Assessor's Staff City Assessor's Office 13 minutes Assessor's Staff City Assessor's Office 14 minutes Assessor's Staff City Assessor's Office 15 minutes Assessor's Staff City Assessor's Office 16 minutes Assessor's Staff City Assessor's Office 17 minutes Assessor's Staff City Assessor's Office 18 minutes Office 19 minutes Office City Assessor's Office 10 minutes Office City Assessor's Office 10 minutes Office		Sign printed FAAS then submit to City Assessor for	None	Tax	Department Head I City Assessor's
Approved Tax Declaration and FAAS with Notice of Assessment. 3.13 Sign Printed Tax Declaration, FAAS and Notice of Assessment. None 5 minutes City Assessor City Assessor's Office 3.14 Register Tax Declaration and segregate Attachments for filling. 4. Receive Tax Declaration and Notice of assessment. None 10 minutes Assessor's Staff City Assessor's Office 10 minutes Assessor's Staff City Assessor's Office None 5 minutes City Assessor's Office 10 minutes Assessor's Staff City Assessor's Office 10 minutes Assessor's Staff City Assessor's Office Office Office		FAAS on System.	None	5 minutes	City Assessor's
Tax Declaration, FAAS and Notice of Assessment. 3.14 Register Tax Declaration and segregate Attachments for filing. 4. Receive Tax Declaration and Notice of Notice of assessment. City Assessor's Office 10 minutes Assessor's Staff City Assessor's Office Attachments for filing. 5 minutes Incoming/ Outgoing Officer City Assessor's Office		Approved Tax Declaration and FAAS with Notice	None	10 minutes	Officer I City Assessor's
Declaration and segregate Attachments for filing. 4. Receive Tax Declaration and Notice of assessment. City Assessor's Office City Assessor's Office S minutes Incoming/Outgoing Officer City Assessor's Office		Tax Declaration, FAAS and Notice	None	5 minutes	City Assessor's
Declaration and of documents by Notice of the owner. assessment. Outgoing Officer City Assessor's Office		Declaration and segregate Attachments for	None	10 minutes	City Assessor's
None 5 or more days	Declaration and Notice of	4. Record receipt of documents by			Outgoing Officer City Assessor's
			None	5 or more days	





depending on the number of
parcels/real
property units
(RPUs)
involved and
the complexity
of
Transaction/s
involved

Complex – Involves declaration of 1 Real Property Unit (RPU)





7. New Declaration (Land - Titled)

First time Declaration of Titled Land.

Office or	City Assessor's Offi	ce			
Division:					
Classification:	Complex, Highly Te	Complex, Highly Technical			
Type of	G2G-Government to		nt, G2B-Governme	ent to Business,	
Transaction:	G2C-Government to				
Who may avail:		All City of San Pedro real property owners/tax payers, buyers,			
	brokers, Consultants, realtors/developers, and other parties of				
	interest.	T	WHERE TO SEC	LIDE	
	REQUIREMENTS	Pogiotry of	WHERE TO SEC		
Certified True Control homestead or misc			Deeds, Calamba, Int Bureau, DENR,		
		Laguna	ill buleau, DENK,	LUS Darius,	
application (1 origing 2. Certfied True Co	nny of Title (1		Deeds, Calamba,	Laguna	
original)	py or ride (1	ixegistry or	Deeds, Calamba,	Laguna	
3. Approved Surve	y Plan - (1 original)	· ·	gement Bureau, D	ENR, Los Baños,	
4.0	LID (Laguna			
4. Government-Issu		Property ow	ner		
(PRC; UMID; PHIL	SYS ID, etc.) (for				
validation only) For properties administered by NHA:					
Certificate of aware of a		National Housing Authority Office, Cabuyao			
(present Original fo		City, Laguna			
purposes)	1 voimodilori	Oity, Lagain	u		
If done through a	representative:				
1. Authorization let		Property ow	ner		
	ntative and purpose				
of request. (1 origin					
2. Government-Issu		Representa	tive		
	RC; UMID; PHILSYS				
ID, etc.) (1 photoco					
3. Government-Issu		Property owner			
(PRC; UMID; PHIL photocopy)	SYS ID, etc.) (1				
	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Submit	1. Check and	None	15 minutes	Assessment	
complete	verify submitted			Clerk I	
documents to documents.				City Assessor's	
incoming/				Office	
outgoing officer	1.1 Attach				
	Request Slip				
2 Fill out Doguest	2 Popoiya	None	E minutes	Accessment	
2. Fill out Request Slip then submit	2. Receive complete	None	5 minutes	Assessment Clerk I	
to incoming/	documents.			City Assessor's	
outgoing officer.	documents.			Office	





3. None	3. Forward all documents to Tax Mapping Division for Verification.	None	Transmitted by batch: 11am/5pm	Assessment Clerk I City Assessor's Office
	3.1 PIN Identification	None	10 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	3.2 Trace back previous records.	None	25 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	3.3 Dispatch documents to inspector.	None	10 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	3.4 Inspect the property, prepare then submit manual FAAS to Tax Mapper.	None	8 working hours or more (depending on lot area and number of parcels)	Tax Mapping Aide I City Assessor's Office
	3.5 Transmit documents to Appraisal and Assessment Division.	None	5 minutes	Tax Mapping Aide I City Assessor's Office
	3.6 Verify, Check and Compute Market Value and Assessed value of property.	None	2 hours (per Tax Declaration)	Tax Mapper I City Assessor's Office
	3.7 Dispatch documents to encoder.	None	5 minutes	Encoder (Job Order) City Assessor's Office
	3.8 Encode Tax	None	15 minutes (per	Encoder (Job





	T			
	Declaration then submit documents to Assessment and Appraisal Officer for Checking.		Tax Declaration)	Order) City Assessor's Office
	3.9 Check Tax Declaration then submit to Recommending Officer.	None	20 minutes (per Tax Declaration) Transmitted by batch. 4pm-5pm	Tax Mapper I City Assessor's Office
	3.10 Evaluate and Sign printed FAAS then submit to City Assessor for Approval.	None	20 minutes (per Tax Declaration) 5 minutes	Asst. Department Head I City Assessor's Office
	3.11 Approve Tax Declaration.	None	5 minutes	City Assessor City Assessor's Office
	3.12 Print Approved Tax Declaration and FAAS with Notice of Assessment.	None	10 minutes	Administrative Officer I City Assessor's Office
	3.13 Sign Printed Tax Declaration, FAAS and Notice of Assessment.	None	5 minutes	City Assessor City Assessor's Office
	3.14 Register Tax Declaration and segregate Attachments for filing.	None	5 minutes	Assessor's Staff City Assessor's Office
4. Receive Tax Declaration and Notice of assessment.	4. Record receipt of documents by the owner.	None	5 minutes	Incoming/ Outgoing Officer City Assessor's Office
		None	5 or more days depending on the number of parcels/real	





property units (RPUs)
involved and
the complexity
of
Transaction/s
involved

Complex – Involves declaration of 1 Real Property Unit (RPU)





8. Reassessment of Land

Declaration of any change in valuation of Land.

Office or Division:	City Assessor's Office			
Classification:	Complex, Highly Technical			
Type of	G2G-Government to Government, G2B-Government to Business,			
Transaction:	G2C-Government to Citizens			
Who may avail:	All City of San Pedro real property owners/tax payers, buyers,			
	brokers, Consultant	s, realtors/de	evelopers, and other	er parties of
	interest.			
	REQUIREMENTS		WHERE TO SEC	URE
1. Request Letter fr	om the registered	Property ow	ner	
Owner	Ctatamant of the	Dogioty of	Danda Calamba	Loguno
2. Notarized Sworn		Registry of	Deeds, Calamba,	Laguna
market value of the	property			
3. Zoning Certificate	9	Office of the	e Zoning Administr	ator
4. Sanggunian Res			ng Panlungsod	
5. Government-Issu		Property ow	ner	
(PRC; UMID; PHILS	SYS ID, etc.) (for			
validation only)				
If done through a	•	D		
1. Authorization lett		Property ow	/ner	
authorized represer of request. (1 origin				
2. Government-Issu		Representative		
	C; UMID; PHILSYS	Roprocontativo		
ID, etc.) (1 photoco				
3. Government-Issu		Property ow	/ner	
(PRC; UMID; PHILS				
photocopy)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit	1. Check and	None	15 minutes	Assessment
complete	verify submitted			Clerk I
documents to	documents.			City Assessor's
incoming/				Office
outgoing officer	1.1 Attach			
	Request Slip			
2 Fill out Doguest	2. Receive	None	5 minutes	Accomment
2. Fill out Request Slip then submit	complete	INOHE	5 minutes	Assessment Clerk I
to incoming/	documents.			City Assessor's
outgoing officer.	accumonto.			Office
3. None	3. Forward all	None	Transmitted by	Assessment
	documents to Tax		batch:	Clerk I
	Mapping Division		11am/5pm	City Assessor's
	for Verification.			Office





3.1 PIN Identification	None	10 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
3.2 Trace back previous records.	None	25 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
3.3 Dispatch documents to inspector.	None	10 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
3.4 Inspect the property, prepare then submit manual FAAS to Tax Mapper.	None	8 working hours or more (depending on lot area and number of parcels)	Tax Mapping Aide I City Assessor's Office
3.5 Transmit documents to Appraisal and Assessment Division.	None	5 minutes	Tax Mapping Aide I City Assessor's Office
3.6 Verify, Check and Compute Market Value and Assessed value of property.	None	2 hours (per Tax Declaration)	Tax Mapper I City Assessor's Office
3.7 Dispatch documents to encoder.	None	5 minutes	Tax Mapper I City Assessor's Office
3.8 Encode Tax Declaration then documents to Assessment and Appraisal Officer for Checking.	None	15 minutes (per Tax Declaration)	Encoder (Job Order) City Assessor's Office
3.9 Check Tax	None	15 minutes (per	Tax Mapper I





			PHILI	
	Declaration then submit to Recommending Officer.		Tax Declaration	City Assessor's Office
	3.10 Evaluate Tax Declaration then submit to City Assessor for Approval.	None	20 minutes (per Tax Declaration) Transmitted by batch. 4pm- 5pm	Asst. Department Head I City Assessor's Office
	3.11 Approve Tax Declaration. 3.12 Print	None	20 minutes (per Tax Declaration)	City Assessor City Assessor's Office
	Approved Tax Declaration and FAAS with Notice of Assessment.	None	5 minutes	Administrative Officer I City Assessor's Office
	3.13 Sign Printed Tax Declaration, FAAS and Notice of Assessment.	None	10 minutes	Assessment and Appraisal Officer Or Recommending Officer Or City Assessor City Assessor's Office
	3.14 Register Tax Declaration and segregate Attachments for filing.	None	10 minutes	Records Division Personnel City Assessor's Office
4. Receive Tax Declaration and Notice of assessment.	4. Record receipt of documents by the owner.	None	5 minutes	Incoming/ Outgoing Officer City Assessor's Office
		None	5 or more days depending on the number of parcels/real property units (RPUs) involved and the complexity of	





-			
		Transaction/s	
		1141154611011/5	
		*	
		involved	

Complex – Involves declaration of 1 Real Property Unit (RPU)





9. Correction/Updating of Information/Annotation

Declaration of any change in valuation of Land.

Office or Division:	City Assessor's Office				
Classification:	Simple				
Type of	G2G-Government to	o Governmer	nt G2R-Governme	ent to Rusiness	
Transaction:	G2C-Government to		it, OZD GOVCITITIO	in to Dusiness,	
Who may avail:	All City of San Pedr		tv owners/tax nave	ers huvers	
ville may avail.	brokers, Consultant			-	
	interest.	o, roundro, de	volopolo, and our	or partico or	
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
	Transfer Certificate	Registry of	Deeds, Calamba,		
of Title (1 original) (, , , , , , , , , , , , , , , , , , , ,		
Owner's Name, Ted					
Descriptions, etc.)					
2. Letter-request of	the owner	Property ow	ner		
specifying requeste		1, 3, 1			
	he document will be				
used. (1 original)					
3. Title, Tax Declara	ation, RPT Receipt	Property ow	ner		
or other reference f		. ,			
identification. (1 pho					
4. Updated Official		Sangguniang Panlungsod			
Property Tax payme	-				
Clearance (1 photo					
5. Tax Declaration, RPT Receipt or		Property ow	ner		
other reference for	property				
identification (subje	ct of correction). (1				
photocopy)	, ,				
6. Government-Issu	ied ID of owner	Property ow	ner		
(PRC; UMID; PHILS	SYS ID, etc.) (for				
validation only)					
If done through a					
1. Authorization lett	er stating name of	Property ow	ner		
authorized represer	authorized representative and purpose				
of request. (1 origin					
2. Government-Issued ID of		Representative			
Representative (PRC; UMID; PHILSYS					
ID, etc.) (1 photoco	1 0 /				
3. Government-Issued ID of owner		Property owner			
(PRC; UMID; PHILSYS ID, etc.) (1					
photocopy)	405101	FFF0 To	DD O C COLLE	DEDOON	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit	1. Check and	None	15 minutes	Assessment	
complete	verify submitted			Clerk I	
documents to	documents.			City Assessor's	
incoming/				Office	





		PHILIP	
1.1 Attach Request Slip			
2. Receive complete documents.	None	5 minutes	Assessment Clerk I City Assessor's Office
3. Forward all documents to Tax Mapping Division for Verification.	None	Transmitted by batch: 11am/5pm	Assessment Clerk I City Assessor's Office
3.1 PIN Identification	None	10 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
3.2 Trace back previous records.	None	25 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
3.3 Transmit documents to Appraisal and Assessment Division.	None	5 minutes	Tax Mapping Aide (Job Order)
3.4 Verify, Check and Compute Market Value and Assessed value of property.	None	2 hours (per Tax Declaration)	Tax Mapper I City Assessor's Office
3.5 Dispatch documents to encoder.	None	5 minutes	Tax Mapper I City Assessor's Office
3.6 Encode Tax Declaration then submit documents to Assessment and Appraisal Officer for Checking.	None	15 minutes (per Tax Declaration)	Encoder (Job Order) City Assessor's Office
	2. Receive complete documents. 3. Forward all documents to Tax Mapping Division for Verification. 3.1 PIN Identification 3.2 Trace back previous records. 3.3 Transmit documents to Appraisal and Assessment Division. 3.4 Verify, Check and Compute Market Value and Assessed value of property. 3.5 Dispatch documents to encoder. 3.6 Encode Tax Declaration then submit documents to Assessment and Appraisal Officer for	2. Receive complete documents. 3. Forward all documents to Tax Mapping Division for Verification. 3.1 PIN Identification 3.2 Trace back previous records. None documents to Appraisal and Assessment Division. 3.4 Verify, Check and Compute Market Value and Assessed value of property. 3.5 Dispatch documents to encoder. 3.6 Encode Tax Declaration then submit documents to Assessment and Appraisal Officer for	Request Slip 2. Receive complete documents. 3. Forward all documents to Tax Mapping Division for Verification. 3.1 PIN Identification 3.2 Trace back previous records. None 3.3 Transmit documents to Appraisal and Assessment Division. 3.4 Verify, Check and Compute Market Value and Assessed value of property. 3.5 Dispatch documents to encoder. 3.6 Encode Tax Declaration then submit documents to Asperaisal Officer for None S minutes Transmitted by batch: 11am/5pm None 10 minutes Taminutes S minutes A minutes Tax Declaration) S minutes Tax Declaration) 15 minutes (per Tax Declaration)





	3.7 Check Tax Declaration then submit to Recommending Officer.	None	10 minutes (per Tax Declaration	Tax Mapper I City Assessor's Office
	3.8 Evaluate Tax Declaration then submit to City Assessor for Approval.	None	20 minutes (per Tax Declaration) Transmitted by batch. 4pm-5pm	Asst, Department Head I City Assessor's Office
	3.9 Approve Tax Declaration.	None	20 minutes (per Tax Declaration)	City Assessor City Assessor's Office
	3.10 Print Approved Tax Declaration and FAAS with Notice of Assessment.	None	5 minutes	Administrative Officer I City Assessor's Office
	3.13 Sign Printed Tax Declaration, FAAS and Notice of Assessment.	None	10 minutes	City Assessor City Assessor's Office
	3.14 Register Tax Declaration and segregate Attachments for filing.	None	10 minutes	Assessor's Staff City Assessor's Office
4. Receive Tax Declaration and Notice of assessment.	4. Record receipt of documents by the owner.	None	5 minutes	Assessment Clerk I City Assessor's Office
		None	3 working days or earlier	





10. Cancellation of Assessment

Cancellation of Assessment due to demolition of building or retirement of Machinery, etc.

0(()	0:4				
Office or	City Assessor's Office				
Division:	0:				
Classification:	Simple		1 OOD O		
Type of	G2G-Government to		nt, G2B-Governme	ent to Business,	
Transaction:	G2C-Government to				
Who may avail:	All City of San Pedro real property owners/tax payers, buyers,				
	brokers, Consultant	s, realtors/de	evelopers, and other	er parties of	
	interest.	Г			
	REQUIREMENTS	WHERE TO SECURE			
Request letter from:	•	Property ow	vner		
owner specifying th					
	he document will be				
used.(1 original)					
2. Updated Official		City Treasu	rer's Office		
Property Tax paymo					
Clearance (1 photo					
	Fire Department (if	Bureau of F	ire and Protection		
razed/ destroyed by		0.00			
4. Demolition Perm	it (in case of	Office of the	e Building Official		
Demolition)					
5. Barangay Certificate (if necessary)		Barangay Hall where the subject property is			
		located			
6. Government-Issued ID of owner		Property ow	vner		
(PRC; UMID; PHILS	SYS ID, etc.) (for				
validation only)					
If done through a		·			
1. Authorization lett		Property ow	vner		
	ntative and purpose				
of request. (1 origin					
2. Government-Issu		Representa	itive		
	C; UMID; PHILSYS				
ID, etc.) (1 photoco		5			
3. Government-Issu		Property owner			
(PRC; UMID; PHILS	5 Y 5 ID, etc.) (1				
photocopy)	AOFNOV	FEEE TO DEDOCESSING DEDOC			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit	1. Check and	None	15 minutes	Assessment	
complete	verify submitted			Clerk I	
documents to	documents.			City Assessor's	
incoming/				Office	
outgoing officer					
	1.1 Attach				
	Request Slip				
0.5%		N.1			
2. Fill out Request	2. Receive	None	5 minutes	Assessment	





1			PHILI	
Slip then submit to incoming/	complete documents.			Clerk I City Assessor's
outgoing officer.				Office
3. None	3. Forward all documents to Tax Mapping Division for Verification.	None	Transmitted by batch: 11am/5pm	Assessment Clerk I City Assessor's Office
	3.1 PIN Identification	None	10 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	3.2 Trace back previous records.	None	25 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	3.3 Dispatch documents to inspector	None	10 minutes	Tax Mapping Aide (Job Order) City Assessor's Office
	3.4 Inspect the property and prepare inspection report.	None	3 working hours or more (depending on lot area and number of parcels)	Tax Mapping Aide I City Assessor's Office
			Inspected by batch on the next day after receipt of documents	
			Transmitted on the day after inspection	
	3.5 Transmit documents to Appraisal and Assessment Division.	None	5 minutes	Tax Mapping Aide I City Assessor's Office
	3.6 Verify, check	None	30 minutes	Tax Mapper I





	and sign Inspection Report			City Assessor's Office
	3.7 Prepare and sign Notice of Cancellation Report then submit to City Assessor	None	20 minutes	Data Controller City Assessor's Office
	3.8 Approve Notice of Cancellation.	None	15 minutes	City Assessor City Assessor's Office
	3.9 Cancel the Record in the System and print Cancelled Tax Declaration.	None	20 minutes	Assessor's Staff City Assessor's Office
4. Receive Tax Declaration and Notice of assessment.	4. Record receipt of documents by the owner.	None	5 minutes	Assessment Clerk I City Assessor's Office
		None	3 working days or earlier	



City Civil Registrar's Office External Services





1. Timely Registration of Certificates of Live Birth

The Certificate of Live Birth (COLB) of a child must be registered with the Local Civil Registrar's Office (LCRO) within 30 days from the date of birth.

Office/Divisio	n:	City Civil F	y Civil Registrar's Office				
Classification		Simple					
Type of Trans	saction:	G2C – Government to Citizen					
Who may ava		Individuals	Individuals whose children were born in the City of San Pedro, Laguna				
CHECKLIST	OF REQUIR	EMENTS		WHERE TO	O SECURE		
1. Original COLB, with all applicable							
fields, duly accomplished and signed by the birth-attendant and parent. (Quadruplicate)		Birth-at	Birth-attendant				
2. Valid govern parent/s whos COLB. (2 original each)	e names app nals and 4 pl	ear on the hotocopies	Client's	Personal File			
Additional, if							
PSA Certificate of Marriage of parents, as appearing on the COLB for registration. (1 original and 4 photocopies)			Philippi	Philippine Statistics Authority Outlet			
	Additional, if parents are unmarried, but elect for the child to use the father's last						
name:	•						
1. Attachment-format Affidavit to Use Surname of the Father (AUSF), duly accomplished by the mother, and			City Civil Registrar's Office of San Pedro/Birth- Attendant (AUSF)				
notarized by a notary public. (4 originals)		Notary	Notary Public (Notarial Service)				
2. Community parent/s. (1 or		te of		Treasury Office of the city/municipality where the parents are residents			
Additional, if		ve:					
1. Authorization letter executed by either parent whose name appears on the COLB for registration, duly indicating specific quantities and acts the representative is authorized to secure and carry-out.			Client's	s Personal File			
2. Valid government-issued I.D.'s of parent/s and representative whose names appear on the COLB and Authorization Letter. (2 originals and 2 photocopies each)			Personal File				
CLIENT STEPS	AGENCY	ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON/S RESPONSIBLE		
1. Submit all applicable	1. Check for completene		None	5 minutes	Assistant Registration Officer Or Job Order		





requirements at the window for assessment and wait for your name to be called. 1.1 Check for correctness of entries and sign as received, if deemed no corrections are needed. 1.2 Final assessment and signature, denoting the order to assign a registry number. 1.3 Assign registry numbers to legal instruments and the COLB itself, coding of statistical portion and segregation of PSA, LCRO,
your name to be called. 1.1 Check for correctness of entries and sign as received, if deemed no corrections are needed. 1.2 Final assessment and signature, denoting the order to assign a registry number. 1.3 Assign registry numbers to legal instruments and the COLB itself, coding of statistical portion and segregation of PSA, LCRO, None 10 minutes Local Legislative Staf Officer II Or Bookbinder IV Or Assistant Registratior Officer Or Clerk IV LCRO S minutes Local Civil Registrar; Records Officer I Or Bookbinder IV Or Assistant Registratior IV Or Clerk IV LCRO 20 minutes Assistant Registration Officer Or Job Order LCRO
and signature, denoting the order to assign a registry number. 1.3 Assign registry numbers to legal instruments and the COLB itself, coding of statistical portion and segregation of PSA, LCRO, Records Officer I Or Bookbinder IV Or Assistant Registration Officer Or Job Order LCRO Records Officer I Or Bookbinder IV Or Assistant Registration Officer Or Job Order LCRO
numbers to legal instruments and the COLB itself, coding of statistical portion and segregation of PSA, LCRO,
attendant and client copies.
2. Once called, identification and proceed to the window to retrieve the duly registered 2. Check claimant for None identification and release the client's copy. None 5 minutes Assistant Registration Officer Or Job Order LCRO
COLB. TOTAL: None 45 Minutes

Notes:

- If the **parents are married** or in cases where **no father is declared**, do not fill-in anything at the back page of the COLB.
- If the **parents are unmarried**, fill in the Affidavit for Admission of Paternity at the upper portion of the back page of the COLB. Only the father shall enter his name and affix his signature. Leave the fields for the mother blank.





2. Delayed Registration of Certificates of Live Birth

This service covers registrations of birth with the Local Civil Registrar's Office beyond the reglementary 30-days from the date of birth.

Office/District	0:4 - 0:- :1 D			
Office/Division:	City Civil Registrar's Office			
Classification:	Highly-technical G2C – Government to Citizen			
Type of Transaction:				
I Who may avail.		whose children were born in the City of San		
		una, and have yet to register said births, to date.		
CHECKLIST OF REQUIR		WHERE TO SECURE		
1. Original COLB, with all				
fields, duly accomplished		Birth-attendant		
by the birth-attendant and	parent.			
(Quadruplicate)	d I D 'o of			
2. Valid government-issue				
parent/s whose names ap the COLB. (2 originals and	•	Client's Personal File		
photocopies each)	J 4			
Baptismal Certificate of	the			
document-owner or its cou				
other religions. (1 original	•	Client's Personal File		
photocopies)	4114 Z			
4. Form 137 (Elementary/	High			
School) or Transcript of R	_			
document-owner. (1 origin		Client's Personal File		
photocopies)				
5. Immunization Record/Baby Book				
of document-owner. (1 ori	•	Client's Personal File		
photocopies)	O .			
6. Negative Certification o	f Birth (1	Philipping Statistics Authority		
original and 1 photocopy)	,	Philippine Statistics Authority		
7. Community Tax Certific	ate of	Treasury Office of the city/municipality where the		
parent/s. (1 original)		parents are residents		
8. Affidavit of 2 Disinteres				
Persons attesting the fact				
the document-owner with attached photocopies of valid government-				
		City Civil Registrar's Office of San Pedro		
issued I.D.'s of the execut				
(1 original and 1 photocop	y each			
page)				
9. Barangay Certification of				
Residency of the parents and the		Barangay Hall where the client/individual resides		
document-owner (1 original and 1				
photocopy).	num onto m			
10. Any 2 legal/official doc	•			
evidence from each paren		Clients' Personal File		
containing the information required		Clients Fersonal File		
to be provided in the Certi				
Live Birth form, such as, b	ut 110t			





limited to their Certificate of Live Birth, Certificate of Marriage,					
Certificate of Death, etc. (1					
photocopy each)					
11. Unedited, 2x2-inch front-facing					
photo of the document-owner in					
white background, taken within 3	Client's Personal File				
months from the date of registration	Oneme i oroenari no				
(4 originals)					
Additional, if document-owner is 1	vear old and over:				
1. National I.D. card, paper-form					
National I.D., print-out of					
downloadable Digital National I.D. or					
handwritten and duly-signed	Client's Personal File				
Transaction Reference Number for	Short of Grootlar File				
the Application of Issuance of a					
National I.D. (1 photocopy)					
Additional, if parents are married:	1				
1. PSA Certificate of Marriage of					
parents, as appearing on the COLB					
for registration. (1 original and 1	Philippine Statistics Authority Outlet				
photocopy)					
	and the document-owner is a minor:				
1. Personal appearance of the					
minor document-owner and their	Client				
parents.	Chork				
Additional, if parents are unmarried, but elect for the child to use the father's last					
name:	.,				
Personal appearance of the					
parents.	Clients				
2. Attachment-format Affidavit to					
Use Surname of the Father (AUSF),	City Civil Registrar's Office of San Pedro/Birth-				
duly accomplished by the mother,	Attendant (AUSF)				
and notarized by a notary public. (4	N (
originals)	Notary Public (Notarial Service)				
•	and the document-owner is a minor:				
Personal appearance of the					
mother.	Client				
Additional, if document-owner's parents are unmarried, and they were born					
	2004, but wish to declare the father:				
1. Personal appearance of parents	Clients				
and minor.					
2. Affidavit of Acknowledgement of	City Civil Registrar's Office of San Rodro				
Paternity (4 original copies)	City Civil Registrar's Office of San Pedro				
Additional, if document-owner is 7 years old and over, but below 18 years of age,					
who elect to use the father's last na					
Attachment-format Affidavit to					
Use Surname of the Father, duly	City Civil Degistrar's Office of Con Dodro				
accomplished by the child (4	City Civil Registrar's Office of San Pedro				
originals)					





2. Attachment-format Sworn Attestation, executed by the child's	City Civil Registrar's Office of San Pedro
mother (4 original copies)	
Additional, if document-owner is o	f legal age:
Personal appearance of	Client
document-owner	Client
2. Voter's Registration Record (1	Commission on Elections where the client is a
original and 4 photocopies)	registered voter
3. PhilHealth Member's Data	
Record (1 original and 4	PhilHeath
photocopies)	
4. Community Tax Certificate of	Treasury Office of the city/municipality where the
document-owner. (1 original)	document-owner is a resident
For married document-owners:	
PSA Certificate of Marriage (1)	Philipping Statistics Authority Outlet
original and 4 photocopies)	Philippine Statistics Authority Outlet
	is a minor whose parents cannot be located:
1. Certificate of Legal Guardianship	
of the legal guardian, issued by the	Client's Personal File
proper court (1 original and 1	Olicht 3 i Craonai i lic
photocopy)	
2. Affidavit/Sworn Statement stating	
the facts of the parents'	
whereabouts and application of	Client's Personal File
reasonable measures to locate	Chefit's reasonair lie
them (1 original per person and 1	
photocopy each)	
3. Certificate of Death of Parents, if	
applicable. (1 original per deceased	Philippine Statistics Authority
parents, and 1 photocopy each)	
Additional, if document-owner's m	other is deceased:
Certificate of Death of the	
document-owner's mother (1	Philippine Statistics Authority
original and 1 photocopy)	
Additional, if document-owner's fa	ther is deceased:
Certificate of Death of the	
document-owner's father (1 original	Philippine Statistics Authority
and 1 photocopy)	
2. Private Handwritten Instrument	
(PHI) verifiably executed by the	
father/duly filed with a government-	
agency, such as, but not limited to	
SSS, PhilHealth, or BIR Records or	
insurance records where document-	Client's Personal File
owner is an identified child of the	Short of orderial file
record-owner; school/medical	
record where the document-owner	
is attested via signature of the	
deceased father as his child, or	
other handwritten materials	





				UNA SA LAGUNA
identifying the do	ernment/official			
	ocument-owner is d			
1. Certificate of I			Personal File; Phil	• •
	r (1 original and 1			egistrar's Office where
photocopy)			edent's death was	registered
	gistrant of a deceas	ed docu	ment-owner:	
Legal/official proof of filiation, proving eligibility as nearest of kin, based on the Expanded Senior Citizen's Act of 2010 (1 original and 1 photocopy) Additional, in the absence of any verification of the senior country between the document-			Personal File legal or official p	roof of paternity:
DOH-Accredited Center with com	plete attached ntation (1 original	Client's	Personal File	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON/S RESPONSIBLE
1. Submit all applicable requirements at the window	1. Check for completeness of documentary requirements and	None	5 minutes	Assistant Registration Offier Or Job Order LCRO

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON/S RESPONSIBLE
1. Submit all applicable requirements at the window for assessment and wait for your name to	1. Check for completeness of documentary requirements and completeness of entry fields	None	5 minutes	Assistant Registration Offier Or Job Order LCRO
be called.	1.1 Check for correctness of entries and sign as received, if deemed no corrections are needed.	None	10 minutes	Local Legislative Staff Officer III Or Records Officer I Or Bookbinder IV Or Assistant Registration Officer or Clerk IV LCRO
2. Once document-owner's name is called, approach the window to secure your claim stub.	2. Check claimant for identification and release the claim stub dated 12 days from the date of submission of complete	None	5 minutes	Assistant Registration Officer Or Job Order LCRO





			<u> </u>	PHILO
	requirements.			
	2.1 Commence the 10-day mandatory posting for delayed registrations on the following day at the Civil Registry Bulletin Board, pursuant to Rule 12 of Administrative Order No. 1 s. 1993 issued by the Civil Registrar General.	None	10 days and 15 minutes	Assistant Registration Officer Or Job Order LCRO
	2.2 Retrieve posted documents on the day following the 10 th day of posting.	None	15 minutes	Assistant Registration Officer Or Job Order LCRO
	2.3 Final assessment and signature, denoting the order to assign a registry number.	None	5 minutes	Local Civil Registrar; Local Legislative Staff Ofifcer III Or Records Officer I Or Bookbinder IV Or Assistant Registration IV Or Clerk IV LCRO
	2.4 Assign registry numbers to legal instruments and the COLB itself, coding of statistical portion and segregation of PSA, LCRO, attendant and client copies.	None	20 minutes	Assistant Registration Officer Or Job Order LCRO
3. Present your claim stub to	3. Check claimant for identification	None	5 minutes	Process Server Or Job Order
retrieve the duly registered	and release the client's copy.			LCRO
COLB.			10 days, 1	
	TOTAL:	None	hour and 20	





	_	
	minutes	
	minithe	
	lillinine2	

Note/s:

The Affidavit for Delayed Registration must be duly accomplished by the following person/s, on the corresponding conditions:

Either parent of the document-owner.	If the document-owner is below 18 years of age.
The document-owner or their spouse.	If the document-owner is 18 years of age or older.
Nearest surviving kin, as defined in R.A. 9994: Nearest surviving relative refers to the legal spouse who survives the deceased senior citizen: Provided, that where no spouse survives the decedent, this shall be limited to relatives in the following order of degree of kinship: children, parents, siblings, grandparents, grandchildren, uncles and aunts. Proof of kinship may be required.	If the document-owner is deceased.

- If the **parents are married** or in cases where **no father is declared**, do not fill-in anything at the back page of the COLB.
- If the **parents are unmarried**, refer to the table below for conditions in filling-in the Affidavit for Admission/Acknowledgement of Paternity at the upper portion of the back page of the COLB:

For births occurring before August 3, 1988.	Completely fill-out the Affidavit for Admission/Acknowledgement of Paternity.
For births occurring on or after August 3, 1988.	Only the father shall enter his name and affix his signature. Leave the fields for the mother blank.

 Personal appearance of the child who is 7 years and over, but below 18 years of age, as well as that of the parent to attest the child's statement shall be required for the administration of oath by the Civil Registrar.





3. Timely Registration of Certificates of Marriage

The Certificate of Marriage (COM) of persons must be registered with the Local Civil Registrar's Office (LCRO) within 15 days (if with marriage license), or 30 days (if under Article 34 of the Civil Code), from the date of the marriage ceremony.

Office/Division:	City Civil Registrar's Office					
Classification:	Simple					
Type of Transaction:		vernment to Citizen				
		s whose marriages were solemnized in the City of				
Who may avail:	San Pedro	,				
CHECKLIST OF REQUIR		WHERE TO SECURE				
1. Original COM, with all ap						
fields, duly accomplished a	-	Wedding Officiant				
by the contracting parties,		Wodding Omolant				
and witnesses. (Quadruplic						
2. Valid government-issued						
the contracting parties who						
appear on the COM. (2 orig	•	Client's Personal File				
contracting party and 4 pho	otocopies					
each)	: 					
3. Valid License to Solemn		M/s delices Officiant				
officiant who solemnized th	ie	Wedding Officiant				
wedding. (1 photocopy)						
		zed with valid marriage license:				
1. Valid Marriage License (Client's Personal File				
		zed under Article 34 of the Civil Code:				
1. Affidavit of Cohabitation	(4	Client's Personal File				
originals)						
		zed outside the chambers of a judge, open				
court, church premises, of 1. Notarized written reques		office.				
addressed to the solemnizi						
that the marriage be solem						
requested to be held at a h		Client's Personal File				
place designated by the co						
parties. (1 original and 4 ph						
2. Solemnizing Officer's res						
letter to the notarized writte	•	Solemnizing Officer				
(1 original and 4 photocopi		g china				
Additional, if representat						
1. Authorization letter exec						
either of the contracting pa	,					
whose name appears on the COM for registration, duly indicating						
		Client's Personal File				
specific quantities and acts						
representative is authorized to						
secure and carry-out.						
2. Valid government-issued	I.D.'s of	Client's Personal File				
the contracting party/ies an	d	Client & Feisonal File				





representative whose names appear on the COM and Authorization Letter. (2 originals and 2

` `	photocopies each)			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON/S RESPONSIBLE
1. Submit all applicable requirements at the window for assessment and wait for	1. Check for completeness of documentary requirements and completeness of entry fields.	None	10 minutes	Messenger Or Job Order LCRO
your name to be called.	1.1 Check for correctness of entries and sign as received, if deemed no corrections are needed.	None	15 minutes	Local Legislative Staff Officer III Or Records Officer I Or Bookbinder IV Or Assistant Registration Officer or Clerk IV LCRO
	1.2 Final assessment and signature, denoting the order to assign a registry number.	None	10 minutes	Local Civil Registrar or Local Legislative Staff Officer III or Records Officer I Or Assistant Registration Officer LCRO
	1.3 Assign registry numbers to legal instruments and the COM itself, coding of statistical portion and segregation of PSA, LCRO, officiant and client copies.	None	20 minutes	Messenger Or Job Order LCRO
2. Once called, proceed to the window to retrieve the duly registered COM.	2. Check claimant for identification and release the client's copy.	None	5 minutes	Messenger Or Job Order LCRO
	TOTAL:	None	1 Hour	





Notes:

- If the marriage was solemnized with a valid marriage license, do not fill-in anything at the back page of the COM.
- If the marriage was solemnized under Article 34 of the Civil Code, duly accomplish and have notarized, the Affidavit of the Solemnizing Officer at the upper back portion of the COM.





4. Delayed Registration of Certificates of Marriage

This service covers registrations of marriages with the Local Civil Registrar's Office beyond the reglementary 15 and 30 days from the date of marriage for marriages solemnized with a valid marriage license or under Article 34 of the Civil Code, respectively.

Office/Division:	City Civil Registrar's Office			
Classification:	Highly-techr	nical		
Type of Transaction:	G2C – Gove	ernment to Citizen		
Who may avail:		whose marriages were solemnized in the City of		
	San Pedro,			
CHECKLIST OF REQUIR		WHERE TO SECURE		
1. Original COM, with all a	• •			
fields, duly accomplished	-	Wedding Officiant		
by the contracting parties				
and witnesses. (Quadrupl				
2. Valid government-issue				
the contracting parties wh		Client's Personal File		
appear on the COM. (2 or	•	Client's Personal File		
contracting party and 4 ph	lotocopies			
3. Valid License to Solem	nize of the			
officiant who solemnized		Wedding Officiant		
wedding. (1 photocopy)		Wedaing Chiciant		
	vas solemniz	zed with valid marriage license:		
1. Valid Marriage License		Client's Personal File		
		zed under Article 34 of the Civil Code:		
1. Affidavit of Cohabitation	า (4	Client's Personal File		
originals)				
· · · · · · · · · · · · · · · · · · ·		zed outside the chambers of a judge, open		
court, church premises, 1. Notarized written reque		office.		
addressed to the solemnia				
that the marriage be soler	_			
requested to be held at a		Client's Personal File		
place designated by the c				
parties. (1 original and 4				
photocopies)				
2. Solemnizing Officer's re	esponse			
letter to the notarized write	ten request.	Solemnizing Officer		
(1 original and 4 photocop	oies)			
Additional, if representative:				
1. Authorization letter exe	•			
either of the contracting p				
whose name appears on				
for registration, duly indicate	•	Client's Personal File		
specific quantities and act				
representative is authorize	ed to			
secure and carry-out.				





2. Valid government-issued I.D.'s of the contracting party/ies and representative whose names appear on the COM and Authorization Letter. (2 originals and 2 photocopies each)

Client's Personal File

(2 originals and 2 photocopies each)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON/S RESPONSIBLE
1. Submit all applicable requirements at the window for assessment and wait for your name to	1. Check for completeness of documentary requirements and completeness of entry fields	None	10 minutes	Messenger Or Job Order LCRO
be called.	1.1 Check for correctness of entries and sign as received, if deemed no corrections are needed.	None	15 minutes	Local Legislative Staff Officer III Or Records Officer I Or Bookbinder IV Or Assistant Registration Officer or Clerk IV LCRO
2. Once document-owner's name is called, approach the window to secure your claim stub.	2. Check claimant for identification and release the claim stub dated 12 days from the date of submission of complete requirements.	None	10 minutes	Messenger Or Job Order LCRO
	2.1 Commence the 10-day mandatory posting for delayed registrations on the following day at the Civil Registry Bulletin Board, pursuant to Rule 12 of Administrative Order No. 1 s. 1993 issued by the Civil Registrar General.	None	10 days and 15 minutes	Messenger Or Job Order LCRO
	2.2 Retrieve	None	15 minutes	Messenger Or Job





	TOTAL:	None	10 days, 1 hour and 40 minutes	
3. Present your claim stub to retrieve the duly registered COM.	3. Check claimant for identification and release the client's copy.	None	5 minutes	Messenger Or Job Order LCRO
	2.4 Assign registry numbers to legal instruments and the COM itself, coding of statistical portion and segregation of PSA, LCRO, officiant and client copies.	None	20 minutes	Messenger Or Job Order LCRO
	following the 10 th day of posting. 2.3 Final assessment and signature, denoting the order to assign a registry number.	None	10 minutes	Local Civil Registrar; Local Legislative Staff Officer III Or Records Officer I Or Bookbinder IV Or Assistant Registration Officer or Clerk IV LCRO
	posted documents on the day			Order LCRO

Note/s:

- The Affidavit for Delayed Registration must be duly accomplished by either of the contracting parties or the officiant and notarized.
- If the marriage was solemnized under Article 34 of the Civil Code, duly accomplish and have notarized, the Affidavit of the Solemnizing Officer at the upper back portion of the COM.





5. Timely Registration of Certificates of Death

The Certificate of Death (COD) must be registered with the Local Civil Registrar's Office (LCRO) within 30 days from the date of death by the nearest surviving kin of the decedent.

Office/Division:	City Civ	il Registrar's Office		
Classification:	Simple			
Type of Transaction:	G2C - (Government to Citizen		
Who may avail:	 Either parent to Citizen Either parent of document owners (if the decedent is below 18 years of age) Spouse (if the decedent is 18 years of age or older) Nearest surviving kin, as defined in RA 9994: Nearest surviving relative refers to the legal spouse who survives the deceased senior citizen: Provided, that where no spouse survives the decedent, this shall be limited to relatives in the following order of degree of kinship: children, parents, siblings, grandparents, grandchildren, uncles and aunts (<i>Proof of kinship may be required</i>). 			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Original COD, with all applicable fields, duly accomplished and signed by the nearest of kin, attendant, City Health Officer, medico-legal officer and embalmer, if applicable. (Quadruplicate)		Attendant at Death (if death occurred in a hospital) or City Health Office/Funeral Service (if death did not occur in a hospital)		
2. Valid government-issue of informant. (1 original an photocopies)	d I.D.'s	Client's Personal File		
	s not pe	rformed on the decedent:		
Waiver of Autopsy, duly notarized (1 original and 1 photocopy)		Client's Personal File / Notary Public		
. =	not the	nearest surviving kin of the decedent, as defined		
in R.A. 9994: 1. Affidavit of Kinship stating that the client is the nearest surviving kin of the decedent.		Client's Personal File / Notary Public		
Additional, if representate 1. Authorization letter execution				
by the nearest surviving kin, duly indicating specific quantities and acts the representative is authorized to secure and carryout.		Client's Personal File		
2. Valid government-issued I.D.'s of the nearest of kin and representative whose names		Client's Personal File		





and Authoriza	`			
originals and 2	2 photocopies each)			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON/S RESPONSIBLE
1. Submit all applicable requirements at the window for assessment and wait for	1. Check for completeness of documentary requirements and completeness of entry fields.	None	5 minutes	Messenger Or Job Order LCRO
your name to be called.	1.1 Check for correctness of entries and sign as received, if deemed no corrections are needed.	None	10 minutes	Local Legislative Staff Officer III Or Records Officer I Or Bookbinder IV Or Assistant Registration Officer or Clerk IV LCRO
	1.2 Final assessment and signature, denoting the order to assign a registry number.	None	5 minutes	Local Civil Registrar; Records Officer I Or Bookbinder IV Or Assistant Registration Officer or Clerk IV LCRO
	1.3 Assign registry number to the COD, coding of statistical portion and segregation of PSA, LCRO, attendant and client copies.	None	15 minutes	Messenger Or Job Order LCRO
2. Once called, proceed to the window to retrieve the duly registered COD.	2. Check claimant for identification and release the client's copy.	None	5 minutes	Messenger Or Job Order LCRO
	TOTAL:	None	40 Minutes	





6. Delayed Registration of Certificates of Death

This service covers registrations of death with the Local Civil Registrar's Office beyond the reglementary 30 days from the date of death.

Office/Division:	City Civil Po	gistrar's Office		
Classification:	City Civil Registrar's Office			
	Highly-technical G2C – Government to Citizen			
Type of Transaction:				
Who may avail:	San Pedro.	vhose relatives' death occurred within the City of		
CHECKLIST OF REQUIR	EMENTS	WHERE TO SECURE		
1. Original COD, with all a				
fields, duly accomplished		Attendant at Death (if death occurred in a		
by the nearest of kin, atter	•	hospital) or City Health Office/Funeral Service		
Health Officer, medico-leg		(if death did not occur in a hospital)		
and embalmer, if applicab	le.	(ii death did not occur in a nospital)		
(Quadruplicate)	_			
2. Valid government-issue				
informant. (1 original and	2	Client's Personal File		
photocopies)				
3. Sworn Statement, duly				
and stating the facts of de				
and place of burial or cren		Olivertie Demonstration / Netero Debite		
the reason the death was		Client's Personal File / Notary Public		
registered within the regle				
period of registration. (1 o photocopies)	nginai anu 4			
4. Authenticated Certificat	ion of			
Burial/Cremation. (1 origin		Entity that provided the burial/cremation		
photocopies)		services		
Additional, if autopsy wa	as not perfor	med on the decedent:		
1. Waiver of Autopsy, duly		Client's Personal File / Notary Public		
(1 original and 1 photocop		,		
		under the degrees of kinship defined in R.A.		
		mentation proving they are the nearest		
surviving kin of the dece				
1. Affidavit of Kinship stati	_	Cliantia Danamal Fila / Natara Dublia		
client is the nearest surviv	ing kin of	Client's Personal File / Notary Public		
the decedent.	4:			
Additional, if representa				
1. Authorization letter executiving kin, duly	•			
nearest surviving kin, duly indicating		Client's Personal File		
specific quantities and acts the		Client's Personal File		
representative is authorized to secure and carry-out.				
2. Valid government-issue	d I D 's of			
the nearest of kin and rep				
whose names appear as i		Client's Personal File		
the COD and Authorization		Onone of Gradian Inc		
originals and 2 photocopie	•			
<u> </u>	/	1		





	T		T	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON/S RESPONSIBLE
1. Submit all applicable requirements at the window for assessment and wait for your name to	1. Check for completeness of documentary requirements and completeness of entry fields	None	5 minutes	Messenger Or Job Order LCRO
be called.	1.1 Check for correctness of entries and sign as received, if deemed no corrections are needed.	None	10 minutes	Local Legislative Staff Officer III or Records Officer I or Bookbinder IV or Assistant Registration Officer or Clerk IV LCRO
2. Once document-owner's name is called, approach the window to secure your claim stub.	2. Check claimant for identification and release the claim stub dated 12 days from the date of submission of complete requirements.	None	5 minutes	Messenger Or Job Order LCRO
	2.1 Commence the 10-day mandatory posting for delayed registrations on the following day at the Civil Registry Bulletin Board, pursuant to Rule 12 of Administrative Order No. 1 s. 1993 issued by the Civil Registrar General.	None	10 days and 15 minutes	Messenger Or Job Order LCRO
	2.2 Retrieve posted documents on the day following the 10 th day of posting.	None	10 minutes	Messenger Or Job Order LCRO
	2.3 Final assessment and signature, denoting	None	5 minutes	Local Civil Registrar; Local Legislative Staff Officer III Or Records





	the order to assign a registry number.			Officer I Or Bookbinder IV Or Assistant Registration Officer or Clerk IV LCRO
	2.4 Assign registry numbers to legal instruments and the COD itself, coding of statistical portion and segregation of PSA, LCRO, attendant and client copies.	None	15 minutes	Messenger Or Job Order LCRO
3. Present your claim stub to retrieve the duly registered COD.	3. Check claimant for identification and release the client's copy.	None	5 minutes	Messenger Or Job Order LCRO
	TOTAL:	None	10 days, 1 hour and 10 minutes	

Note/s:

The Affidavit for Delayed Registration must be duly accomplished by the person responsible for the registration of the COD and notarized.





7. Application for Marriage License

This covers the process of application for a marriage license, which a couple may then submit to any officiant duly authorized by the Philippine Statistics Authority as such.

Office/Division:	City Civil Registrar's Office
Classification:	Highly-technical
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Couples with at least one resident of the City of San Pedro, who wish to secure a Marriage License.
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. 2x2 I.D. photos in white background (2 pcs)	Client's Personal File
2. Certificate of Compliance with the Marriage Orientation (1 original and 2 photocopies) Or Certificate of Pre- Marriage Counselling (for applicants 18-24 years old only) (1 original and 2 photocopies)	City Population Commission
3. PSA Certificate of Live Birth of applicant (1 original and 2 photocopies)	Philippine Statistics Authority Outlet
4. PSA Certificate of No Marriage (1 original and 2 photocopies)	Philippine Statistics Authority Outlet
5. Community Tax Certificate from the applicant's place of residence (1 original and 2 photocopies)	Treasury Office, City/Municipal Hall
6. At least 2 valid government-issued I.D.'s of the applicant (1 original and 2 photocopies)	Client's Personal File
Additional, for foreign p	parties:
1. Counterpart of PSA Certificate of Live Birth in the foreign applicant's country of origin (1 original and 2	Counterpart of PSA in the foreign party's country of origin





photocopies)					
2. Legal Capacity to					
Contract Marriage (1	Foreign Service Office of the foreign party's country of origin,				
original and 2	for release at the foreign embassy in the Philippines				
photocopies)					
3. Passport (1 original	Client's Personal File				
and 2 photocopies)	Client's Personal File				
Additional, for foreign p	parties with prior marriages dissolved:				
1. Divorce Papers (1					
original and 2	Foreign court, where dissolution was processed				
photocopies)					
Additional, for widowed	foreign applicants:				
1. Counterpart of PSA					
Certificate of Death of					
deceased spouse in the					
foreign applicant's	Counterpart of PSA in the foreign party's country of origin				
country of origin (1	5,7,9,				
original and 2					
photocopies)					
	applicants with prior marriages dissolved:				
1. Court Decision,	,				
Certificate of Finality,					
PSA Certificate of					
Marriage with	Court where dissolution was processed/recognized				
Annotation, Judicial					
Decree of Absolute					
Divorce, Annulment or					
Nullity (1 original and 2					
photocopies)					
Additional, for widowed	Filipino Applicants:				
1. PSA Certificate of					
Death of deceased					
spouse (1 original and 2	Philippine Statistics Authority Outlet				
photocopies)					
	applicants 18-21 years of age:				
Parental Consent	1.1				
executed by a parent					
whose name appears					
on the applicant's COLB	City Civil Registrar's Office of San Pedro				
(1 original and 2					
photocopies)					
2. Cedula of the parent					
to execute the Parental	Treasury Office, City/Municipal Hall				
Consent	Trades, January and Train				
3. At least 2 valid					
government-issued					
I.D.'s of the parent to	Client's Personal File				
execute the Parental	Olione 3 i Gradiai i lic				
Consent					
	annlicants 22-24 years of age:				
Additional, for Filipino applicants 22-24 years of age:					





4 Danaudal Ashi						
1. Parental Advi						
whose name ap						
on the applicant	•	City Civil Registrar's Office of San Pedro				
(1 original and 2						
photocopies)	•					
2. Cedula of the	parent					
to execute the P	•					
Consent (1 origin		Treasury	Office, City/M	lunicipal Hall		
2 photocopies)						
3. At least 2 valid	d					
government-issu	ued					
I.D.'s of the pare	ent to	Client's Personal File				
execute the Pare	ental	Ciletit's F	ersonal File			
Consent (1 original	nal and					
2 photocopies)						
		consisten	cies are pre	sent on the abov	ve-listed documents:	
PSA Certification						
Live Birth, Marria	•					
Death of parents	•	Philippine	Statistics Au	thority Outlet		
children or siblin	•			anionity Comot		
applicants (1 ori						
and 2 photocopi						
2. Baptismal Ce	rtificate					
or equivalent of						
applicant, their p		Religious	establishmer	nt where the cere	mony was held	
or their siblings	(1				,	
original and 2						
photocopies) 3. Form 137						
	ıh					
(Elementary/Hig School) / Transo						
Records of appli	•	School at	tended by the	e document-owne	r	
original and 2	icani (i					
photocopies)						
CLIENT	ΔGF	ENCY	FEES TO	PROCESSING	PERSON/S	
STEPS		TION	BE PAID	TIME	RESPONSIBLE	
1. Personally	1. Check		None	10 minutes	Clerk IV or Job Order	
appear before		eness of			LCRO	
the City Civil	docume					
Registrar's	requirements and					
Office and	consistency of					
submit all	information					
applicable	across a	ıll				
documentary	docume	nts				
requirements.	submitte	ed.				
	1.1 If do	cuments	None	10 minutes	Clerk IV or Job Order	
		oved for			LCRO	
1.1	acceptai	nce,				





Accomplish Marriage License Application Form, according to instructions provided by the responsible employee.	instruct the applicants to accomplish the Application for Marriage License Form.			
1.2 Submit the accomplished Marriage License Application Form for checking.	1.2 Check accomplishment of Application Form, and once found to be correctly accomplished, endorse the applicants to the City Civil Registrar.	None	10 minutes	Clerk IV or Job Order LCRO
1.3 Swear in, before the Civil Registrar, as pertains to the truth and veracity of information supplied.	1.3 Administer oath to applicants.	None	10 minutes	Local Civil Registrar LCRO
2. Pay for the Marriage License Fees and collect your claim stub.	2. Issue order of payment and instruct applicants to pay the required fees at the Treasure Office.	PHP 650.00 (Filipinos) / PHP 1,000.00 (Foreign)	10 minutes	Clerk IV or Job Order LCRO
	2.1 Prepare the Marriage License claim stub.	None	5 minutes	Clerk IV or Job Order LCRO
	2.2 Release the Marriage License Claim Stub to the applicants.	None	5 minutes	Clerk IV or Job Order LCRO





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(Filipin	os) minutes
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Notes:

- All documentation not in the English language (E.G., German/Indonesian) and/or not in Roman Characters (E.G. Korean/Chinese) must be translated to English by a translator, duly recognized by the agency issuing the document translated.
- The rule on counting of the posting period is mandated by the Civil Code, viz: "Article 13. x x x In computing a period, the first day shall be excluded and the last day included."
- Ensure all information are consistent across all documents. Inconsistencies or errors may lead to disapproval or may require prior correction or submission of additional documentary evidence as basis of correct entries, upon discovery, if errors are merely clerical in nature.





8. Filing of Petitions under R.A. 9048 (Correction of Entry)

This covers the process of correcting entries within the limitations of R.A. 9048.

Office/Division:	City Civil Registrar's Office
Classification:	Highly-technical (Quasi-judicial)
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Persons whose Certificate of Live Birth, Marriage or Death are registered in San Pedro, Laguna.
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Erroneous PSA Certificate of Live Birth/Marriage or Death (1 original and 3 photocopies)	Philippine Statistics Authority Outlet
2. At least 2 valid government-issued I.D.'s of erroneous document-owner (1 original and 3 photocopies)	Client's Personal File
3. Current-year Community Tax Certificate of petitioner (1 original and 3 photocopies)	Treasury Office, City/Municipal Hall
4. Affidavit executed by the petitioner, stating that they understand that the correction/s resulting from the petition does not include the back-portion of the document, as well as any and all attachments to said document. (1 original and 3 photocopies)	Client's Personal File
	-owner of erroneous certificate is married:
1. PSA Certificate of Marriage of erroneous document-owner (1 original and 3 photocopies)	Philippine Statistics Authority Outlet
Additional, if document	-owner has children:
1. PSA Certificate of Live Birth of erroneous document-owner's children (1 original and	Philippine Statistics Authority Outlet
	1





	PHILIP				
3 photocopies)					
Additional, if document	-owner is deceased:				
1. PSA Certificate of					
Death of erroneous					
document-owner (1	Philippine Statistics Authority Outlet				
original and 3					
photocopies)					
,	declared by the notitioner of least 2 of the following may				
	declared by the petitioner, at least 3 of the following may				
	on the degree of kinship and type of error:				
Baptismal Certificate					
of erroneous document-					
owner or its equivalent	Religious establishment where the ceremony was held				
in other religions (1	Thenglous establishment where the determinity was held				
original and 3					
photocopies)					
2. Form 137					
(Elementary/High					
School) or Transcript of					
Records of erroneous	School Attended by the erroneous document-owner				
document-owner (1	Consol / Mondod by the choneous document owner				
`					
original and 3					
photocopies)					
3. NBI or Police					
Clearance of erroneous	NBI or Local Police Station of the erroneous document-				
document-owner (1	owner's place of residence				
original and 3	owner a place of recidence				
photocopies)					
4. Voter's Registration					
Record of erroneous					
document-owner (1	Local Commission on Elections				
original and 3					
photocopies)					
5. PhilHealth, SSS or					
Pag-IBIG Member's					
Data Record of					
erroneous document-	PhilHealth, SSS or Pag-IBIG Branches				
owner(1 original and 3					
`					
photocopies)					
6. Old Medical Records					
of erroneous document-	Client's Personal File				
owner (1 original and 3					
photocopies)					
7. Affidavit/Sworn					
Statement of	Notary Public				
Explanation executed	Notary Fubilit				
by the erring declarant					
8. PSA Certificate of					
Live Birth, Marriage or					
Death of erroneous	Philippine Statistics Authority Outlet				
document-owner's					
accument-owner 5					





parents, grandp					
children or siblir original and 3	igs (i				
photocopies)					
9. At least 2 val	id				
	_				
government-iss					
whose PSA doc					
are submitted a		Client's F	Personal File		
	_				
documentary ev					
in the petition (1	_				
and 3 photocop		totivo			
Additional, for 1. Special Power		italive.			
•					
Attorney execut the erroneous	. c u by				
document-owne	or or				
their nearest su					
kin, granting the	•				
representative a					
to file and sign a	•				
petition to corre					
entries in their C		Notary P	ublic		
as well as to se	•				
receive the Cert					
of Filing and Ce					
of Finality of the					
petition. Attach					
1 valid I.D. of th					
representative a	and the				
issuing individua	al to the				
SPA.					
Additional, if p	Additional, if petition is migrant-type:				
1. 1 additional s					
photocopies of all		Client's E	ersonal File		
documents, as		Olletti S F	Cisoliai i ile		
applicable, abov	ve.			,	
CLIENT		NCY	FEES TO	PROCESSING	PERSON/S
STEPS ACTION BE PAID			TIME	RESPONSIBLE	
1. Submit all	1. Checl		None	15 minutes	Records Officer I Or
documentary	complete	anaca of			Pookhindar IV

CLIENT	AGENCY	FEES TO	PROCESSING	PERSON/S
STEPS	ACTION	BE PAID	TIME	RESPONSIBLE
1. Submit all documentary requirements agreed upon during inquiry, including the requirement list.	1. Check for completeness of documentary evidence and whether entries in documentary evidence are consistent with that which is being claimed to be the correct	None	15 minutes	Records Officer I Or Bookbinder IV LCRO





	entry.			
	1.1. If deemed compliant, issue the order of payment and prepare the petition form and notice of posting.	None	20 minutes	Records Officer I Or Bookbinder IV LCRO
2. Pay the Filing Fee at the City Treasurer's Office and return to the Civil Registry Office to check and sign your petition and retrieve your claim stub.	2. Instruct the client to double-check all entries.	PHP 1,000.00 (R.A. 9048 – Correction of Entry)	5 minutes	Records Officer I Or Bookbinder IV LCRO
	2.1 Administer oath to the petitioner as to the truth and veracity of the content of their petition.	None	10 minutes	Local Civil Registrar LCRO
	2.2 Once the petition signed by the client, release the Claim Stub and give instructions on follow-ups and process flow once their petition is transmitted to PSA.	None	10 minutes	Records Officer I Or Bookbinder IV LCRO
	2.3 Commence the 10-day mandatory posting for petitions on the following day at the Civil Registry Bulletin Board, pursuant to R.A. 9048.	None	10 days and 15 minutes	Records Officer I Or Bookbinder IV LCRO





_	TOTAL:	PHP 1,000.00	25 days, 1 hour and 30 minutes	
3. Present your claim stub to retrieve the Certificate of Finality of your petition.	3. Check claimant for identification, release the Certificate of Finality, and relay the schedule of reproduction of documents in security paper, per Philippine Statistics Authority.	None	5 minutes	Clerk IV or Job Order LCRO
	2.7 Once the decision of the Civil Registrar General in PSA has been furnished to the Local Civil Registry Office, prepare the Certificate of Finality.	None	5 days (R.A. 9048 IRR)	Records Officer I Or Bookbinder IV LCRO
	2.6 Prepare weekly transmittals of petitions to PSA for affirmation or impugnment.	None	5 days (R.A. 9048 IRR)	Records Officer I Or Bookbinder IV LCRO
	2.5 Final assessment and signature, denoting the approval of the petition at the local level.	None	5 days (R.A. 9048 IRR)	Records Officer I Or Bookbinder IV LCRO
	2.4 Retrieve posted documents on the day following the 10 th day of posting.	None	10 minutes	Records Officer I Or Bookbinder IV LCRO



9. Filing of Petitions with Publication Requirement under R.A. 10172 (Correction of Sex and/or Day and/or Month of Birth) or R.A. 9048 (Change of First Name)

This covers the process of correcting a person's declared sex and/or day and/or month of birth in the Certificate of Live Birth within the limitations of R.A. 10172 (Correction of Sex and/or Day and/or Month of Birth) and R.A. 9048 (Change of First Name).

Office/Division:	City Civil Registrar's Office		
Classification:	Highly-technical (Quasi-Judicial)		
Type of Transaction:	G2C – Government to Citizen		
Type of Transaction.			
Who may avail:	Persons whose Certificate of Live Birth are registered in San Pedro, Laguna.		
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE		
1. Erroneous PSA Certificate of Live Birth/Marriage or Death (1 original and 3 photocopies)	Philippine Statistics Authority Outlet		
2. Baptismal Certificate of erroneous document-owner or its equivalent in other religions (1 original and 3 photocopies)	Religious establishment where the ceremony was held		
3. Form 137 (Elementary/High School) or Transcript of Records of erroneous document-owner (1 original and 3 photocopies)	School Attended by the erroneous document-owner		
4. NBI Clearance of erroneous document-owner (1 original and 3 photocopies)	NBI		
5. Police Clearance of erroneous document-owner (1 original and 3 photocopies)	Local Police Station of the erroneous document-owner's place of residence		
6. Certificate of Employment (if employed) / Affidavit of Non-Employment (if unemployed) of erroneous documentowner (1 original and 3 photocopies)	Place of work of erroneous document-owner (Certificate of Employment) Notary Public (Affidavit of Non-Employment)		
7. Voter's Registration	Local Commission on Elections		





Record of erroneous					
document-owner (1					
original and 3					
photocopies)					
8. PhilHealth Member's					
Data Record of					
erroneous document-	PhilHealth				
owner (1 original and 3					
photocopies)					
9. SSS Member's Data					
Record of erroneous					
document-owner (1	SSS				
original and 3					
photocopies)					
10. Pag-IBIG Member's					
Data Record of					
erroneous document-	Pag-IBIG				
owner (1 original and 3					
photocopies)					
13. At least 2 valid					
government-issued					
I.D.'s of erroneous					
document-owner (1	Client's Personal File				
original and 3					
1 -					
photocopies) 14. Current-year					
Community Tax					
•	Treasury Office, City/Municipal Hall				
Certificate of petitioner	Treasury Office, City/Municipal Hall				
(1 original and 3					
photocopies) 15. Affidavit of					
Publication with					
	Publisher of the Client's choosing				
Newspaper Clippings (4					
originals)	on of Cov				
Additional, for Correction 1. Certification of Sex	JII UI JEX				
issued by the City	Jose I. Amente Emergenes I Joseph Office				
Health Officer (1	Jose L. Amante Emergency Hospital/City Health Office				
original and 3					
photocopies)					
2. Old Medical Records					
of the erroneous	Oliantia Danasa I Fila				
document-owner (1	Client's Personal File				
original and 3					
photocopies)					
Additional, if document-owner of erroneous certificate is married:					
PSA Certificate of					
Marriage of erroneous	Philippine Statistics Authority Outlet				
document-owner (1	ppino otationes rationly outlot				
original and 3					





photocopies)						
· · · · · · · · · · · · · · · · · · ·	Additional, if document-owner has children:					
1. PSA Certificate of						
Live Birth of erroneous						
document-owner's	Philippine Statistics Authority Outlet					
children (1 original and						
3 photocopies)						
Additional, if document	-owner is	deceased (I	Not applicable fo	r Correction of Sex):		
PSA Certificate of						
Death of erroneous						
document-owner (1	Philippine	e Statistics A	uthority Outlet			
original and 3						
photocopies)						
Additional, if representa	ative (Not	applicable f	or Correction of	Sex):		
1. Special Power of						
Attorney executed by						
the erroneous						
document-owner or						
their nearest surviving						
kin, granting the						
representative authority						
to file and sign a						
petition to correct						
entries in their COLB,	Notary P	ublic				
as well as to secure and						
receive the Certification						
of Filing and Certificate						
of Finality of their						
petition. Attach at least						
1 valid I.D. of the						
representative and the						
issuing individual to the						
SPA.						
Additional, if petition is	migrant-t	vpe:				
1. 1 additional set of		<i>y</i> 1°				
photocopies of all	<u> </u>					
documents, as	Client's F	Personal File				
applicable, above.						
	NCY	FEES TO	PROCESSING	PERSON/S		
	ΓΙΟΝ	BE PAID	TIME	RESPONSIBLE		
1. Submit all 1. Check				Records Officer I Or		
	eness of			Bookbinder IV		

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON/S RESPONSIBLE
1. Submit all documentary requirements agreed upon during inquiry, including the requirement	1. Check for completeness of documentary evidence and whether entries in documentary evidence are	None	15 minutes	Records Officer I Or Bookbinder IV LCRO
list.	consistent with that which is being claimed to			





	be the correct entry.			
	1.1. If deemed compliant, issue the order of payment and prepare the petition form, notice of posting and Notice for Publication.	None	20 minutes	Records Officer I Or Bookbinder IV LCRO
2. Pay the Filing Fee at the City Treasurer's Office and return to the Civil Registry	2. Instruct the client to double-check all entries.	PHP 3,000.00 (R.A. 9048 and R.A. 10172	5 minutes	Records Officer I Or Bookbinder IV LCRO
Office to check and sign your petition and retrieve your claim stub.	2.1 Administer oath to the petitioner as to the truth and veracity of the content of their petition.	None	10 minutes	Local Civil Registrar LCRO
	2.2 Once the petition signed by the client, release the Claim Stub and Notice for Publication and give instructions on submission of the Affidavit of Publication and Newspaper clippings, follow-ups and process flow once their petition is transmitted to PSA.	None	10 minutes	Records Officer I Or Bookbinder IV LCRO
	2.3 Commence the 10-day mandatory posting for	None	10 days and 15 minutes	Records Officer I Or Bookbinder IV LCRO





	petitions on the following day at the Civil Registry Bulletin Board, pursuant to R.A. 9048.			
	2.4 Retrieve posted documents on the day following the 10 th day of posting.	None	10 minutes	Records Officer I Or Bookbinder IV LCRO
	2.5 Once the Affidavit of Publication and Newspaper clippings have been submitted, conduct final assessment and signature, denoting the approval of the petition at the local level.	None	5 days (R.A. 9048 IRR)	Records Officer I Or Bookbinder IV LCRO
	2.6 Prepare weekly transmittals of petitions to PSA for affirmation or impugnment.	None	5 days (R.A. 9048 IRR)	Records Officer I Or Bookbinder IV LCRO
	2.7 Once the decision of the Civil Registrar General in PSA has been furnished to the Local Civil Registry Office, prepare the Certificate of Finality.		5 days (R.A. 9048 IRR)	Records Officer I Or Bookbinder IV LCRO
3. Present	3. Check	None	5 minutes	Clerk IV Or Job Order





your claim stub to	claimant for identification,			
retrieve the	release the			
Certificate of	Certificate of			
Finality of your	Finality, and			
petition.	relay the			
	schedule of			
	reproduction of			
	documents in			
	security paper,			
	per Philippine			
	Statistics			
	Authority.			
	TOTAL:	PHP 3,000.00	25 days, 1 hour and 30 minutes	

Note:

- The 25 days, 1 hour and 30-minute total time is the total time consumed by the office of the City Civil Registrar exclusive of acts beyond the office's control, e.g., client may opt, against our advice, to go straight to a publisher; or the newspaper of the client's choosing may have their own publication schedule; or if the Philippine Statistics Authority (PSA) exceeds their total time, per specifications in the IRR; or if the petition is migrant-type and another Civil Registry Office is involved. The total time consumed does not necessarily reflect the time consumed by the Civil Registry Office. Factors that may affect the release date of the Certificate of Finality include the client's compliance with the publication requirement as the publication cannot commence prior to filing and no decision may be validly rendered without proof of successful publication (Affidavit of Publication and Newspaper Clippings) without contest, per R.A. 9048 IRR and PSA's compliance with R.A. 9048's IRR.
- Per R.A. 9048 and R.A. 10172 IRR, petitions for Correction of Sex require the personal appearance of the document owner. Representatives are not allowed.



10. Issuance of Certified True Copies of Birth, Marriage and Death Certificates

This covers the process of securing Certified True Copies of birth, marriage and death certificates.

Office/Division:	City Civil Registrar's Office			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Typo or Transaction	Document-owners or the nearest surviving kins of the			
Who may avail:	document-owners, as defined in R.A. 9994 (Expanded Senior			
	Citizen's Act of 2010).			
CHECKLIST OF	WHERE TO SECURE			
REQUIREMENTS	WHERE TO SECURE			
1. At least 2 valid				
government-issued				
I.D.'s of document-	Client's Personal File			
owner (1 original and 1				
photocopy)				
Additional, for Certifica	ite of Death:			
1. Proof of kinship (Any				
government-issued				
document proving				
filiation of the client to				
the decedent)/ Affidavit	Client's Personal File / Notary Public			
of Kinship stating that				
the client is the nearest				
surviving kin of the				
decedent. (1 original)				
Additional, for represe	ntative:			
Authorization Letter				
executed by the				
document-owner or				
their nearest surviving				
kin. Attach at least 1				
valid I.D., each, of the	Client's Personal File			
representative and the				
issuing individual to the				
Authorization Letter. (1				
original and 1				
photocopy for the letter				
and both I.D.'s)				
	son issuing authority is a legal guardian:			
1. Affidavit of				
Guardianship stating				
they are the legal				
guardian of the	Notary Public			
document-owner, if the				
person issuing				
authorization letter is				





not the documentowner. (1 original and 1 photocopy)

photocopy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON/S RESPONSIBLE
1. Fill-out the request form by the window of the Civil Registrar's Office and submit the same, together with the documentary requirements.	1. Ascertain authority of the requesting party. And ensure the document being requested is registered in San Pedro.	None	5 minutes	Assistant Registration Officer Or Messenger Or Job Order LCRO
2. Pay fee/s at the City Treasurer's Office	2. Issue the order of payment and instruct the client to pay at the City Treasurer's Office.	PHP 100.00	5 minutes	Assistant Registration Officer Or Messenger Or Job Order LCRO
	2.1 Prepare the Certified True Copy.	None	15 minutes	Assistant Registration Officer Or Messenger Or Job Order LCRO
	2.2 Affix signature, denoting certification is on file with the Civil Registrar's Office.	None	5 minutes	Local Civil Registrar; Local Legislative Staff Officer III Or Records Officer I Or Clerk IV Or Assistant Registration Officer LCRO
3. Present your receipt at the Civil Registry Window to claim your Certified True Copy/ies.	3. Release the Certified True Copy/ies requested to the client.	None	5 minutes	Assistant Registration Officer Or Messenger Or Job Order LCRO
	TOTAL:	PHP 100.00	35 minutes	





11. Issuance of Certified Transcriptions of Birth (Form 1A), Marriage (Form 3A) and Death (Form 2A)

This covers the process of securing Certified Transcriptions of Birth (Form 1A), Marriage (Form 3A) and Death (Form 2A).

Office/Division:	City Civil Registrar's Office
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Document-owners or the nearest surviving kins of the document-owners, as defined in R.A. 9994.
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. At least 2 valid government-issued I.D.'s of document-owner (1 original and 1 photocopy)	Client's Personal File
Additional, for Certificate	of Death:
1. Proof of kinship (Any government-issued document proving filiation of the client to the decedent)/ Affidavit of Kinship stating that the client is the nearest surviving kin of the decedent. (1 original)	Client's Personal File / Notary Public
Additional, for representat	ive:
1. Authorization Letter executed by the document-owner or their nearest surviving kin, granting the representative authority to file and sign a petition to correct entries in their COLB, as well as to secure and receive the Certification of Filing and Certificate of Finality of their petition. Attach at least 1 valid I.D. of the representative and the issuing individual to the Authorization Letter. (1 original and 1 photocopy)	Client's Personal File
2. At least 2 valid government-issued I.D.'s of the representative (1 original and 1 photocopy)	Client's Personal File





Additional, if client/person issuing authority is a legal guardian:

1. Affidavit of Guardianship stating they are the legal guardian of the document-owner, if the person issuing authorization letter is not the document-owner. (1 original and 1 photocopy)

Notary Public

photocopy)					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON/S RESPONSIBLE	
1. Fill-out the request form by the window of the Civil Registrar's Office and submit the same, together with the documentary requirements.	1. Ascertain authority of the requesting party. And ensure the document being requested is registered in San Pedro.	None	5 minutes	Process Server Or Messenger Or Job Order LCRO	
2. Pay fee/s at the City Treasurer's Office	2. Issue the order of payment and instruct the client to pay at the City Treasurer's Office.	PHP 100.00	5 minutes	Process Server Or Messenger Or Job Order LCRO	
	2.1 Prepare the Certified True Copy.	None	15 minutes	Process Server Or Messenger Or Job Order LCRO	
	2.2 Affix signature, denoting certification is on file with the Civil Registrar's Office.	None	5 minutes	Local Civil Regsitrar; Records Officer I Or Clerk IV Or Assistant Registration Officer LCRO	
3. Present your receipt at the Civil Registry Window to claim your Certified True Copy/ies.	3. Release the Certified True Copy/ies requested to the client.	None	5 minutes	Process Server Or Messenger Or Job Order LCRO	
	TOTAL:	PHP 100.00	35 minutes		





12. Supplemental Reporting of Information

This covers the process of supplying additional information to Certificates of Live Birth, Marriage or Death, within the scope of PSA Memoramdum Circular No. 2007-004. The total processing time consumed by the office of the City Civil Registrar exclusive of acts beyond the office's control, e.g., PSA response time, or the client may opt, against our advice, to not submit the Supplemental Report to PSA right away. The total time consumed does not necessarily reflect the time consumed by the Civil Registry Office.

Classification: Simple			
Towns of Transportions 000 Occurrent to 000			
Type of Transaction: G2C – Government to Citizen			
Who may avail: Persons whose Certificate of Live Birth, Marriage or Dea	ath		
are registered in San Pedro, Laguna.			
CHECKLIST OF WHERE TO SECURE REQUIREMENTS			
1. Subject PSA Certificate of Philippine Statistics Authority Outlet			
Live Birth/Marriage or Death (1 original and 3			
`			
photocopies) 2. At least 2 valid Client's Personal File			
government-issued I.D.'s of			
document-owner (1 original			
and 3 photocopies)			
3. Current-year Community Treasury Office, City/Municipal Hall			
Tax Certificate of petitioner			
(1 original and 3			
photocopies)			
Additional, if document-owner of erroneous certificate is married:			
1. PSA Certificate of Philippine Statistics Authority Outlet			
Marriage of document-owner			
(1 original and 3			
photocopies)			
Additional, if document-owner has children:			
Philippine Statistics Authority Outlet			
Birth of document-owner's			
children (1 original and 3			
photocopies)			
Additional, if document-owner is deceased:			
Philippine Statistics Authority Outlet			
of document-owner (1			
original and 3 photocopies)			
Variable upon the error declared by the petitioner, at least 3 of the following may be required, depending on the degree of kinship and type of error:			
1. Baptismal Certificate of Religious establishment where the ceremony was held			
document-owner or its			
equivalent in other religions			
(1 original and 3			









issuing individual to the SPA. (1 original of all documents and I.D.'s and 4 photocopies, each)

each)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON/S RESPONSIBLE
1. Submit all documentary requirements agreed upon during inquiry, including the requirement list.	1. Check for completeness of documentary evidence and whether entries in documentary evidence are consistent with that which is being claimed to be the correct entry.	None	15 minutes	Assistant Registration Officer LCRO
	1.1. If deemed compliant, issue the order of payment and prepare the affidavit.	None	30 minutes	Assistant Registration Officer LCRO
2. Pay the Filing Fee at the City Treasurer's Office and return to the	2. Instruct the client to double-check all entries.	PHP 500.00	5 minutes	Assistant Registration Officer LCRO
Civil Registry Office to check and sign your petition and retrieve your claim stub.	2.1 Administer oath to the petitioner as to the truth and veracity of the content of their affidavit and sign denoting notary.	None	10 minutes	Local Civil Registrar LCRO
	2.2 Discuss the process flow once their supplemental report is transmitted to PSA.	None	15 minutes	Assistant Registration Officer LCRO
3. Claim your copy of the Supplemental Report Transmittal.	3. Check claimant for identification, release one set of Affidavit for	None	5 minutes	Assistant Registration Officer LCRO





Supplemental Report, documentary evidence and transmittal letter, and relay the schedule of reproduction of documents in security paper, per Philippine Statistics Authority.			
TOTAL:	PHP 500.00	1 hour and 20 minutes	

Notes:

■ The 1 hour and 20-minute total time is the total time consumed by the office of the City Civil Registrar exclusive of acts beyond the office's control, e.g., PSA response time, or the client may opt, against our advice, to not submit the Supplemental Report to PSA right away. The total time consumed does not necessarily reflect the time consumed by the Civil Registry Office.





13. Legitimation

Legitimation is the process of allowing the child, whose parents were not married at the time of birth, but has a subsequent marriage, to use the surname of the father.

Office/Division:	City Civil Registrar's Office
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Non-Marital children of parents who eventually got married
CHECKLIST OF	WHERE TO SECURE
REQUIREMENTS	
PSA Copy Certificate of	
Live Birth (COLB) (1 Original	
Copy)	
2. PSA Copy of Certificate of	
Marriage	Any outlet of the Philippine Statistics Authority (PSA)
3. PSA Certificate of No	
Marriage of Father and	
Mother	
4. PSA Copy of Certificate of	
Death of Deceased Parent	
5. Community Tax Certificate	City Government of San Pedro
(CTC) of Parents and Valid	
IDs.	

103.	<u> </u>	_	I	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON/S RESPONSIBLE
1. Submit all documents listed above to personnel assigned.	1. Check for completeness of documents submitted.	None	1 minute	Assistant Registration Officer Or Local Legislative Staff Officer III LCRO
	1.1 Check for the correctness of entries.	None	2 minutes	Assistant Registration Officer Or Local Legislative Staff Officer III LCRO
	1.2 Conduct final assessment of the document submitted.	None	2 minutes	Assistant Registration Officer Or Local Legislative Staff Officer III LCRO
2. Pay for the Legitimation Fee	2. If all is deemed compliant, issue the order of payment.	PHP 500.00		Assistant Registration Officer Or Local Legislative Staff Officer III LCRO





	Ţ			
	2.1 Prepare the Affidavit of Legitimation, Birth-Available Form (Form 1A), Annotated COLB and certified true copy of requirements.	None	20 minutes	Local Civil Registrar LCRO
	2.3 Administer an oath to the parents as the truth and veracity of the content of their affidavit.	None	10 minutes	Local Civil Registrar LCRO
3. Claim your	3. Release of	None	5 minutes	Assistant Registration
copy of Affidavit	complete set of			Officer or Local
of Legitimation	Affidavit of			Legislative Staff
upon being called	Legitimation			Officer III
by the staff.				LCRO
	TOTAL:	Php 500.00	40 Minutes	





14. Advance Endorsement of Civil Registry Documents

This service covers the endorsement of the copy of Certification of Live Birth (COLB), Certificate of Death (COD), Certificate of Marriage (COM), to Philippine Statistics Authority by the City Civil Registrar Office (CCRO) ahead of the regular schedule of submission of civil registry documents which is done on or before the 10th day of the month following the CRD respected month of registration.

This is requested by document owner, parents or nearest of kin in the case of COD who are in a hurry to obtain the PSA Copy of Civil Registry Document registered.

Advance endorsement is applicable only to CRDs, that has not been endorsed during the regular monthly schedule of submission and usually done immediately after registration at the City Civil Registrar's Office.

Office/Division:	City Civil Registrar's Office
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Non-Marital children of parents who eventually got married
CHECKLIST OF	WHERE TO SECURE
REQUIREMENTS	
1. Registered Copy of	City Civil Registrar's Office
Certificate of Live Birth	
(COLB), Certificate of	
Marriage (COM), or	
Certificate of Death (1	
Original Copy)	
2. Valid ID of the requesting	Requesting Party
party (1 Original Copy, 1	
Photocopy)	

1 11010000037						
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON/S RESPONSIBLE		
1. Submit all documents listed above to personnel assigned.	1. Check for completeness of documents submitted.	None	10 minutes	Assistant Registration Officer Or Messenger LCRO		
accigned.	1.1 Prepare letter of endorsement for advance copy and annotate the certified true copy of registered document.	None	20 minutes	Assistant Registration Officer Or Messenger LCRO		
	1.2 Sign and certify the documents.	None	10 minutes	Local Civil Registrar LCRO		
2. Pay the filing	2. Instruct the	PHP	15 minutes	Assistant Registration		





fee at the City Treasurer's Office and return to the	client to double- check all entries.	500.00		Officer Or Messenger LCRO
Civil Registry Office.	2.1 Discuss the process flow once the certificate of advance endorsement has been prepared and released to client.	None	10 minutes	Assistant Registration Officer Or Messenger LCRO
	TOTAL:	PHP 500.00	55 Minutes	



City Treasurer's Office External Services





1. Payment of Business Tax

Payment of fees related to business taxes and other clearances

Office or Division:	City Treasurer's Office			
Classification:	Simple			
Type of	G2B – Government to Business Entity			
Transaction:	de la commenta de de la competencia del la comp			
Who may avail:	Owner of business	or authorized	representative	
	REQUIREMENTS		WHERE TO SEC	URE
	oplication Form with	Business Pe	ermits and Licensi	
Account Number (1	•			, ,
2. Assessment/Con		Business Pe	ermits and Licensi	ng Office (BPLO)
Original Copy)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to	None	None	Refer to BPLO	Clerk
BPLO and secure				BPLO
an accomplished				
New Business				
Application Form				
with				
corresponding				
Account Number	NI	NI	D.C. C. DDI O	D
2. Proceed to	None	None	Refer to BPLO	Business
BPLO for the				Permits and
Approval of Declared				Licensing Officer
Business Capital.				BPLO
3. Proceed to	None	None	Refer to BPLO	Assessment
BPLO for the	None	None	TOOL TO DI LO	Personnel
Assessment/Com				BPLO
putation				2. 20
4. Proceed to the	4. Check and	None	10 minutes	Revenue
Treasury General	verify the required			Collection Clerk
Collections	documents.			City Treasurer's
Windows 7,8,9, or				Office
10, present the	4.1 Receive	May vary		
required	payment for the	depending		
documents and	amount due.	on the		
pay the amount	405	approved		
due for	4.2 Prepare	business		
Community Tax	Official Receipt	capital (for		
Certificate (CTC)	and Community	CTC)/Pur		
and Business	Tax Certificate	suant to the		
Tax, and wait for the release of the	(CTC).	provisions		
Official Receipt		of the		
and CTC with the		Local Tax		
	<u> </u>	Lucai i ax		





required documents.		Code (for Business Tax)		
	4.3 Release the Official Receipt and CTC with the required documents.	None		
	TOTAL:	Pursuant to the provision s of the Local Tax Code (for Business Tax)	10 Minutes	





2. Payment of Business Tax Termination

Payment of fees related to business taxes and other clearances (AF51)

Office or	City Treasurer's Office			
Division:				
Classification:	Simple			
Type of	G2B – Government	to Business	Entity	
Transaction:				
Who may avail:	Owner of business	or authorized	l representative	
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Business Termin		Business Po	ermits and Licensi	ng Office (BPLO)
Form with Account	Number (1 Original			
Copy)				
2. Assessment/Con	nputation (1	Business Po	ermits and Licensi	ng Office (BPLO)
Original Copy)				
3. Annual Income T	ax Return (1	BIR District	Office, Biñan, Lag	juna
Original Copy)				
4. Audited Financia	l Statement (1		usiness or authoriz	red
Original Copy)	,	representat		
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Proceed to	None	None	5 minutes	Clerk
BPLO and secure				BPLO
an accomplished				
Business				
Termination				
Application form				
with				
corresponding				
Account number.				
2. Proceed to	None	None	5 minutes	Business
Business Permits				Permits and
and Licensing				Licensing
Office for the				Officer
Approval of				BPLO
Declared Gross				
Sales / Receipts				
3. Proceed to	None	None	10 minutes	Assessment
Business Permits				Personnel
and Licensing				BPLO
Office for the				
Assessment /				
Computation	4.01	N.I.	40	D
4. Proceed to the	4. Check and	None	10 minutes	Revenue
Treasury general	verify the required			Collection Clerk
collections	documents.			City Treasurer's
windows 7, 8, 9,				Office
or 10, present the				
required		May vary		





			PHILIP	
documents and pay the amount due for Business Tax fees and other fees, and wait for the release of the Official Receipt with the required documents.	4.1 Receive payment for the amount due.	depending on the approved gross sales / receipts (for CTC) / Pursuant to the provisions of the Local Tax Code: Business Tax		
	4.2 Prepare Official Receipt with the required documents.	None		
5. Proceed to City Treasurer's Office windows 1 or 2, present the Official Receipt	5. Receive Official Receipt with the required documents.	None	10 minutes	Revenue Collection Clerk City Treasurer's Office
with the required documents and wait for the release of Business Certificate of Termination	5.1 Prepare the Business Certificate of Termination for signature of the Head/Officer-in- Charge	Php 100.00/ce rtificate		Revenue Collection Clerk City Treasurer's Office
together with the required documents	5.2 Have the Business Certificate of Termination check, verify and sign by the Officer-In-Charge.	None		City Treasurer Or Officer-in- Charge City Treasurer's Office
	5.3 Release the Business Certificate of Termination signed by the Head of Office / Officer-In-Charge then present the	None		Clerk City Treasurer's Office





Certificate of Termination to Business Permits and Licensing Office for recording and documentation.			
TOTAL:	Pursuant to the provision s of the local tax code for business es	40 Minutes	





3. Payment of Contractor's Tax

Payment of taxes related to Construction Contractors.

Office or	City Treasurer's Off	ice		
Division:				
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Constituents of the	City, of Lega		
	REQUIREMENTS	0(() - (1)	WHERE TO SEC	
1. Copy of Bill of Ma			Building Official (
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Office of the Building Official to personally secure indorsement of Bill of Materials and other required documents.	None	None	10 minutes	OBO Personnel
2. Proceed to Treasurer's Office for computation of Construction Contractor's tax.	2. Receive copy of Bill of Materials for assessment and computation of Construction Contractors tax. Prepare Tax Order of Payment	None	5 minutes	Personnel City Treasurer's Office
3. Proceed to the General collections windows 7, 8, 9, or 10 present the accomplished Tax Order of Payment and pay the amount due, and wait for the release of the Official Receipt with the required documents.	3. Prepare Official Receipt. 3.1 Release the Official Receipt with the required documents.	Pursuant to the provisions of the Local Tax Code		Revenue Collection Clerk BPLO
	TOTAL:	Pursuant to the provision s of the local tax code	15 Minutes	





4. Payment of Community Tax Certificate (CTC) – For Individuals

Issuance of Community Tax Certificate or Cedula to a person or corporation upon payment of the Community Tax (BIR 0016)

Office or	City Treasurer's Off	ice			
Division:	Oity Treasurer 5 Oil	100			
Classification:	Simple	Simple			
Type of	G2C – Government to Citizen				
Transaction:					
Who may avail:	All San Pedro City r	esidents, bus	siness owners and	taxpayers	
	REQUIREMENTS		WHERE TO SEC		
1. Valid governmen	nt-issued I.D.	Issuing gove	ernment agency		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Proceed to the General collections windows 7, 8, 9, or 10 and ask for a CTC form	1. Assist on queries about the CTC and its requirement / computation	None	3 minutes	Revenue Collection Clerk City Treasurer's Office	
2. Once properly filled out, present the form and pay the amount due. Wait for the Community Tax Certificate (Cedula) to be released.	2. Check and verify accomplished CTC form. 2.1 Receive the payment for the amount due. 2.2 Prepare CTC. 2.3 Have individual affix his/her signature and thumb mark prior to the release of CTC.	May vary depending on the taxpayer's declared income. Ex: BASIC COMMUN ITY TAX – P 5.00 ADDITIO NAL COMMUN ITY TAX – not to exceed P 5,000.00 - Gross Receipt or Earnings from Business during the preceding year P1.00 for every P1,000.00	5 minutes	Personnel City Treasury Office	





	-Salaries		
	or Gross		
	Receipt or		
	Earnings		
	derived		
	from		
	exercise		
	of		
	Professio		
	n – P1.00		
	for every		
	P1,000.00		
	-Income		
	from Real		
	Property –		
	P1.00 for		
	every		
	P1,000.00		
	not to		
	exceed		
	₱ 5,000.00		
TOTAL:	May vary	8 Minutes	
	dependin		
	g on the		
	taxpayer'		
	s		
	declared		
	income.		





5. Payment of Community Tax Certificate (CTC) – For Corporation

Issuance of Community Tax Certificate or Cedula to a person or corporation upon payment of the Community Tax (BIR 0097)

Office or	City Treasurer's Off	ice		
Division:				
Classification:	Simple			
Type of	G2B – Government to Business Entity			
Transaction:				
Who may avail:	All San Pedro City r	esidents, bus	siness owners and	taxpayers
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Valid governmer	t-issued I.D.	Issuing gove	ernment agency	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the General collections windows 7, 8, 9, or 10 and ask for a CTC form	1. Assist on queries about the CTC and its requirement / computation	None	3 minutes	Revenue Collection Clerk City Treasurer's Office
2. Once properly filled out, present the form and pay the amount due. Wait for the Community Tax Certificate (Cedula) to be released.	2. Check and verify accomplished CTC form. 2.1 Receive the payment for the amount due. 2.2 Prepare CTC. 2.3 Have individual affix his/her signature and thumb mark prior to the release of CTC.	May vary depending on the taxpayer's declared income. Ex: BASIC COMMUN ITY TAX – P 500.00 ADDITIO NAL COMMUN ITY TAX – Not to exceed P 10,000.00 ; Assessed Value of Real Property owned in the Philippine s, P2.00 for every P5,000.00	5 minutes	Personnel City Treasury Office





	; GROSS RECEIPT S including dividend earnings derived from business in the Philippine s during the preceding year P2.00 for every		
TOTAL:	May vary dependin g on the taxpayer' s declared income.	8 Minutes	





6. Payment of Professional Tax

An annual professional tax on each person engaged in the exercise or practice of his profession requiring government examination.

	T = ===				
Office or	City Treasurer's Office				
Division:					
Classification:	Simple				
Type of	G2C – Government	to Citizen			
Transaction:					
Who may avail:		Licensed professionals			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Professional Reg	gulatory	Professiona	I Regulatory Com	mission	
Commission (PRC)	I.D.				
2. Previous Official	Receipt of	City Treasu	ry Office		
Professional Tax					
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
CLILINI SILI S	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Proceed to the	1. Check and	None	5 minutes	Revenue	
General	verify the required			Collection Clerk	
collections	document and			City Treasurer's	
windows 7, 8, 9,	identification card.			Office	
or 10 and present					
the required	1.1 Receive	Php			
document and	payment for the	300.00			
identification card.	amount due and				
Pay the amount	prepare official				
due, and wait for	receipt.				
the release of the					
Official Receipt	1.2 Release the	None			
with the required	official receipt with				
document and	the required				
identification card.	document and				
.ac.imication outd.	identification card.		_		
	TOTAL:	Php	5 minutes		
		300.00			





7. Transfer of Tax Ownership

Payment of fees related to real property taxes and other clearances.

Office or	City Treasurer's Off	ice		
Division:	City Trouburd & Cinico			
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Owner of Property of	or authorized	representative	
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Certificate Autho	rizing Registration	Bureau of Ir	nternal Revenue D	istrict Office,
(CAR)		Biñan, Lagu		
2. Deed of Absolute		Notarial Lav	v Offices	
	ı-judicial settlement			
1. Tax Declaration		City Assess		
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
4. Dua a a a d t a tha a	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Proceed to the	1. Check and	75% of 1% of the	5 minutes	Revenue Collection Clerk
General collections	verify the required documents.	total		
windows 7, 8, 9,	documents.	considerat		City Treasurer's Office
or 10 and present	1.1 Receive	ion		Office
the required	payment for the	involved		
document. Pay	amount due	in the		
the amount due,		acquisitio		
and wait for the	1.2 Prepare	n of the		
release of the	official receipt.	property		
Official Receipt	·	or the fair		
with the required	1.3 Release the	market		
document.	official receipt with	value in		
	the required	case the		
	documents.	monetary		0
2. If requesting for	2. Check and	considerat	5 minutes	Clerk
Tax clearance	verify the required	ion involved		City Treasurer's
and/or Transfer Tax certificate,	documents.	in the		Office
proceed to	2.1 Receive	transfer is		Clerk
Treasurer's office	payment for the	not		City Treasurer's
windows 1/2 and	amount due and	substantia		Office
present the	prepare the	l.		011100
required	requested	whichever		
documents. Pay	certificate.	is higher		
the amount due,		(Article V,		
and wait for the		Section 1		
release of the		of the		
receipt with the	2.2 Sign the	Revised		City Treasurer
requested	certificate.	Revenue		Or Officer-in-
certificates and		Code).		Charge
required				City Treasurer's





documents		None		Office
	2.3 Release the requested certificates along with the required documents and official receipt.			Clerk City Treasurer's Office
	TOTAL:	Pursuant to the provision of the Revenue Code	5 minutes	





8. Payment of Real Property Tax

Payment of fees related to real property taxes and other clearances.

Office on	O:t T	•		
Office or	City Treasurer's Off	ice		
Division: Classification:	Cimania			
	Simple G2C – Government	to Citizon		
Type of Transaction:	G2C – Government	. to Citizen		
	Owner of Droperty	or outhorized	ropropontativo	
Who may avail:	Owner of Property of REQUIREMENTS	or authorized	WHERE TO SEC	·UDE
		City Assess		UKE
1. Notice of Assess	ment (1 Original	City Assess	or's Office	
Copy)	voilable) or any	Covernmen	t aganay igaying n	roof of
2. National I.D. (if a valid government-is		identification	it agency issuing p	oroor or
Photocopy)	ssueu I.D. (I	luerillication	 	
3. Tax Declaration	(1 Photocopy)	City Assess	or's Office	
4. Official Receipt of		City Treasu		
Payment (1 Photoc		Oity Treasu	ICI 3 OIIICE	
Additional Requirements (if done through a representative):				
1. Special Power of			wner/Public Notary	
Attorney/Authorizat			WITCH/F UDITO INCIALLY	,
Photocopy)	ion Letter (1			
2. National I.D. (if a	vailable) or any	Representa	tive	
Government Identif		rtoprocoma		
Representative with				
signatures (1 Photo	•			
3. Valid I.D. of Prince		Principal Ov	wner	
specimen signature				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Request for a	1. Issue copy of	None	10 minutes	Issuing Clerk
copy of the Notice	Notice of			City Assessor's
of Assessment	Assessment.			Office
from the City				
Assessor's Office	0.01	DDT	F	Davis
2. Proceed to the	2. Check and	RPT	5 minutes	Revenue
City Treasurer's	verify the required	(basic)		Collection Clerk
office windows 3,	documents.	rate 1% x		City Treasurer's
4, 5, or 6 and	2.1 Receive	assessed		Office
present the required	payment for the	value (AV) + RPT		
document. Pay	amount due	special		
the amount due,	amount duc	education		
and wait for the	2.2 Prepare	fund		
release of the	official receipt.	(SEF) rate		
Official Receipt	Simolal 1000ipti	1% x AV x		
with the required	2.3 Release the	years		
document.	official receipt with	delinquent		
	the required	+		





1	T	T	PHILI	
	documents.	(penalties may be applied) = amount to be paid; for none residential, the BASIC rate is 1.5% (for quarterly payment divide the total amount by 4)		
3. Request for computation of taxes (if needed)	3. Assist in the computation of taxes.	None	3 minutes	Clerk City Treasurer's Office
4. If requesting for Tax clearance and/or Transfer Tax certificate, proceed to Treasurer's office	4. Check and verify the required documents.4.1 Receive payment for the	None None	5 minutes	Clerk City Treasurer's Office Clerk City Treasurer's
window 1/2 and present the required documents. Pay the amount due,	amount due and prepare the requested certificate.			Office City Treasurer
and wait for the release of the receipt with the requested certificates and	4.2 Verify and sign the certificate.	None		Or Officer-in- Charge City Treasurer's Office
required documents	4.3 Release the requested certificates along with the required documents and official receipt.	None	2 minutes	Clerk City Treasurer's Office
	TOTAL:	Pursuant to the provision of the Revenue Code	15 Minutes	





9. Payment of Cemetery Fees

Charges and other fees imposed by the City Government concerning the rental, renewal of lease and other services within the public cemetery owned by the City.

Office or	City Treasurer's Office					
Division:						
Classification:	Simple					
Type of	G2C – Government	to Citizen				
Transaction:						
Who may avail:	Residents who rent or lease a portion of the public cemetery.					
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE				
1. Order of Payment		Office of the Economic Enterprise				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Secure Order	1. Issue order of	None	5 minutes	Clerk		
of Payment for	payment			Office of the		
Cemetery				Economic		
Charges				Enterprise		
2. Proceed to the	2. Check and	None	5 minutes	Revenue		
General	verify the secured			Collection Clerk		
collections	order of payment.			City Treasurer's		
windows 7, 8, 9,				Office		
or 10 and present						
the order of						
payment.	0.0					
3. Pay the amount	3. Receive	Pursuant				
due, and wait for	payment for the	to the				
the release of the	amount due.	provision				
Official Receipt		of the				
with the Order of		Revenue				
Payment		Code				
	3.1 Prepare official receipt.	None				
	3.2 Release the official receipt with the order of payment.	None				
	TOTAL:	Pursuant	5 Minutes			
	I VIAL	to the				
		provision				
		of the				
		Revenue				
		Code				





CEMETERY FEES (based on City Ordinance 2019-30)

NATURE OF LEASE	Amount of Fees
a. For Built-in-niches	
- Bottom Niche	5,000.00
- Upper Niche	3,000.00
b. Niche constructed on top of another niche	1,000.00
c. Internet in old niche	1,000.00
d. Lot without niche	1,000.00
e. Reopening of niche	1,000.00
f. Rental fee of burial lot consisting of the following:	
- 9 sq. m. (3.0 m. x 3.0 m.)	2,000.00
- 10 sq. m. (4.0 m. x 2.5 m.)	3,000.00
g. For renewal every five (5) years	
- 9 sq. m.	2,000.00
- 10 sq. m.	3,000.00





10. Payment of Civil Registry Fees

Payment of fees for various services rendered by the City Civil Registrar's Office.

Office or	City Treasurer's Off	ice			
Division:					
Classification:	Simple	Simple			
Type of	G2C - Government	to Citizen			
Transaction:					
Who may avail:	Owner of Documen	t or authorize	d representative		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Order of Paymer	nt	City Civil Re	egistrar's Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Secure Order of Payment for Civil Registry Charges	1. Issue order of payment	None	10 minutes	Issuing Clerk City Civil Registrar's Office	
2. Proceed to the General collections windows 7, 8, 9, or 10 and present the order of	2. Check and verify the secured order of payment.2.1 Receive payment for the	None Refer to City Civil	5 minutes	Revenue Collection Clerk City Treasurer's Office	
payment.	amount due.	Registrar' s Office			
3. Pay the amount due, and wait for the release of the Official Receipt	3. Prepare official receipt.3.1 Release the	Pursuant to the provision of the		Revenue Collection Clerk City Treasurer's Office	
with the Order of Payment	official receipt with order of payment.	Revenue Code			
	TOTAL:	Pursuant to the provision of the Revenue Code	15 Minutes		





11. Payment of Engineering Fees

Regulatory fees under the Office of the Building Official such as Building fees, zonal location fees, and inspection fees.

Office or Division:	City Treasurer's Off	ice		
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Owner of Project or authorized representative			
	REQUIREMENTS		WHERE TO SEC	URE
1. Order of Paymen			Building Official	_
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Secure Order of Payment for Engineering Charges	Issue order of payment	None	10 minutes	Issuing Clerk Office of the Building Official
2. Proceed to the General collections windows 7, 8, 9, or 10 and present the order of payment.	2. Check and verify the secured order of payment.	None	5 minutes	Revenue Collection Clerk City Treasurer's Office
3. Pay the amount due, and wait for the release of the Official Receipt with the Order of Payment	3. Receive payment for the amount due.	Refer to the Office of the Building Official		Revenue Collection Clerk City Treasurer's Office
	3.1 Prepare official receipt.	None		
	3.2 Release the official receipt with order of payment.	None		
	TOTAL:	Pursuant to the provision of the Revenue Code	15 Minutes	





12. Environmental Protection and Conservation Fee and Other Clearances

Regulatory fees under the City Environment and Natural Resources Office (CENRO).

Office or	City Treasurer's Off	ice		
Division:	City Treasurer's Office			
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:	G2C - Government to Citizen			
	All organization bu	oineeses en	d project proposo	to operating
Who may avail:	All organization, but	sinesses, and	a project proponer	its operating
CHECKLICT OF	within the City REQUIREMENTS WHERE TO SECURE			
	·	City Facility		
1. Order of Paymer	π	Office (CEN	nment and Natural IRO)	Resources
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure Order	1. Issue order of	None	10 minutes	Issuing Clerk
of Payment for	payment	INOTIC	10 111111111111111111111111111111111111	CENRO
Environmental	payment			CLIVINO
Charges				
2. Proceed to the	2. Check and	None	5 minutes	Revenue
General	verify the secured	INOTIC	J minutes	Collection Clerk
collections	order of payment.			City Treasurer's
windows 7, 8, 9,	order or payment.			Office
or 10 and present				Office
the order of				
payment.				
3. Pay the amount	3. Receive	Refer to		Revenue
due, and wait for	payment for the	CENRO		Collection Clerk
the release of the	amount due.	OLIVINO		City Treasurer's
Official Receipt	amount due.			Office
with the Order of	3.1 Prepare and	None		Onice
Payment	release the official	INOIIC		
i ayınıcını	receipt with the			
	order of payment.	None		
	TOTAL:	Pursuant	5 Minutes	
	IOIAL.	to the	J miliates	
		provision		
		of the		
		Revenue		
		Code		





13. Health Clearance and Other Health-related Services

Payment of fees related to the clearance issued by the Health Office.

Office or	City Treasurer's Off	ice		
Division:	Oity Treasurer's Office			
Classification:	Simple			
Type of	G2C – Government	to Citizen: G	32B – Government	to Business
Transaction:	Entity			10 2 0.0
Who may avail:	Job applicants, emp	oloyees, busi	ness owners	
	REQUIREMENTS		WHERE TO SEC	URE
1. Order of Paymer	nt	City Health	Office – Sanitary [Division
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Secure Order of Payment for Health fees.	1. Issue order of payment	None	10 minutes	Issuing Clerk CHO – Sanitation
2. Proceed to the General collections windows 7, 8, 9, or 10 and present the order of payment.	2. Check and verify the secured order of payment.	None	5 minutes	Revenue Collection Clerk City Treasurer's Office
3. Pay the amount due, and wait for the release of the Official Receipt with the Order of Payment	3. Receive payment for the amount due.3.1 Prepare and release the official receipt with the order of payment	Refer to CHO – Sanitation None		Revenue Collection Clerk City Treasurer's Office
	TOTAL:	Pursuant to the provision of the Revenue Code	15 Minutes	





14. Mayor's Permit Fee on Business

An annual fee for the issuance of a Mayor's permit to operate business undertaken within the City.

Office or	City Transurar's Off	ico		
Division:	City Treasurer's Office			
Classification:	Simple			
Type of	G2B – Government to Business Entity			
Transaction:				
Who may avail:	Business owners operating within the City			
CHECKLIST OF				URE
1. Order of Paymer		Business Po	ermits and Licensi	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure order of payment for Mayor's permit fee to operate.	Issue order of payment	None	10 minutes	Issuing Clerk BPLO
2. Proceed to the General collections windows 7, 8, 9, or 10 and present the order of payment.	2. Check and verify the secured order of payment.	None	5 minutes	Revenue Collection Clerk City Treasurer's Office
3. Pay the amount due, and wait for the release of the Official Receipt with the Order of Payment	3. Receive payment for the amount due.	Pursuant to the provision of the Revenue Code		Revenue Collection Clerk City Treasurer's Office
	3.1 Prepare official receipt.	None		
	3.2 Release the official receipt with order of payment.	None		
	TOTAL:	Pursuant to the provision of the Revenue Code	15 Minutes	





15. Mayor's Permit for Work Fee

Payment of fees related to permits issued to individual applying for a job.

Office or Division:	City Treasurer's Off	ice		
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Job applicants who	se work is wit	thin the City	
	REQUIREMENTS		WHERE TO SEC	URE
1. Order of Paymer	nt	Public Emp	loyment and Servi	ces Office
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Secure order of payment for Mayor's permit fee for work.	Issue order of payment	None	10 minutes	Issuing Clerk PESO
2. Proceed to the General collections windows 7, 8, 9, or 10 and present the order of payment.	2. Check and verify the secured order of payment.	None	5 minutes	Revenue Collection Clerk City Treasurer's Office
3. Pay the amount due, and wait for the release of the Official Receipt with the Order of Payment	3. Receive payment for the amount due.	Pursuant to the provision of the Revenue Code		Revenue Collection Clerk City Treasurer's Office
	3.1 Prepare official receipt.	None		
	3.2 Release the official receipt with order of payment.	None		
	TOTAL:	Pursuant to the provision of the Revenue Code	15 Minutes	



16. Other Certification and Clearance Fees

Payment of fees related to permits and other clearances by an issuing Office of the City Government of San Pedro.

Office or Division:	City Treasurer's Off	ice		
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Owner, owner of do	cument, and	or authorized repr	resentative
	REQUIREMENTS	,	WHERE TO SEC	
1. Order of Paymer	nt	Public Emp	loyment and Servi	ces Office
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure Order of Payment for Certification and/or Clearance.	Issue order of payment	None	10 minutes	Issuing Clerk
2. Proceed to the General collections windows 7, 8, 9, or 10 and present the order of payment.	2. Check and verify the secured order of payment.	None	5 minutes	Revenue Collection Clerk City Treasurer's Office
3. Pay the amount due, and wait for the release of the Official Receipt with the Order of Payment	3. Receive payment for the amount due.	Pursuant to the provision of the Revenue Code		Revenue Collection Clerk City Treasurer's Office
	3.1 Prepare official receipt.	None		
	3.2 Release the official receipt with order of payment.	None		
	TOTAL:	Pursuant to the provision of the Revenue Code	5 Minutes	



17. Sanitary Inspection Fee and Other Services

Annual fees for the purpose of supervision and enforcement of existing rules and regulations in accordance of the public health and safety.

Office or	City Treasurer's Off	ice		
Division:	ony moderno on	100		
Classification:	Simple			
Type of	G2B – Government to Business Entity			
Transaction:	·			
Who may avail:	All business establis	shments ope	rating within the ci	ty
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Order of Paymer				Division
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure order of	1. Issue order of	None	10 minutes	Issuing Clerk
payment for	payment			CHO-Sanitation
sanitation fee.	_			
2. Proceed to the	2. Check and	None	5 minutes	Revenue
General	verify the secured			Collection Clerk
collections	order of payment.			City Treasurer's
windows 7, 8, 9,				Office
or 10 and present the order of				
payment.				
3. Pay the amount	3. Receive	Pursuant		Revenue
due, and wait for	payment for the	to the		Collection Clerk
the release of the	amount due.	provision		City Treasurer's
Official Receipt		of the		Office
with the Order of		Revenue		
Payment		Code		
	3.1 Prepare official receipt.	None		
	3.2 Release the official receipt with order of payment.	None		
	TOTAL:	Pursuant	15 Minutes	
	TOTAL.	to the provision of the Revenue	10 miliates	
		Code		



18. Tax Clearance Certificate

Payment of Real Property Tax Clearance.

Office or	City Treasurer's Off	ice		
Division:				
Classification:	Simple			
Type of	G2C – Government	G2C – Government to Citizen		
Transaction:				
Who may avail:	Owner of property of	or authorized		
	REQUIREMENTS	O:1 T	WHERE TO SEC	
1. Updated Official	•	City Treasu	rer's Office (Owne	r's Copy)
Property Tax Paym				
If done through a representative: 1. Authorization letter from the owner Owner of the real property				
2. Valid I.D. of the o			t issuing agency	
3. Valid I.D. of the r	AGENCY	FEES TO	t issuing agency PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Proceed to	1. Check and	None	8 minutes	Clerk
Treasurer's office	verify the required			City Treasurer's
window 1/2 and	documents.			Office
present the				
required	1.1 Receive	Php		Clerk
documents. Pay	payment for the	100.00/ce		City Treasurer's
the amount due,	amount due and	rtificate		Office
and wait for the	prepare the			
release of the	requested			
receipt with the	certificate.			
requested				
certificates and	1.2 Verify and	None		City Treasurer
required	sign the			
documents.	certificate.			Clerk
	400 1			City Treasurer's
	1.3 Release the	None		Office
	certificates along			
	with the required			
	documents and			
	official receipt.	Dhn	O Minutos	
	TOTAL:	Php 100.00/ce	8 Minutes	
		rtificate		
		Timeate		
	l		<u> </u>	





19. Traffic Citation Ticket

Payment of fines due to a traffic citation that will be settled with the City Treasurer's Office.

Office or	City Treasurer's Office			
Division:				
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Vehicle drivers with traffic violation/s			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Citation Ticket du	uly signed by the	Public Orde	r and Safety Office	Э
apprehending Office	er			
2. Order of Paymen	nt	Public Orde	r and Safety Office	Э
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Secure order of payment for the citation ticket (duly signed by the apprehending Officer)	None	None	10 minutes	Issuing Clerk POSO
2. Proceed to the General collections windows 7, 8, 9, or 10, and pay the amount due, and wait for the	2. Receive payment for the amount due.	Pursuant to the provisions of the Local Tax Code	5 minutes	Revenue Collection Clerk City Treasurer's Office
release of the Official Receipt with the Order of Payment for the Citation Ticket)	2.1 Prepare Official Receipt. 2.2 Release the Official Receipt with the Order of Payment for the Citation Ticket.	None None		Revenue Collection Clerk City Treasurer's Office
	TOTAL:	Pursuant to the provision s of the Local Tax Code	5 Minutes	



20. Tricycle Franchise and Other Related Fees

Payment of fees related to permits and other clearances by the Transportation Regulatory Unit.

Office or Division:	City Treasurer's Off	ice		
Classification:	Simple			
Type of	G2B – Government to Business Entity			
Transaction:	C25 Covernment to Business Entity			
Who may avail:	Persons engaged in the business of operating tricycles			
	REQUIREMENTS		WHERE TO SEC	
1. Approved Applica	ation Form	Public Orde	r and Safety Office	Э
2. Order of Paymen	nt	Public Orde	r and Safety Office	Э
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure approved application form and order of payment form.	None	None	10 minutes	Issuing Clerk POSO – TRU
2. Proceed to the General collections windows 7, 8, 9, or 10, present the requirements, and pay the required	2. Check and verify approved Application Form and Order of Payment Form.	Pursuant to the provisions of the Local Tax Code	5 minutes	Revenue Collection Clerk City Treasurer's Office
fees.	2.1 Receive payment for the amount due.	None		Revenue Collection Clerk City Treasurer's Office
	2.2 Prepare the Official Receipt.	None		
	2.2 Release the Official Receipt.	None		
	TOTAL:	Pursuant	15 Minutes	
		to the		
		provision		
		s of the Local Tax		
		Code		





21. Weights and Measure

All instruments for determining weights and measures in all consumer and consumer related transactions shall be tested, calibrated and sealed every four months by the official sealer and shall continuously be inspected for compliance under the provisions of Consumer Act, Republic Act 7394.

Office or	City Trace: "- Off			
Office or Division:	City Treasurer's Off	ice		
Classification:	Simple			
		to Pusinoss	Entity	
Type of Transaction:	G2B – Government to Business Entity			
Who may avail:	All vandare who use	a waighte and	l magguring instru	monto
•	All vendors who use REQUIREMENTS		WHERE TO SEC	
1. Calibrated set of		City Treasu		JUNE
calibration buckets	lest weights,	City Heasu	iei s Ollice	
2. Calibration form/	worksheet and	City Treasu	rer's Office	
stickers	Workshoot and	Oity Troasa		
	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. For Vendors –	1. Prepare and	None	15 minutes	Calibration
Present weighing	explain the			Team
instrument upon	calibration			City Treasurer's
inspection.	process.			Office
For Gas station	1.1 Identify and	None		
managers –	inspect the			
Prepare for the	weighing			
inspection and	instruments/meas			
calibration activity.	uring instruments			
	following the strict			
	protocol of the			
	process.			
	1.2 Conduct a	None		
	series of tests to	110110		
	determine			
	acceptability:			
	Loading test, shift			
	test, repeatability			
	test, etc.			
2. Wait for the	2. If test fails,	None		
results of the	inform the owner			
calibration test.	and personnel			
	may either			
	confiscate or lock			
	(for pumps and			
	nozzles) and			
	identify the			





2. If eugeneeful	instrument as defective or tampered. 3. Inform amount,	Pursuant	2 hours	
3. If successful, make the payment on site or at the City Treasurer's Office	post sticker (seal of quality standard) and provide the official receipt.	to the provisions of the Local Tax Code	2 Hours	
	3.1 Provide statement of account if the payment cannot be done on site.			
	3.2 Prepare and submit report to the City Treasurer's Office.			
	TOTAL:	Pursuant to the provision s of the Local Tax Code	2 Hours and 15 Minutes	

Kinds of Sealing and Weighing Instruments	Amount of Tax per Annum				
(a) For sealing linear metric measures:					
• not over one (1) meter	P150.00				
measure over one (1) meter but not over three (3) meters	P200.00				
• over three (3) meters	P300.00				
(b) For sealing metric measures of capacity					
• not over ten (10) liters	P300.00				
over ten (10) liters	P400.00				





(c) For sealing metric instruments of weights	
• with capacity of not more than 30 kgs.	P200.00
• with capacity of more than 30 kgs. but not more than 300 kgs.	P250.00
•with capacity of more than 300 kgs. but not more than 500 kgs.	P300.00
• with capacity of more than 500 kgs. but not more than 1000 kgs.	P350.00
• with capacity of more than 1000 kgs.	P450.00
(d) For sealing apothecary balances of precision	P300.00
(e) For sealing scale or balance with complete set of weights	
for each scale of balance or other balance with complete of weights for use therewith	P150.00
• for each extra weight	P30.00





22. Release of Financial Assistance

Release of Financial Assistance to those who need it.

Office or	City Treasurer's Off	ice			
Division:	City Treasurer's Office				
Classification:	Simple				
Type of Transaction:	G2C - Government to Citizenry				
Who may avail:	Constituents of San	Pedro Lagui	na applying for Fin	ancial	
	Assistance.				
	REQUIREMENTS		WHERE TO SEC		
1. Photocopy of Natio		Government	Agency issuing pro-	of of identification	
or any Government is signature specimen (
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Client / Claimant answers the follow-up call of the CTO staff	1. Treasurer's Office staff makes a follow-up call to client / claimant advising that the check for the Financial Assistance is ready to be claimed and provides schedule of office hours	None	2 minutes	Staff, City Treasurer's Office	
Claimant proceeds to the City Treasurer's Office and present National ID (If Available) or any Government issued ID for verification as well as other requirements pursuant to COA rules and regulations 3. Client /	2. Office personnel verifies presented National ID (If Available) or any Government issued ID and other relevant requirements	None	2 minutes	Staff, City Treasurer's Office Staff,	
Claimant signs the registry and disbursement voucher pursuant	personnel records the time and date of the release of the check and	to the provisions of the Local Tax	Z minutes	City Treasurer's Office	





heck disbu	ry and rsement		
vouch			





23. Issuance/Releasing of Checks

Issuance/Releasing of checks to those who request it.

Office or Division:	City Treasurer's Office						
Classification:	Simple						
Type of Transaction:	G2B / G2G - Gover	nment to Bus	siness / Governme	nt			
Who may avail:	Government and Bu	usiness Entiti	es				
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE			
1. Photocopy of Na	tional ID (If	Governmen	t Agency issuing p	proof of			
Available) or any G	overnment issued	identification	n, Business entitie	s transacted with			
valid ID, Official Re	eceipt/s and for Official Receipts, Authorization Letter from			ation Letter from			
Authorization Letter	r (1 Copy) authorizing person						
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON			
CLILINI SILI S	ACTIONS	BE PAID	TIME	RESPONSIBLE			
1. Secure	1. Office	None	10 minutes	Staff,			
requirements	personnel			City Treasurer's			
upon claiming of	validates the			Office			
checks	requirements						
2. For contractors	2. Office	Pursuant	10 minutes	Staff,			
and retailers:	personnel	to the		City Treasurer's			
Settle any fees	validates the provisions Office						
and / or taxes	requirements of the						
		Local Tax					
		Code					
	TOTAL:	None	10 Minutes				



City Treasurer's Office Internal Services





1. Receiving of Communication (Incoming and Outgoing)

Receiving of Incoming and Outgoing Communications.

Office or	City Treasurer's Off	ice			
Division: Classification:	Simple				
Type of					
Transaction:	G2G - Government to Government				
Who may avail:	Concerned Departn	nent / Office			
	REQUIREMENTS		WHERE TO SEC	URE	
1. Report books; co			5		
transaction and oth document (1 Copy)	er pertinent	Requesting	Department / Office	ce	
\ 107	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Forward the letter request with details such as date, time, purpose, and contact information	1. Receive, record, and forward all incoming communication and correspondence to the Division Chief for classification. 1.1 Refer to concerned personnel / services for evaluation and immediate action. 1.2 Prepare response on the action taken by the division / office. 1.3 Record (file)	None None None	5 minutes 5 minutes May vary depending on the gravity of the request	Clerk City Treasurer Office City Treasurer City Treasurer's Office Assigned Officer City Treasurer's Office	
	and release of communication and correspondence upon response or action taken.				





	1.4 Forward / Deliver to the concerned office / division.	None	10 minutes	Assigned Offier City Treasurer's Office
2. For contractors and retailers: Settle any fees and / or taxes	2. Office personnel validates the requirements	Pursuant to the provisions of the Local Tax Code	10 minutes	Staff, City Treasurer's Office
	TOTAL:	None	10 Minutes	





2. Payment of Salaries, Wages, Allowances and Other Benefits

Payment of Salaries, Wages, Allowances and Other Benefits to City Hall employees.

	T			1		
Office or Division:	City Treasurer's Offic	City Treasurer's Office				
Classification:	Simple					
Type of Transaction:	G2G - Government to	Governme	ent			
Who may avail:	Concerned Departme	ent / Office				
CHECKLIST OF	T OF REQUIREMENTS WHERE TO SECURE					
1. Report books; co	pies of financial					
transaction and oth	er pertinent	Requestir	ng Department / Of	ffice		
document (1 Copy)	·					
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
FOR CASH PAYM	ENT:					
1. Forwarded disbursement vouchers with payroll from the Accounting Office	1. Acceptance of forwarded documents and issuance of Cash Advance.	None	2 days	Disbursing Officer City Treasurer's Office		
2. Concerned personnel waits for the release of payment	2. Pay salaries, wages, allowances and other benefits upon presentation of Valid ID.	None	3 minutes/payee	Disbursing Officer City Treasurer's Office		
FOR ATM PAYME		Nissa	20			
None	 Secure Authority to Debit. 1.1 For signature of City Treasurer; City Mayor then submission of ATD to the bank. 	None None	30 minutes			
	1.2 Bank validation and crediting to corresponding employee bank accounts.	None	Refer to bank processing time			
	TOTAL:	None	Cash: 2 Days & 3 Minutes; ATM: 30 minutes			





3. Remittance, Reports of Deposit and Collection

Remittance of deposits and collection of the City Treasury Office.

Office or	City Treasurer's Off	ice			
Division: Classification:	Simple				
Type of Transaction:	G2G - Government to Government				
Who may avail:	Concerned Departn	nent / Office			
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE				
1. Report of Collect				nel of the City	
Copies)	AGENCY	Treasurer's FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Remit collection together with Report of Collection and	1. Receive collection from tellers / collectors.	None	1 hour	Frontline Collectors City Treasurer's Office	
Deposit	1.1 Reconcile collection amount with data generated from system, check and verify collections against accountable forms.	None	1 hour		
	1.2 Preparation of deposit slip for banks and its requirements.	None	1 hour		
	1.3 Bank representative and the Treasury Officer reconciles and validates amount to be deposited.	None	N/A (Done following business day)		
	1.4 Report creation and submission to Accounting and Internal Audit.	None	Reported the following day after conduct of all transactions.		
	TOTAL:	None	3 Hours (excl. Agency Steps 1.3-1.4)		



Public Employment and Services Office External Services





1. Mayor's Clearance and Mayor's Working Permit

Mayor's Clearance is issued to individuals needing this document that states he/she has no pending case filed with the Mayor. Mayors Working Permit is issued to individuals needing this as pre-employment requirement that they need to submit to their employer before he/she can start working.

Office or Division: Public Employment and Services Office Classification: Simple Type of Transaction: G2C – Government to Citizen Who may avail: All CHECKLIST OF REQUIREMENTS 1. Police Clearance (1 Original Copy) Police Station where residence is located 2. NBI Clearance (1 Original Copy) Nearest NBI Office 3. Health Card (1 Original Copy) Nearest NBI Office 4. Client STEPS AGENCY ACTIONS FEES TO BE PAID PROCESSIN RESPONSIBLE 1. Submit requirements 1. Check requirements, record basic information of clients and issue order of payment. None 1 minute Job Order PESO 2. Proceed to the City Treasurer's Office for payment and receive official receipt. Clearance And Working Permit. Mayor's Clearance And Working Permit. None 5 minutes Labor Employment Officer I PESO 2.2 Review and sign clearance and Working permit. None 1 minute City PESO Officer V PESO 3. Receive the Mayor's Clearance and Working Permit None 1 minute Job Order PESO 3. Receive the Mayor's Clearance and Working Permit Php 9 Minutes PESO		<u> </u>				
Type of Transaction: Type of Transaction: Who may avail: All CHECKLIST OF REQUIREMENTS 1. Police Clearance (1 Original Copy) 2. NBI Clearance (1 Original Copy) 3. Health Card (1 Original Copy) CLIENT STEPS AGENCY ACTIONS 1. Submit requirements 1. Check requirements 1. Thinute Labor Employment Officer I PESO 2.1 Prepare Mayor's Clearance and Working Permit. 1. Check requirements 1. Check requirements 1. Thinute Reprove Responsible 1. Thinute Reprove Responsible 1. Thinute Reprove Responsible 1. Thinute Reprove Responsible 1. Thinute Reprove Reprove Responsible 1. Thinute Reprove Responsible 1. Thinute Reprove Responsible 1. Thinute Reprove Responsible 1. Thinute Reprove Reprove Responsible 1. Thinute Reprove Reprove Responsible 2. Processin Neicessin Neicessin Neicessin	Office or	Public Employment and Services Office				
Type of Transaction: G2C - Government to Citizen Transaction: Who may avail: All CHECKLIST OF REQUIREMENTS WHERE TO SECURE						
Transaction: Who may avail: CHECKLIST OF REQUIREMENTS 1. Police Clearance (1 Original Copy) 2. NBI Clearance (1 Original Copy) 3. Health Card (1 Original Copy) CLIENT STEPS CLIENT STEPS 1. Submit requirements 1. Check requirements, record basic information of clients and issue order of payment and receive official receipt. 2. Proceed to the City Treasurer's Office for payment and receive official receipt. 2. 1 Prepare Mayor's Clearance and Working Permit. 2. 2. Review and sign clearance and working permit. 3. Receive the Mayor's Clearance and Working Permit Working Permit TOTAL: Phop 1 Minutes WHERE TO SECURE None of station where residence is located PPROCESSIN PERSON RESPONSIBLE Job Order Employment Office I PESO S minutes Labor Employment Officer I PESO 3. Receive the Mayor's Clearance and Working Permit Working Permit TOTAL: Phy 9 Minutes						
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CLIENT STEPS AGENCY ACTIONS 1. Submit requirements requ						
1. Submit requirements	3. Health Card (1 Or	iginal Copy)	City Health	Office, Sanitatio	n Division	
1. Submit requirements	CLIENT STEDS	AGENCY	FEES TO	PROCESSIN	PERSON	
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and receive official receipt. 100.00		'	- Php			
Permit — Php 150.00 2.1 Prepare Mayor's None 5 minutes Labor Employment Officer I PESO 2.2 Review and sign clearance and working permit. 3. Receive the Mayor's Clearance and Working Permit Mayor's Clearance and Working Permit TOTAL: Php 9 Minutes						
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Clearance and Working Permit. Clearance and Working Permit. 2.2 Review and sign clearance and working permit. None 1 minute City PESO Officer V PESO 3. Receive the Mayor's Clearance and Working Permit TOTAL: Php 9 Minutes		-	None	5 minutes	Labor	
Working Permit. 2.2 Review and sign clearance and working permit. 3. Receive the Mayor's Clearance and Working Permit TOTAL: PESO 1 minute City PESO Officer V PESO 1 minute City PESO A minute Dob Order PESO PESO 9 Minutes						
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2.2 Review and sign clearance and working permit. None 1 minute City PESO Officer V PESO 3. Receive the Mayor's Clearance and Working Permit TOTAL: Php 9 Minutes						
sign clearance and working permit. None 1 minute City PESO Officer V PESO 3. Receive the Mayor's Clearance and Working Permit TOTAL: Php 9 Minutes		2.2 Review and				
and working permit. 3. Receive the Mayor's Clearance and Working Permit TOTAL: PESO 1 minute Job Order PESO 1 minute PESO 9 Minutes			None	1 minute	Citv PESO	
permit. 3. Receive the Mayor's Clearance and Working Permit TOTAL: PESO 1 minute Job Order PESO PESO 9 Minutes		, ,				
3. Receive the Mayor's Clearance and Working Permit TOTAL: Php 9 Minutes						
Mayor's Clearance and Working Permit Permit Php 9 Minutes	3. Receive the		None	1 minute		
and Working Clearance and Working Permit TOTAL: Php 9 Minutes						
Permit Working Permit Php 9 Minutes		1				
TOTAL: Php 9 Minutes	_					
	2		Php	9 Minutes		
			-			





2. Referral and Recommendation Letter

This is issued to Job Seekers to recommend or refer to them to companies/agencies for job opportunities.

0.00			0"	
Office or	Public Employment	and Services	s Office	
Division:				
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	All			
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE
1. Resume/Biodata	with picture (1	Personally i	made by the clie	nt
Original Copy)		-		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit	1. Receive	None	1 minute	Job Order
resume/biodata	resume/biodata			PESO
2. Fill-out the	2. Review filled-	None	2 minutes	Labor
PESO Skills	out form.			Employment
Registry Form and				Öfficer I
submit it to the				PESO
PESO Staff				
3. Wait to be	2. Interview client	None	3 minutes	Labor
interviewed by	and advise them			Employment
PESO Staff	as to what			Öfficer I
	position and			PESO
	company to apply			
	for (job matching)			
4. Wait for the	4. Prepare referral	None	2 minutes	Labor
release of the	or			Employment
referral or	recommendation			Öfficer I
recommendation	letter			PESO
letter				
	4.1 Review and	None	1 minute	City PESO
	sign the document			Officer V
				PESO
	4.2 Release	None	1 minute	
	document			Job Order
				PESO
	TOTAL:	None	10 Minutes	





3. Company Accreditation for Job Fair or Recruitment Activity

This is issued to business entities that would like to join the Job Fair activities and would like to conduct recruitment activities.

Office or	Public Employment	and Services	s Office	
Division:				
Classification:	Simple			
Type of	G2B – Government	to Business	Entity	
Transaction:	·			
Who may avail:	Business Entities in	the City of S	an Pedro	
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE
1. For Local Recruitr	ment Agencies:	DOLE Regi	onal Office wher	e their business is
DOLE License (1 ph	otocopy)	located		
2. For Overseas Age	encies: POEA	POEA Main	office	
License (1 photocop				
3. For Local Recruitr	ment Agencies:	DOLE Regi	on IV-A, Calamb	a, Laguna
Certificate of No Per				
photocopy)	- ,			
4. For Overseas Age	encies: Special	POEA Main	Office, Mandalu	uyong City
Recruitment Authori				
5. Business Permit (Business Li	censing Office o	f the City/
,		Municipality where their business is located		
6. SEC Registration	(1 photocopy)	SEC Office, Pasay City		
7. Company Profile		Will be made by the company		
8. Letter of Intent (1 original, 1			le by the compar	
receiving)	,		, ,	,
9. Job Vacancies (1 original)		Will be mad	le by the compar	ny
CLIENT CTEDO	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit	1. Check and	None	3 minutes	Labor
requirements	validate			Employment
	requirements			Officer III
				PESO
2. Answer the	2. Ask the client	None	4 minutes	Labor
queries of the	the nature of their			Employment
PESO Officer	business and			Officer III
	manpower			PESO
	requirements.			
3. Wait for the	3. Issue	None	2 minutes	
accreditation	Accreditation			Labor
officer to be issued	Certificate			Employment
			1 minute	Officer III
	3.1 Schedule their			PESO
	recruitment			
	activity			
	TOTAL:	None	10 Minutes	



City Human Resources and Management Office Internal Services





1. Service Record Processing

Issued to employees to affirm their employment in the City Government.

Office or	City Human Resour	ces and Mar	nagement Office		
Division:					
Classification:	Simple (incumbent) Complex (separated)				
Type of Transaction:	G2G – Government	•	•		
Who may avail:	Employees of the C	ity Governme	ant		
	REQUIREMENTS	l Governine	WHERE TO SE	CURE	
For incumbent em			WIILKE TO BE	CORL	
1. Request Form (1	•	,	City Human Resources and Management Office (CHRMO)		
For separated emp	loyee:		,		
1. Appointment form		Requesting	Pary		
2. Old Service Reco	rd	Requesting	Party		
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON	
OLILINI SILFS	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
Secure and fill- out request form	1. Receive and process request form.	None	2 minutes	Staff CHRMO	
	1.1 Service Record forwarded to CHRMO Head for signature	None	2 days 23 hours (Icumbent)	Assistant Department Head CHRMO	
	1.2 Review and sign request form	None	4 working days 23 hours (separated)	City Human Resources Management Officer CHRMO	
2. Wait for the release of service record.	2. Release service record.	None	2 minutes	Staff CHRMO	
	TOTAL:	None	2 working days 23 hours 4 minutes (incumbent) 4 working days 23 hours 4 minutes (separated)		





2. Certificate of Employment

Employees who plan to separate from the City Government must secure a certificate of employment from the City Human Resources and Management Office, or as part of requirements for whatever purpose that it may serve.

Office or Division:	City Human Resources and Management Office				
Classification:	Simple (incumbent) Complex (separated)				
Type of Transaction:	G2G – Government	to Governm	ent		
Who may avail:	Employees of the C	ity Governme	ent		
CHECKLIST OF I	REQUIREMENTS		WHERE TO SECURE		
For incumbent em					
1. Request Form (1	Original Copy)	City Human Office (CHF	Resources and RMO)	Management	
For separated emp	loyee:				
1. Appointment form		Requesting	Pary		
2. Old Service Reco		Requesting			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE	
Secure and fill- out request form	1. Receive and process request form. 1.1 Certificate of Employment forwarded to CHRMO Head for signature 1.2 Review and sign request form	None None None	2 minutes 2 days 23 hours (Icumbent)	Staff CHRMO Assistant Department Head CHRMO City Human Resources Management Officer CHRMO	
2. Wait for the release of service record.	2. Release service record.	None	2 minutes	Staff CHRMO	
	TOTAL:	None	2 Days 23 Hours 4 Minutes		





3. Application for Leave Processing

Leave of Absence is generally defined as a right granted to officials and employees not to report to work with or without pay as may be provided by law.

Office			City Human Reso	urces and Management Office	
Division			0: 1		
Classification:		ion:	Simple		
Type of Transa		n:	G2G – Government to Government		
Who n	nay a	avail:	Employees of the	City Government	
CHE	CKLI	ST OF R	EQUIREMENTS	WHERE TO SECURE	
1. Sup	portir	ng papers	of the Applicant		
as app	licab	le:			
a)	Vac	cation Lea	ave		
	i.	Within th	e Philippines -	Requesting Party	
		n/a			
	ii.		Travel Authority,		
			ce from money		
			c accountability	SPJLAEH, RHU, GALIC	
	III.		ceeding 3 days		
			accompanied by		
			al certificate that		
			t is fit to work		
		•	y the City Health		
Officer (1 Original) b) Sick Leave		i Original)	SPJLAEH, RHU, GALIC		
	i.		Certificate signed	or derient, itiro, ortero	
	٠.		ity Health Officer		
		(1 Origin		Requesting Party	
	ii.	In case r		, q	
		consulta	tion was not		
		availed -	an affidavit		
		should b	e executed by the		
		applican	t (1 Original)		
c)	Mat	ternity Le		Government or Private Physician	
	i.		pregnancy		
		•	ınd, doctor's		
			e on the expected	Requesting Party	
			lelivery) (1		
		Original)			
	ii.	•	ished Notice of	CD II AELL DUIL CALIC	
			n of Maternity	SPJLAEH, RHU, GALIC	
			redits (CS Form		
		Original)	f needed (1		
	iii.	• ,	ceeding 3 days		
			accompanied by		
			al certificate that		
			t is fit to work	PSA, Government or Private Physician	
		applicali		. J, Jordining of Fritado Frity Sidiali	





	signed by the City Health Officer (1 Original)	
d)	Paternity Leave	
/	i. Proof of child's delivery	Requesting Party
	(birth certificate, medical	
	certificate and marriage	
	contract) (1 Photocopy)	
e)	Special Privilege Leave	
-,	i. Within the Philippines -	SPJLAEH, RHU, GALIC
	n/a	
	ii. Abroad - Travel Authority,	
	Clearance from money	
	and work accountability	
	iii. Leave exceeding 3 days	
	shall be accompanied by	
	a medical certificate that	Requesting Party
	applicant is fit to work	
	signed by the City Health	
	Officer (1 Original)	
f)	Solo Parent Leave	Barangay
	i. Copy of updated Solo	Court
	Parent Identification Card	
,	(1 Photocopy)	
g)	VAWC Leave	
	i. Barangay Protection	Barangay, Court
	Order (1 Photocopy)	
	ii. Temporary/Permanent	
	Protection Order (1	
	Photocopy) iii. If BPO, TPO or PPO is not	
	yet issued, a Certification	
	issued by the Punong	
	Barangay/Kagawad or	
	Prosecutor or the Clerk of	SPJLAEH, RHU, GALIC
	Court that the application	or derical, intro, orien
	for the BPO, TPO or PPO	
	has been filed shall be	
	sufficient (1 Photocopy)	
	iv. Leave exceeding 3 days	
	shall be accompanied by	
	a medical certificate that	Requesting Party
	applicant is fit to work	Police Station
	signed by the City Health	
	Officer (1 Original)	Government or Private Physician
h)	Rehabilitation Leave	
	i. Letter Request (1 Original)	
	ii. Police Report, if any (1	
	Photocopy)	
	iii. Medical Certificate on the	Covernment Physician
	nature of injuries, course	Government Physician





	of treatment involved and the need to undergo rest, recuperation and	
	rehabilitation (1 Original)	
	iv. Written concurrence of a government physician to	
	the recommendation for	
	rehabilitation if the	SPJLAEH, RHU, GALIC
	attending physician is a	,
	private practitioner,	
	particularly on the duration	
	of the period of	
	rehabilitation (1 Original) v. Leave exceeding 3 days	
	v. Leave exceeding 3 days shall be accompanied by	
	a medical certificate that	Government or Private Physician
	applicant is fit to work	,
	signed by the City Health	
• • • • • • • • • • • • • • • • • • • •	Officer (1 Original)	
i)	Special Leave Benefits for Women	
	i. Medical Certificate	
	reflecting the	
	gynecological disorder	
	which shall be addressed	
	or was addressed by the	
	surgery, Histopathological	DOME
	Report, Operative Technique used for the	DSWD
	surgery, Duration of the	
	surgery including the per-	
	operative period and	
	period of recuperation (1	Government or Private Physician
	Original)	
j)	Adoption Leave i. Authenticated copy of the	
	Pre-Adoptive Placement	
	Authority (1 Original	
	Authenticated Copy)	BHERT
k)	Quarantine Requirements	
	i. Certificate issued by	
	government/ private	SD II AELI DUIL CALIC
	physician that applicant has submitted himself/	SPJLAEH, RHU, GALIC
	herself for monitoring/	
	investigation (1 Original)	
	ii. Completion of Quarantine	
	Certificate issued by the	Attending Physician
	local quarantine/ health	
	official (1 Original)	





			PHILI
	iii.	Medical Certificate that	
		applicant is cleared to	
		report back to work signed	RITM
		by the City Health Officer	
		(1 Original)	Requesting Party
	iv.	Medical Records showing	BHERT
		that applicant was treated	
		with Covid-19 signed by	
		the attending physician (1	
		Original)	
	٧.	Copy of RT-PCR Test	
		Result (1 Photocopy)	
	vi.	Copy of Vaccination Card	
		(1 Photocopy)	
	vii.	Copy of Barangay Contact	
		Tracing form for identified	
		close contacts with a	
		suspect, probable and/or	
		confirmed cases of Covid-	
		19 (1 Photocopy)	
3. Supp	orti	ng papers of the Applicant	
as appli	icat	ole:	
a)	Va	cation Leave	
	i.	Within the Philippines -	
		n/a	Requesting Party
	ii.	Abroad - Travel Authority,	
		Clearance from money	
		and work accountability	SPJLAEH, RHU, GALIC
	iii.	Leave exceeding 3 days	
		shall be accompanied by	
		a medical certificate that	
		applicant is fit to work	
		signed by the City Health	
		Officer (1 Original)	SPJLAEH, RHU, GALIC
b)	Sic	k Leave	
	i.	Medical Certificate signed	Requesting Party
		by the City Health Officer	
		(1 Original)	
	ii.	In case medical	
		consultation was not	
		availed - an affidavit	Government or Private Physician
		should be executed by the	
		applicant (1 Original)	
c)		ternity Leave	
	i.	Proof of pregnancy	Requesting Party
		(ultrasound, doctor's	
		certificate on the expected	
		date of delivery) (1	
		Original)	SPJLAEH, RHU, GALIC
	ii.	Accomplished Notice of	





		PHILIPPI
	Allocation of Maternity Leave Credits (CS Form No. 6a) if needed (1 Original)	
	iii. Leave exceeding 3 days shall be accompanied by a medical certificate that applicant is fit to work	PSA, Government or Private Physician
	signed by the City Health Officer (1 Original)	Requesting Party
d)	Paternity Leave	
	 i. Proof of child's delivery (birth certificate, medical certificate and marriage contract) (1 Photocopy) 	SPJLAEH, RHU, GALIC
e)	. •	
	i. Within the Philippines - n/a	
	ii. Abroad - Travel Authority,	Requesting Party
	Clearance from money	
	and work accountability	Barangay
	iii. Leave exceeding 3 days shall be accompanied by	Court
	a medical certificate that	
	applicant is fit to work	Barangay, Court
	signed by the City Health Officer (1 Original)	
f)	Solo Parent Leave	
	i. Copy of updated Solo	
	Parent Identification Card (1 Photocopy)	
g)	VAWC Leave	
3,	i. Barangay Protection	SPJLAEH, RHU, GALIC
	Order (1 Photocopy)	
	ii. Temporary/Permanent Protection Order (1	
	Photocopy)	
	iii. If BPO, TPO or PPO is not	
	yet issued, a Certification	Requesting Party Police Station
	issued by the Punong Barangay/Kagawad or	Government or Private Physician
	Prosecutor or the Clerk of	Geveniment et i invate i riyelelari
	Court that the application	
	for the BPO, TPO or PPO has been filed shall be	
	sufficient (1 Photocopy)	
	iv. Leave exceeding 3 days	Government Physician
	shall be accompanied by	
	a medical certificate that	

applicant is fit to work





		CORDA PHILIPPE
	signed by the City Health	
	Officer (1 Original)	
h)	Rehabilitation Leave	
	i. Letter Request (1 Original)	
	ii. Police Report, if any (1	SPJLAEH, RHU, GALIC
	Photocopy) iii. Medical Certificate on the	
	nature of injuries, course	
	of treatment involved and	
	the need to undergo rest,	
	recuperation and	
	rehabilitation (1 Original)	Government or Private Physician
	iv. Written concurrence of a	
	government physician to	
	the recommendation for	
	rehabilitation if the	
	attending physician is a private practitioner,	
	particularly on the duration	
	of the period of	
	rehabilitation (1 Original)	
	v. Leave exceeding 3 days	
	shall be accompanied by	- 0.445
	a medical certificate that	DSWD
	applicant is fit to work signed by the City Health	
	Officer (1 Original)	
i)	Special Leave Benefits for	Government or Private Physician
,	Women	,
	i. Medical Certificate	
	reflecting the	
	gynecological disorder	DUEDT
	which shall be addressed	BHERT
	or was addressed by the surgery, Histopathological	
	Report, Operative	SPJLAEH, RHU, GALIC
	Technique used for the	
	surgery, Duration of the	
	surgery including the per-	
	operative period and	Attending Physician
	period of recuperation (1	
:\	Original)	
j)	Adoption Leave i. Authenticated copy of the	RITM
	Pre-Adoptive Placement	Requesting Party
	Authority (1 Original	BHERT
	Authenticated Copy)	
k)	Quarantine Requirements	
	i. Certificate issued by	
	government/ private	

government/ private





physician that applicant
has submitted himself/
herself for monitoring/
investigation (1 Original)

- ii. Completion of Quarantine Certificate issued by the local quarantine/ health official (1 Original)
- iii. Medical Certificate that applicant is cleared to report back to work signed by the City Health Officer (1 Original)
- iv. Medical Records showing that applicant was treated with Covid-19 signed by the attending physician (1 Original)
- v. Copy of RT-PCR Test Result (1 Photocopy)
- vi. Copy of Vaccination Card (1 Photocopy)
- vii. Copy of Barangay Contact Tracing form for identified close contacts with a suspect, probable and/or confirmed cases of Covid-19 (1 Photocopy)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBL E
Submission of filled-out Application for	1. Receive application form	None	3 minutes	Staff CHRMO
Leave form with necessary attachments, as	1.1 Process application	None	5 minutes	Staff CHRMO
applicable	1.2 Forward application form to CHRMO Head for signature	None	2 minutes	Staff CHRMO
	1.3 Sign application form 1.4 Release	None	5 minutes	City Human Resources Management Officer CHRMO
	application for	None	5 minutes	Staff





	Leave			CHRMO
2. Same documents will be	2. Approval/ Disapproval of		-	Department Head
forwarded to the Department Head for recommendation	Application for Leave from Department Head	None		Department Concerned
3. Same documents will be submitted to HR for recording	3. Receive Application for Leave with recommendation	None	5 minutes	Staff CHRMO
	3.1 Post on Leave Card	None	5 minutes	
	3.2 Record on system	None	5 minutes	
	3.3 Receive application form	None		Staff Office of the Mayor
	3.4 Sign Application for Leave form	None		City Mayor
	3.5 Receive signed application for leave.	None	5 minutes	Staff CHRMO
4. Receive Employee's Copy of the Application for Leave	4. Release Application for Leave	None	5 minutes	Staff CHRMO
	TOTAL:	None	45 Minutes (excluding time for Client Step 2 and Agency Action steps 3.3 to 3.4)	

Note: Total number of minutes is summed up based on the steps and services provided only by CHRMO.





4. Travel Order

Issued when travel is intended outside San Pedro

Office or Division:	City Human Resources and Management Office				
Classification:	Simple				
Type of	G2G – Government to	Governm	ent		
Transaction: Who may avail:	Employees of the City	Governme	ont		
	REQUIREMENTS		WHERE TO SE	CURE	
	pperly accomplished,	City Hun	nan Resources ar		
filled out, and duly a	pproved by uthorized signatory (in of the Department	Office, 4		ia management	
as but not limited mission orders, aut activity and the like Photocopy)	nts to support TO such to invitation letters, hority to conduct such e. (1 Original Copy, 1	Request	ting party		
out, and duly appro	erly accomplished, filled ved by the City Mayor or and Vice-Mayor (for	City Human Resources and Management Office, 4/F			
Copy)	(1 G.1.g.1.a.				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit Request Form	1. Receive request form	None	2 minutes	Staff CHRMO	
	1.1 Process request form	None	8 minutes	Staff CHRMO	
	1.2 Travel Order forwarded to CHRMO Head for signature	CHRMO Resource			
	1.3 Review and sign for recommending Approval.	None None City Administrator Office			
	1.4 Receive the duly signed Travel Order from the Administrator's Office	None	1 minute	Staff CHRMO	





	1.5 Review and Sign	None	1 minute	City Mayor
	for approval.			City Mayor's
				Office
				Or
				City Vice-Mayor
				City Vice-
				Mayor's Office
	1.6 Receive the duly	None	1 minute	Staff
	signed Travel Order			CHRMO
	from the City Mayor			
	or City Vice-Mayor			
2. Receive Travel	2. Release Travel	None	2 minutes	CHRMO Staff
Order Form	Order Form	NONE	2 1111111111111111111111111111111111111	Of ITAIVIO Glaff
			17 Minutes	
	TOTAL:	None	(excluding	
			Action 1.3)	

Note: Total number of minutes is summed up based on the steps and services provided only by CHRMO.





5. Official Business

Issued when travel is within San Pedro area.

Office or Division:	City Human Resources and Management Office				
Classification:	Simple				
Type of Transaction:	G2G – Government to	Governm	ent		
Who may avail:	Employees of the City	Governme	ent		
	REQUIREMENTS		WHERE TO SE	CURE	
filled out, and Department Head/a	oroperly accomplished, duly approved by uthorized signatory (in ce of the Department	City Hun Office, 4		nd Management	
Form properly accor		Request	ing party		
as but not limited mission orders, aut	nts to support OB such to invitation letters, hority to conduct such (1 photocopy/original)	Nequesi	ang party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit Request Form	1. Receive request form	None	2 minutes	Staff CHRMO	
	1.1 Process request form	None	8 minutes	CHRMO Staff	
	1.2 Official Business slip forwarded to CHRMO Head for signature 3 minutes				
2. Receive Official Business Slip	Release Official Business Slip	None	2 minutes	CHRMO Staff	
	TOTAL:	None	15 Minutes		



City Cooperative and Livelihood Development Office External Services





1. Request for Cooperative Documentary Printouts

Cooperative Pro-Forma Registration Documents such as Economic Survey, Cooperative Name Reservation Request Form, By-Laws, and Articles of Cooperation and other Cooperative Documentary Printouts such as copies of RAs related to cooperative, IRR, and CDA MCs are given to cooperatives of the City of San Pedro, NGO/Associations want to form a cooperative and cover their needs for cooperative development and promotion.

Office or	City Cooperative and Livelihood Development Office					
Division:	Only Cooperative and Livelinood Development Office					
Classification:	Simple					
Type of	Ompic					
Transaction:	G2C – Government	to Citizen				
Who may avail:	Cooperatives Resid	lants of San I	Podro NGO/Asso	ciation wants to		
willo illay avail.	form a Cooperative		Feuro, NGO/ASSOC	dation wants to		
CHECKLIST OF	REQUIREMENTS	· 	WHERE TO SEC	HIDE		
		0:1 0				
1. Request Slip (1 0	Original Copy)	, ,	rative and Liveliho	od Development.		
	Office					
CLIENT STEPS	AGENCY					
	ACTIONS	BE PAID	TIME	RESPONSIBLE		
1. Fill-out Visitor's	 Interview the 	None	5 minutes	Staff		
Log Sheet and	client and assess			CCLDO		
Request Slip for	the purpose of the					
Cooperative	request.					
Documentary						
Printouts						
2. Wait for the	2. Release	None	10 minutes	Staff		
release of	requested	CCLDO				
requested	Cooperative					
Cooperative	Documentary					
Documentary	Printouts					
Printouts						
	TOTAL:	None	15 Minutes			





2. Request to Avail Financial Assistance

To provide livelihood and Financial Assistance to NGO/CSO, existing and newly organized cooperatives.

Office or Division:	City Cooperative and Livelihood Development Office				
Classification:	Simple				
Type of Transaction:	G2C – Government	to Citizen			
Who may avail:	Registered Coopera Accredited NGO/As	•	•		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC		
1. Request Letter	INL QUINLIMENTO	Requesting		OKL	
2. Photocopy of Va	lid ID of Chairman/	Requesting			
President and/ or C		110 qui 00			
officers of Coopera					
Association/Organia					
3. Certificate of Reg		Cooperative	e Development Au	thority/ Security	
Accreditation		_	e Commission/ Sa	ngguniang	
		Panlungsod			
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Submit	1 Receive and	None	-	Staff	
Request Letter to	process request			Office of the	
Office of the	1.1 Endorse letter			Mayor	
Mayor	to CCLDO upon				
	the				
	recommendation				
	of the Local Chief				
	Executive				
	2. Receive	None	5 minutes	Staff	
	Request Letter			CCLDO	
	from Office of the				
	Mayor				
				0. "	
	2.1 Assess the		20	Staff	
	request of the		30 minutes	CCLDO	
2. Submission of	client 3. Check the	None	15 minutes	Staff	
Documentary	completion of	inone	15 minutes	CCLDO	
Requirement	documentary			COLDO	
Trequirement	requirements				
	submitted				
	4. Prepare	None	30 minutes	Staff	
	Financial			CCLDO	
	Assistance				
	Proposal				





	5. Sign the proposed Financial Assistance 5.1 Forward the proposal to the	None	30 minutes 30 minutes	Department Head CCLDO Staff CCLDO
	City Mayor 5.2 Approve the proposed financial assistance to be given.		1 day	City Mayor
	6. Process the approved Financial Assistance Proposal	None	-	Office of the Mayor City Accounting Office City Cooperative and Livelihood Development Office City Budget Office City Treasury Office
	7. Inform the client for the schedule of Release of Financial Assistance	None	15 minutes	Staff CCLDO
3. Attend the ceremonial release of Financial Assistance	8. Release of the Financial Assistance	None	1 hour	Staff CCLDO
	TOTAL:	None	1 day, 3 hours & 35 minutes	



3. Request to Avail Cooperative and Livelihood Training/Seminar

Conduct knowledge and skills training focused on business development, market research, managerial skills including financial and organizational skills and other entrepreneurial related training.

Office or	City Cooperative an	المحالمين الم	Davidonmant Off:	20		
Office or	City Cooperative and Livelihood Development Office					
Division:	Cinanta					
Classification:	Simple					
Type of	G2C – Government	to Citizen				
Transaction:	D			D. I		
Who may avail:	Registered Coopera	atives operati	ng in the City of S	an Pedro		
	Accredited NGO/CS	o in the City				
	REQUIREMENTS	D	WHERE TO SEC	URE		
Request Let		Requesting		DEDOON		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Submit	1 Receive and	None	-	Staff		
Request Letter to	process request			Office of the		
Office of the				Mayor		
Mayor	1.1 Endorse letter					
	to CCLDO upon					
	the					
	recommendation					
	of the Local Chief					
	Executive					
	2. Prepare	None	30 minutes	Staff		
	Seminar/ Training			CCLDO		
	Proposal for					
	Department Head					
	and LCE Approval					
	O. 4. Ciava Caracinaar/	Nlana	20	Denember		
	2.1. Sign Seminar/	None	30 minutes	Department		
	Training Proposal			Head		
				CCLDO		
	2.2 Approve	None	1 Day	City Mayor		
	2.2. Approve Seminar/ Training	INOHE	1 Day	City Mayor Office		
	Proposal			Office		
	3. Process the	None	_	Office of the		
	approved	INOTIC	-	Mayor		
	Seminar/ Training			City Accounting		
	Proposal			Office		
				City Budget		
				Office		
				City Treasury		
				Office		
	4. Inform	None	30 minutes	Staff		
	requesting party	1,10110	33 111114100	CCLDO		
	requesting party			OOLDO		





	for the Seminar/ Training details			
2. Attend Seminar/ Training	5. Conduct or Facilitate the Seminar/ Training	None	-	Staff CCLDO/ Outside Resource
	TOTAL:	None	1 day 1 hour and 30 minutes	



4. Intervention for Ailing & Distressed Cooperatives, NGOs of City Livelihood Program

To promote growth of cooperatives as instruments of equity, social justice and economic development.

Office or Division:	City Cooperative and Livelihood Development Office				
Classification:	Simple				
Type of	G2C – Government to Clie	ent			
Transaction:					
Who may avail:	Registered Cooperatives of			О.	
CHECKLIST	Accredited NGO/CSO in the Accredited NGO/CSO		ERE TO SECUR	· E	
	the concern/s for the	Concerned CI		\ <u>C</u>	
operation and/ or m		Concerned of	CIIC		
cooperative or NGC					
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPON SIBLE	
Submit Letter to Office of the Mayor	Receive and process request Receive and process request.	None	-	Staff Office of the Mayor	
2. None	2. Receive the endorsed letter	None	5 minutes	Staff CCLDO	
3. None	3. Conduct research on enabling laws, policies/directives from the national agencies relative to the subject of concern and then coordinate or submit to the CCLDO Department Head for advice and/or comment.	None	1 day	Staff CCLDO	
2. Receive official response or attend the scheduled meeting to address their concerns	4. Submit Official response or Attend to the concern of the client	None	15 minutes	Staff CCLDO	
	TOTAL:	None	1 day and 20 minutes		





5. Request to avail Financial Assistance for Micro-entrepreneurs

To provide Financial Assistance to Micro-entrepreneurs

Office or	City Cooperative and L	ivelihood Dev	velonment Offic	20
Division:	Oity Cooperative and L	ivellilood be	velopinent Ont	
Classification:	Highly Technical			
Type of	G2C – Government to	Client		
Transaction:	O20 Covernment to	Ollotti		
Who may avail:	Micro-entrepreneurs			
	F REQUIREMENTS	\	WHERE TO SE	CURE
1. Request Letter (1 Original Copy, 1	Requesting	Client	
Photocopy)	0 1,7	'		
2. Valid ID with 3 sp	pecimen Signature (1	Requesting	Client	
Photocopy)				
3. 2x2 Photos of Ap	pplicant (2 Original	Requesting	Client	
Copies)				
4. Barangay Certific	cate of Indigency (1	Barangay o	f their Residen	су
Original Copy)				
	on or Voter's Stub (if	San Pedro	COMELEC Off	ice
Newly Registered \				
	er or Newly Transferred			
voter to San Pedro	City) (1 Original copy)	FFFC TO	DDOCECCI	DEDCON
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Submit	1. Receive and	None	-	Staff
Request Letter to	process request			Office of the
Office of the				Mayor
Mayor	1.1 Endorse letter to			
	CCLDO upon the	Nissa		
	recommendation of	None		
	recommendation of the Local Chief	None	-	
	recommendation of the Local Chief Executive		- 5 minutes	Staff
	recommendation of the Local Chief Executive 2. Encode details of	None None	- 5 minutes	Staff CCLDO
	recommendation of the Local Chief Executive		5 minutes	Staff CCLDO
	recommendation of the Local Chief Executive 2. Encode details of		5 minutes	
	recommendation of the Local Chief Executive 2. Encode details of request letter		5 minutes	
	recommendation of the Local Chief Executive 2. Encode details of request letter 2.1. Crossmatch the details of the			CCLDO
	recommendation of the Local Chief Executive 2. Encode details of request letter 2.1. Crossmatch the			CCLDO Staff
	recommendation of the Local Chief Executive 2. Encode details of request letter 2.1. Crossmatch the details of the requestor to existing database		10 minutes	CCLDO Staff CCLDO
	recommendation of the Local Chief Executive 2. Encode details of request letter 2.1. Crossmatch the details of the requestor to existing database 2.2. Visit the			CCLDO Staff CCLDO Staff
	recommendation of the Local Chief Executive 2. Encode details of request letter 2.1. Crossmatch the details of the requestor to existing database 2.2. Visit the Requestor to validate		10 minutes	CCLDO Staff CCLDO
	recommendation of the Local Chief Executive 2. Encode details of request letter 2.1. Crossmatch the details of the requestor to existing database 2.2. Visit the Requestor to validate the existence of their		10 minutes	CCLDO Staff CCLDO Staff
	recommendation of the Local Chief Executive 2. Encode details of request letter 2.1. Crossmatch the details of the requestor to existing database 2.2. Visit the Requestor to validate the existence of their business and provide		10 minutes	CCLDO Staff CCLDO Staff
	recommendation of the Local Chief Executive 2. Encode details of request letter 2.1. Crossmatch the details of the requestor to existing database 2.2. Visit the Requestor to validate the existence of their		10 minutes	CCLDO Staff CCLDO Staff





2. Submission of Documentary Requirement	3. Check the completion of documentary requirements submitted	None	15 minutes	Staff CCLDO
	4. Prepare Financial Assistance Proposal	None	30 minutes	Staff CCLDO
	5. Sign the proposed Financial Assistance 5.1. Forward the	None	30 minutes	Department Head CCLDO
	proposal to the City Mayor 5.2. Approve the proposed financial assistance to be		30 minutes	Staff CCLDO
	given. 6. Process the Approved Financial Assistance	None	1 day	City Mayor Office of the Mayor City Accounting Office City Cooperative and Livelihood Development Office City Budget Office City Treasury Office
	7. Inform the client for the schedule of Release of Financial Assistance	None	15 minutes	Staff CCLDO
3. Attend the ceremonial release of Financial Assistance	8. Release of the Financial Assistance A message will be sent to the client for the schedule	None	1 hour	Staff CCLDO
	TOTAL:	None	4 days 3 hours and 15 minutes	

Note: Total number of minutes is summed up based on the steps and services provided only by CCLDO



Internal Audit Services Internal Services





1. Compliance, Management or Operations Audit

The audit is done to determine the degree of compliance with their mandate, policies, government regulations, systems and procedures, contractual obligations and evaluate the correctness and accuracy of the financial reports. The audit is also done to monitor and evaluate the adequacy of internal control systems in order to achieve the highest quality standards of government service.

Office or Division:	Internal Audit Service Division				
Classification:	Highly Technical	Highly Technical			
Type of Transaction:	G2G – Government to Government				
Who may avail:	Auditee				
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE	
Memorandum Orde Instruction (1 origin		Office of	the Mayor		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Send a letter request to the Office of the Mayor citing the audit area, and the purpose of the audit.	1. Approval of the Letter Request and issuance of a Memorandum Order or Letter of Instruction to the IAS office regarding the Audit 1.1 Research and document understanding of the areas to be audited and identify criteria for audit	None	2 days (may vary depending on the scope of the audit	City Mayor Office of the Mayor Internal Auditor III IAS	





1.2 Develop Audit Methodology, Objectives and Plans.	3 days (may vary depending on the scope of the audit	Internal Auditor III IAS
1.3 Prepare an Audit Engagement Letter	1 day	Internal Auditor III IAS
1.4 Conduct Entry Conference	1 day	Internal Auditor III Or Internal Auditor II Or Admin. Asst. II
1.6. Secure, gather, and analyze audit data.	15 days (may vary depending on the scope of audit)	Assigned Audit Team IAS
1.7. Prepare working paper	5 days (may vary depending on the scope of audit)	Internal Auditor II IAS
1.8. Examine, evaluate, and develop audit observations.	10 days (may vary depending on the scope of audit)	Internal Auditor III IAS
1.9. Issue an Initial Audit Report to the Auditee	1 day	Internal Auditor III IAS
1.10. Conduct Exit Conference	1 day	Internal Auditor III IAS
1.11. Forward Final Audit Report with recommendations to the Office of the	1 day	Internal Auditor III IAS





Mayor.			
1.12. Monitor implementation of approved audit findings and recommendation		3 days (may vary depending on the recommendatio	Internal Auditor III IAS
1.13. Prepare and submit updating reports		ns) 1 day	Internal Auditor III IAS
TOTAL:	None	45 days	



City Engineering Office External Services





1. Engineering Services

Provide Engineering Services/ Projects including investigation and survey, Designs, Feasibility Studies, and Preparation of Program of Works

Office or Division:	City Engineering Office			
Classification:	Highly Technical			
Type of Transaction:	G2C- Government to	Citizen		
Who may avail:	All			
CHECKLIST O	F REQUIREMENTS		WHERE TO SE	ECURE
1.Request letter voffice of the mayor Photocopy)	with approval from the or (1 Original, 1	Office of th	e Mayor- Secreta	ariat
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
a. For minor repair and maintenance such as desilting, asphalt patching, etc.				
1. Submit the letter of request to the office of the mayor.	1. Receive the letter request to be endorsed to the office of the Mayor and Report: Design, estimate, Feasibility Studies, Canvassing, Encoding, Reporting.	None	15 minutes	Administrative Aide II City Engineering Office
	1.1 Conduct initial Inspection/Investigat ion and survey with technical recommendations.	None	25 days	Surveyor & Surveying Aide Maintenance Foreman, Engineer I,II,III City Engineering Office Maintenance





	1.2 On site operations of maintenance team	None	15 days: simple	Foreman, Laborer, City Engineering Office
			30 days or more: complex	
	TOTAL:	None	55 Days and 15 Minutes	
			Note: External factors may affect project delivery, such as project duration and processing time of other offices.	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
b. For major	repair and maintenance	e (By Admin	istration)	
1. Submit the letter of request to the office of the mayor.	1. Receive the letter request to be endorsed to the office of the Mayor and Report: Design, estimate, Feasibility Studies, Canvassing, Encoding,	None	15 minutes	Administrative Aide II City Engineering Office
	Reporting. 1.1 Conduct initial Inspection/Investigat ion and survey with technical recommendations.	None	25 days	Surveyor & Surveying Aide Maintenance Foreman, Engineer I,II,III City Engineering Office
	1.2 Submit Inspection Report relevant to the initial client request to the Office of the Mayor for approval	None	15 minutes	Administrative Aide II City Engineering Office





		I		
	1.3 Preparation and submission of Program of Works with inspection report and/or Working Drawings (By Administration)	None	15 minutes	Engineer I, Engineer II, Engineer II, City Engineer City Engineering Office
	1.4 Approval or recommendations of the City Mayor 1.5 Endorsement of approved POW by the Office of the Mayor to Procurement Office	None	10 days	City Mayor Office of the Mayor City Procurement Office
	for process 1.6 Delivery of Materials 1.7 Implementation	None	N/A	City Procurement Office/General Services Office
	of Project (By Administration)	None	Dependent on the Project Duration relevant to the Program of Works	Maintenance Foreman/ Engineer I City Engineering Office
	TOTAL:	None	35 Days and 30 Minutes Note: External factors may affect project delivery, such as project duration and processing time of other offices.	
CLIENT STEPS	AGENCY ACTIONS	FEES TO	PROCESSIN	PERSON





		BE PAID	G TIME	RESPONSIBLE
c. For minor	repair and maintenance	e such as de	esilting, asphalt p	atching, etc.
1. Submit the letter of request to the office of the mayor.	1. Receive the letter request to be endorsed to the office of the Mayor and Report: Design, estimate, Feasibility Studies, Canvassing, Encoding, Reporting.	None	15 minutes	Administrative Aide II City Engineering Office
	1.1 Conduct initial Inspection/Investigat ion and survey with technical recommendations	None	25 days	Surveyor & Surveying Aide Maintenance Foreman, Engineer I,II,III City Engineering Office
	1.2 Submit Inspection Report relevant to the initial client request to the Office of the Mayor	None	15 inutes	Administrative Aide II City Engineering Office
	1.3 Recommend to be included in the Annual Procurement Plan/ Annual Investment Plan	None	1 Day	City Engineer City Engineering Office
	1.4 Inclusion on the mandated plans with appropriate fund with the approval of the Executive and Legislative bodies.	None	N/A	City Planning and Development Office, Office of the Mayor, Office of the Sangguniang Panlungsod
	1.6 Preparation of	None	N/A	Engineer I,





		PF	
Working Drawings and Program of Works (By Contract)			Engineer II, Engineer III City Engineering Office
1.7 Submission of Working Drawings and Program of Works to the City Mayor	None	1 day	City Engineer City Engineering Office
1.8 Approval of the City Mayor	None	N/A	City Mayor
1.9 Endorsement of the approved Working Drawings and Program of Works to the Bids and Awards Committee	None	1 day	City Engineer City Engineering Office
1.10 Bidding Procedures	None	N/A	BAC Chairman Bids and Awards Committee
1.11 Awarding of Contract and endorsement to the City Engineering Office	None	N/A	BAC Chairman Bids and Awards Committee
1.12 Project Implementation	None	Dependent on the Project Duration relevant to the Program of Works	Engineer I, Engineer II, Engineer III, City Engineer City Engineering Office
1.13 Final Turn-over	None	1 Day	City Engineer





and acceptance of the Project			City Engineering Office
TOTAL:	None	29 Days and 30 Minutes Note: External factors may affect project delivery, such as project duration and processing time of other offices.	



City Environment and Natural Resources Office External Services





1. Issuance of Environmental Clearance

The Environmental Clearance is issued to business entities to assure compliance to existing environmental standards and regulations.

1.1 Business Permit Application for New Business Establishments

Office or	City Environment a	nd Natural Re	esources Office	
Division:	0'			
Classification:	Simple			
Type of	G2B			
Transaction:				
Who may avail:	All Commercial and	Industrial Es		
	REQUIREMENTS		WHERE TO SE	
1. Business Permit A	Application - New	Business P	ermits and Licen	sing Office
(1 Original Copy) 2. Environmental Clo	naranaa Cartifiaata	DENR-EME) I\	
(ECC)/Certificate of (CNC) (1 Photocopy	Non-Coverage	DEINK-EIVIE	OIV-A	
3. Laguna Lake Dev	elopment Authority	LLDA		
(LLDA) Clearance/D				
Photocopy)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Present	1. Receive and	Php 150 +	3 minutes	Administrative
Business Permit	review business	Environm	3 minutes	Staff
Application	permit application	ental		Or
Application	form	Protection		JIAT Inspector
		and		CENRO
		Conservat		OLIVICO
		ion Fee		
		(EPC fee)		
2. Wait for the	2. Schedule site	None	To be	BPLO
scheduled	inspection for	110110	scheduled by	2. 20
inspection.	environmentally		BPLO	
mopodiom.	critical project.		5. 20	
3. Complied	3. Process	None	3 minutes	Administrative
required	Environmental			Staff
documents	Clearance of the			Or
	client			JIAT Inspector
				CENRO
4. Receive	4. Issue the	None	3 minutes	EMS II
environmental	environmental			Or
clearance	clearance to the			Admin Staff
	client			Or
				JIAT Inspector
				CENRO
	TOTAL:	EPC -	14 Minutes	
		Php	(excluding	
		150.00	inspection)	





1.2 Business Permit Renewal

Office or Division:	City Environment and Natural Resources Office				
Classification:	Simple				
Type of	G2B				
Transaction:					
Who may avail:	All Commercial and Industrial Establishments				
CHECKLIST OF	REQUIREMENTS		WHERE TO SECURE		
1. Business Permit A	Application -	Business P	ermits and Licen	sing Office	
Renewal (1 Original					
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE	
1.Present Business Permit Application	Receive and review business permit application form. Start processing the request	Php 150 + Environm ental Protection and Conservat ion Fee (EPC fee) (see table below)	5 minutes	Administrative Staff Or JIAT Inspector CENRO	
2. Receive Environmental Clearance	3. Issue the Environmental Clearance to the client	None	3 minutes	EMS II Or Administrative Staff Or JIAT Inspector CENRO	
	TOTAL:	EPC – Php 150.00	8 Minutes		





Environmental Protection and Conservation (EPC) Fee = A + B + C

A. Nature of Business			Amount
a. High Risk or	800		
Project			
1. Large	6. Waste	11. Cemetery	
scale	treatment	, Memorial	
manufacturin	facilities and	parks,	
g industries	waste treater	Crematorium	
2. Power	7. Hospitals,	12. Junk	
generating	Medical and	shops, Scrap	
plants and	Dental	Buying	
facilities	Clinics		
3. Fuel depot	8. Housing	13. Electronic	
and fuel	development	s repair	
storage	projects	shops and	
facilities		facilities	
4. Gasoline	9. High rise	14. Veterinar	
(Fuel)	buildings	y Clinics	
services and			
LPG Filling			
Station		_	
5. Garbage	10. Funeral	15. Other	
terminal,	services	businesses	
transfer		or Projects	
stations,		as may be	
Garbage		assessed	
hauling		and	
		evaluated	
		high-risk by	
h Madium Dia	ale an Desainaga an D	City ENRO	D200
b. Medium Ris	sk or Business or P tion	roject with potential	P300
1. Small-	7.Welding	13. Market,	
scale	shops,	talipapa	
manufacturin	machine	·apapa	
g industries	shops and		
9	auto repair		
	with		
	repainting		
	shops		
2. Fast food	8. Animal	14. Computer	
chains/	farm,	shops	
restaurants	piggery,		
	poultry	4 - 2	
3. Commerci	9. Manufactu	15. Amusem	
al retail store	rer's	ent and	





			PHILI
	procedure, foundry shops, laboratories and warehouses	recreation	
4. Hotel, Motels, Apartelles, Inns	10. Retailer of LPG	16. Lessor	
5. Transport terminal, trucking services	11. Golf course	17. Cooperati ve	
6. Car wash, laundry services	12. Educatio nal institution	18. Other business or project as may be assessed and evaluated medium-risk by CENRO	
	business or project on environment	with very minimal	P50
1. Sari-sari	3.Pawnshops		
store	, Financial institutions		
2. Service	3. Other		
oriented	business or		
offices	project as may be assessed		
	and evaluated low-risk by CENRO		
B. Capitalization or F	Project Cost		
1. Below P350,000.00			P500.00
2. More than P350,000.00 but less than P1,000,000.00			P750.00
3. More than P1,000,000.00 but less than P5,000,000.00			P1,000.00
4. More than P5,000,000.00			P1,500.00
C. Compliance			
As may be determine has been the subject of one calendar year			





Compliant	P0.00
Non-Compliant:	P50.00
a. P50,000.00 below	
b. P50,001.00- P150,000.00	P200.00
c. P500,001 above	P500.00
d. As may be assessed by CENRO	P500.00





2. Environmental Permit for Construction

An Environmental Permit to construct shall be issued to the client to assure its compliance to existing regulations pertaining to septic tank specifications and/or sewage treatment plant.

Office or	City Environment and Natural Resources Office				
Division:					
Classification:	Simple				
Type of	G2C				
Transaction:					
Who may avail:	All clients within San Pedro				
CHECKLIST OF I		WHERE TO SECURE			
Blueprint layout of		Building cor	ntractor/ enginee	er	
sewage treatment pl					
structure to be const	, —				
Copy, 1 Photocopy)					
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON	
4 5 1	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Endorsement	1. Receive and	None	5 minutes	EMS II	
for Environmental	Issue Order of			CENRO	
Permit will be	payment to Client				
transmitted by Office of the					
Building Official (OBO)					
2. Pay required	2. Receive Official	P150 +	5 minutes	EMS II	
fees at Treasurer's	Receipt for	Environm	5 minutes	CENRO	
Office, claim	encoding and	ental		CLINICO	
official receipt and	Issue	Protection			
claim	Environmental	and			
Environmental	Permit	Conservat			
Permit	i Giillit	ion Fee			
i Giillit		(EPC fee)			
	(see table				
		below)			
	TOTAL:	EPC -	10 Minutes		
	IOIAL.	Php	10 Millates	ļ	
		150.00			





Environmental Protection and Conservation Fee (EPC) Fee = A + B + C

A. Nature of Business		
a. High Risk or Environmentally Critical Business or		
11. Waste	16. Cemetery	
treatment	, Memorial	
facilities and	parks,	
waste treater	Crematorium	
12. Hospitals,	17. Junk	
Medical and	shops, Scrap	
Dental	Buying	
Clinics		
13. Housing	18. Electronic	
development	s repair	
projects	shops and	
	facilities	
14. High rise	19. Veterinar	
buildings	y Clinics	
15. Funeral	20. Other	
services	businesses	
	or Projects	
	as may be	
	assessed	
	and	
	evaluated	
	high-risk by	
	City ENRO	
or Business or Pi	roject with potential	P300
7.Welding	·	
•	talipapa	
•		
-		
-		
	19. Computer	
	•	
	11. Waste treatment facilities and waste treater 12. Hospitals, Medical and Dental Clinics 13. Housing development projects 14. High rise buildings	11. Waste treatment facilities and waste treater 12. Hospitals, Medical and Dental Clinics 13. Housing development projects 14. High rise buildings 15. Funeral services 15. Funeral services 16. Cemetery , Memorial parks, Crematorium 17. Junk shops, Scrap Buying 18. Electronic services 19. Veterinar y Clinics 15. Funeral services 16. Cemetery , Memorial parks, Crematorium 17. Junk shops, and facilities 18. Electronic services 19. Veterinar y Clinics 19. Veterinar y Clinics 15. Funeral services with potential services with potential services with potential shops, machine shops, and auto repair with repainting shops 16. Cemetery , Memorial parks, Crematorium 17. Junk shops, and auto repair with potential services 18. Electronic services with shops and auto repair with repainting shops 18. Electronic services with potential services with potential services with potential shops, machine shops and auto repair with repainting shops 18. Electronic services with shops and services with services with potential services with potential shops, machine shops and auto repair with repainting shops 19. Computer shops





			PHILI.
9. Commerci	14. Manufact	20. Amusem	
al retail store	urer's	ent and	
	procedure,	recreation	
	foundry		
	shops,		
	laboratories		
	and		
	warehouses		
40 Hetel		04	
10. Hotel,	15. Retailer	21. Lessor	
Motels,	of LPG		
Apartelles,			
Inns			
11. Transport	16. Golf	22. Cooperati	
terminal,	course	ve	
trucking			
services			
12. Car	17. Educatio	23. Other	
wash,	nal institution	business or	
laundry		project as	
services		may be	
33111333		assessed	
		and	
		evaluated	
		medium-risk	
a Law rials ar	business or project	by CENRO	DEO
	business or project	with very minimal	P50
	on environment		
4. Sari-sari	3.Pawnshops		
store	, Financial		
F. Oamilaa	institutions		
5. Service	6. Other		
oriented	business or		
offices	project as		
	may be		
	assessed		
	and		
	evaluated		
	low-risk by		
	CENRO		
B. Capitalization or I	Project Cost		
5. Below P350,000.00			P500.00
6. More than P350,000.00 but less than P1,000,000.00			P750.00
7. More than P1,000,000.00 but less than P5,000,000.00			P1,000.00
8. More than P5,000,000.00			P1,500.00
J. WOIE CHAIL	1 1,000.00		
C. Compliance			
-	ad based on record a	n non-compliance or	
As may be determin	ed based on record o	n non-compliance of	





has been the subject of validated complaint for the current period of one calendar year	
Compliant	P0.00
Non-Compliant:	P50.00
e. P50,000.00 below	
f. P50,001.00- P150,000.00	P200.00
g. P500,001 above	P500.00
h. As may be assessed by CENRO	P500.00





3. Citation Tickets Compliance

City ENRO Environmental Enforcers issues Citation Tickets to all violators of environmental laws in which corresponding penalties shall be complied.

Office or	City Environment ar	nd Natural Re	esources Office		
Division:	Only Environment and Natural Resources Office				
Classification:	Simple	Simple			
Type of	G2C				
Transaction:					
Who may avail:	All violators of envir	onmental lav	VS		
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE	
1. Citation ticket (1 0	Original Copy)	Environmer	ntal Enforcers		
CLIENT STEPS	AGENCY FEES TO PROCESSIN PERSO ACTIONS BE PAID G TIME RESPONS				
Present copy of citation ticket	1. Receive and indicate amount of penalty (see table below)	Dependin g on law/s violated (see below table)	5 minutes	Administrative Staff Or EMS II CENRO	
2. Pay penalty at Treasurer's office and return to CENRO for encoding	2. Encode Official Receipt number and record	None	5 minutes	Administrative Staff Or EMS II CENRO	
	TOTAL:	Dependin g on law/s violated (see below table)	10 Minutes		





Penalties of Violators of Environmental Laws and Ordinances

	Violation		First Offense	Second Offense	Third Offense
E.O. 26					
	Smoking in public places		500.00	1,000.00	1,500.00
	Authorizing to smoke (Establishment)		1,000.00	1,500.00	2,500.00
R.A. 9003/M.O. 2008-07					
	- 3	Individual:	500.00	800.00	1,500.00
	waste/Authorizing to dump in public places	Establishment:	1,000.00	2000.00	Closure
	Open burning	Individual:	500.00	800.00	1,500.00
		Establishment:	1,000.00	2,000.00	Closure
	Unsegregated waste	Individual:	500.00	800.00	1,500.00
		Establishment:	1,000.00	2,000.00	Closure
	Unaccredited solid waste hauler	Individual:	500.00	800.00	1,500.00
		Establishment:	1,000.00	2,000.00	Closure
R.A. 6969					
	Unaccredited hazardous waste hauler		1,000.00	3,000.00	5,000.00
	Unathorized disposal of hazardous chemicals		1,000.00	3,000.00	5,000.00
M.O. 99-10					
	Bathing/Washing clothes on sidewalk		500.00	800.00	1,500.00
	Dirty frontage	Individual:	500.00	800.00	1,500.00
		Establishment:	1,000.00	2,000.00	Closure
	Spitting/Urinating in Public Places		500.00	800.00	1,500.00
P.O. 11 S. 2012					





				9 PHILE	
	Selling/Using Sando Bag as Packaging	Individual:	500.00	1000.00	2,500.00
		Establishment:	1,000.00	2,000.00	2,500.00
Ord. 2018- 06					
	Unregistered/Unaccredite d Waste Collector/Transporter		1,000.00	3,000.00	5,000.00
R.A. 9275/Ord. 2017-36					
	Illegal/Untreated wastewater discharge		2,000.00	4,000.00	5,000.00
	No oil and grease trap installed		2,000.00	4,000.00	5,000.00
Ord. 2021- 22					
	Smoke emission exceeding standards	Light vehicles	300.00 or seminar	500.00	1,000.00 and recommendati on for suspension of MVR for 1 year
		Medium vehicles	500.00 or seminar	1,500.00	2,000.00 and recommendati on for suspension of MVR for 1 year
			1,000.00 or seminar	3,000.00	5,000.00 and recommendati on for suspension of MVR for 1
		Heavy vehicles			year





4. Trimming and Pruning Services

Green Team or Green Boys of the City ENRO conducts regular tree care and trimming of trees. This is to maintain its aesthetics and removal of unhealthy and hazardous tree branches.

	T =				
Office or	City Environment a	nd Natural Re	esources Office		
Division:	_				
Classification:	Simple				
Type of	G2C				
Transaction:					
Who may avail:	All clients with trees in Private and Public land				
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE	
1. Request Letter/Ap	oplication Form (1	Applicant			
Original Copy)					
2. Sketch Map (1 Or	iginal Copy)	Applicant			
3. Picture of tree/s to		Applicant			
Original Copy)	•				
CLIENT CTEDO	AGENCY	FEES TO	PROCESSIN	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1.Submit request	1.Receive and	None	5 minutes	EMS II	
letter/form.,sketch	review letter			CENRO	
map and pictures	request, sketch				
	map and pictures				
	1.1 Schedule for	None	Time	EMS II	
	inspection		depending on	CENRO	
			request		
			queues (1-7		
			working days)		
2. Conduct actual	2. Conduct tree	None	Variable	Tree Trimming	
tree trimming	trimming		based on the	Team	
activity			extent of the	CENRO	
			scope of the		
			request		
	TOTAL:	None	Variable		
			based on the		
			extent of the		
			scope of the		
			request		





5. Tree Cutting Services

The tree cutting is conducted for individuals that secured cutting permit from DENR.

Office or Division:	City Environment and Natural Resources Office			
Classification:	Simple			
Type of	G2C			
Transaction:	020			
Who may avail:	All clients with trees	in Private ar	nd Public land	
	REQUIREMENTS		WHERE TO SE	CURE
Request Letter a		City Enviror	nment and Natur	
PENRO Laguna/Ap		Office		
Original Copy)				
2. Sketch Map (1 O	riginal Copy)	Applicant		
3. Picture of tree/s t		Applicant		
Original Copy)	·			
4. Certificate of No	Objection (1	Barangay		
Original Copy)				
5. Copy of Land Titl	e (1 Photocopy)	Registry of	Deeds	
6. Certification from		City Agricul	ture Office	
(for fruit-bearing tre	es) (1 Original			
Copy)				
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1.Submit	1.Receive and	None	5 minutes	EMS II
complete	review letter			CENRO
requirement	request, sketch			
	map and pictures			
	1.1 Schedule for	None	Time	EMS II
	inspection	TVOIC	depending on	CENRO
	Inspection		request	OLIVICO
			queues (1-7	
			working days)	
2.Client transmits	2. Endorsement to	None	Time	EMS II
CENRO	DENR		depending on	CENRO
Endorsement to			request	
DENR			queues (1-7	
			working days)	
	TOTAL:	None	Variable	
			based on the	
			extent of the	
			scope of the	
			request	



6. Clean-up of Waterways

The City ENRO Environmental Army conduct regular clean—up on the City waterways as part of environmental protection and disaster mitigation.

Office or	City Environment and Natural Resources Office					
Division:	Only Environment and Natural Nessources Office					
Classification:	Simple					
Type of	G2C					
Transaction:	G2C					
	All alients requesting for waterways alconup and drainage					
Who may avail:	All clients requesting for waterways cleanup and drainage					
OUEOW ICT OF		declogging within the City EQUIREMENTS WHERE TO SECURE				
	REQUIREMENTS	0:1 5				
1. Request Letter/A	pplication Form (1		nment and Natur	al Resources		
Original Copy)	4.0.711.017	Office		5=5001		
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON		
	ACTIONS	BE PAID	G TIME	RESPONSIBLE		
1.Submit request	1. Receive and	None	5 minutes	Utility Foreman		
letter	review request			CENRO		
	letter.					
	1.1 Schedule for	None	Time	Utility Foreman		
	inspection.		depending on	CENRO		
			request			
			queues (1-7			
			working days)			
2. Clean-up	2. Conduct clean-	None	Variable	Utility Foreman		
activity	up activity		based on the	CENRO		
			extent of the			
			scope of the			
			request			
	TOTAL:	None	Variable			
			based on the			
			extent of the			
			scope of the			
			request			





7. Hauling Services

The CENRO provides hauling services for clients requesting for hauling of debris and other materials needing to be properly disposed.

Office or	City Francisco and au	ad Natural D				
Office or	City Environment and Natural Resources Office					
Division:	_					
Classification:	Simple					
Type of	G2C					
Transaction:						
Who may avail:	All clients requestin	All clients requesting for waterways cleanup and drainage				
	declogging within th	ne City				
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE		
1. Request Letter/R	·					
Original Copy)	,	Office				
• • • • • • • • • • • • • • • • • • • •	AGENCY	FEES TO	PROCESSIN	PERSON		
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE		
1.Submit request	1. Receive and	None	5 minutes	Utility Foreman		
letter	review request			ĆENRO		
	letter.					
	1.1 Schedule for	None	Time	Utility Foreman		
	inspection.		depending on	CENRO		
	moposiisiii		request	020		
			queues (1-7			
			working days)			
2. Hauling activity	2. Conduct	None	Variable	Utility Foreman		
2. Hauling activity		INOTIE	based on the	CENRO		
	hauling activity			CENKO		
			extent of the			
			scope of the			
			request			
	TOTAL:	None	7 Days and 5			
			Minutes			





8. Landscaping/Development/Maintenance of Open Spaces

Landscaping projects are done for beautification and greening of the city. This also helps in mitigating the negative effects of climate change, and offer health and economic benefits for communities.

Office or	City Environment a	ad Natural D	occureos Offico	
Division:	City Environment and Natural Resources Office			
Classification:	Simple			
	G2C, G2G			
Type of Transaction:	G2C, G2G			
	Hamaquinar'a Assa	oiotion Doro	ngovo Commun	ity Docidente
Who may avail:	Homeowner's Asso	Ciallon, bara	WHERE TO SE	
	· · · · · · · · · · · · · · · · · · ·	City Francisco		
1. Request Letter/R	equest Form (1	Office	nment and Natur	ai Resources
Original Copy)	riginal Cany)	Client-provi	dod	
2. Sketch Map (1 O	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
4 Cubmit a Latter				
1.Submit a Letter	1. Receive and	None	5 minutes	Administrative
of Request to	review letter			Staff
CENRO indicating	request, sketch			Or
nature and scope	map and pictures			Clerk
of work request,				CENRO
and attach photos	440111		- -	D. I.M. S. G.
of existing site	1.1 Schedule for	None	Time	Park Maintenance
conditions.	inspection.		depending on	General Foreman
			request	CENRO
			queues (1-7	
			working days)	
	4.0.0	N1	4 1.	Dayle Maintanana
	1.2 Prepare	None	1 day	Park Maintenance
	Inspection Report,			General Foreman
	with findings,			CENRO
	proposed			
	resource			
	schedule, photos			
	and			
	recommendation.			
	405			005
	1.3 Review	None	1 day	CGDH I
	inspection report			CENRO
	and approve for			
	implementation.			
			.,	
2. Coordinate with	2. Set a	None	Variable	Park Maintenance
CENRO and	scheduled date		based on the	General Foreman
inform availability	and time frame to		extent of the	CENRO
of the site to start	start the project		scope of the	
work request.	and its completion		request	
	date.			





TOTAL:	None	7 Days and 5 Minutes	
or open space.			
Executive and requesting party regulating the use of open space.			CGDH I CENRO
Memorandum (MOA) with the Local Chief		extent of the scope of the request	Park Maintenance General Foreman
2.2 Turn-over and signing of	None	Variable based on the	Landscaping Team
2.1 Monitoring, supervision and implementation of the landscaping project until its completion.	None	Variable based on the extent of the scope of the request	Park Maintenance General Foreman CENRO





9. Wildlife Protection

The CENRO provides assistance for clients who will report the existence of wildlife and exotic species found in the City of San Pedro.

Office or	City Environment or	ad Natural De	Occursos Office	
Office or Division:	City Environment ar	iu ivaluiai Re	esources Office	
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:	O20 Government	to Onizen		
Who may avail:	All Clients			
	REQUIREMENTS		WHERE TO SE	CURE
N/A		N/A		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. If coordinate with concerned Barangay: Report the existence of wildlife and exotic species via phone call	1. Receive report via phone call and collect necessary information regarding the concern: - Species - Location - Contact Person - Contact Number 1.1 Report to Provincial Environment and Natural Resources Office - Laguna for the collection and transport of concerned species to the DENR Wildlife Center.	None	5 minutes	Administrative Staff Or Clerk CENRO
		OR		
1. If not coordinated with concerned Barangay: Report the existence of wildlife and exotic species via phone call	1. Receive report via phone call and collect necessary information from caller: - Species - Location - Contact Person - Contact Number	None	5 minutes	Administrative Staff (Job Order) Or Clerk (Job Order) CENRO
	1.1 Coordinate	None	5 minutes	Administrative





TOTAL:	None	7 Days and 5 Minutes	
concerned species to the DENR Wildlife Center.			
Natural Resources Office - Laguna for the collection and transport of			
1.2 Report to Provincial Environment and	None	5 minutes	EMS II CENRO
with Barangay Concerned.			Staff (Job Order) Or Clerk (Job Order) CENRO



City Health Office – Environmental Health and Sanitation Service External Services





1. Issuance of Health Certificate

This certificate is issued to all food handlers/non-food handlers applying for an employment and presently employed to business establishments like manufacturing companies, funeral parlor, food establishments, laundry shops, schools and other related establishments. This is covered under Presidential Decree No. 856 (Code on Sanitation) and other related memorandum and ordinances.

Office or	O's Hard Off	Facility	al Haalda 10	itatian Oak ik
Office or	City Health Office – Environmental Health and Sanitation Service			
Division:	Cimple			
Classification:	Simple	0:4:		
Type of	G2C- Government	to Citizen		
Transaction:	A 11 ' 1' ' 1 1 1		, ,	
Who may avail:	All individuals seel			
	& Non-Food establi	snments / bu	sinesses within the	e City of San
CHECKLIST OF	Pedro REQUIREMENTS		WHERE TO SEC	·UDE
	,	DOH soors	dited medical labor	
1. Diagnostic/labora		DOH accred	alled medical labor	ratories
Chest X-Ray result	•			
Original, 1 Photoco		DOLLOGORO	ماده ما معمانه ما امام	rotorioo
2. Diagnostic/labora		DOH accred	dited medical labor	alones
Urinalysis and Feca				
Test Results (1 Original Property Control of the Co		DOH agara	ditad madiaal/drug	tooting
3. Drug test from D		laboratories	dited medical/drug	testing
laboratories, and other medical tests as may be deemed necessary by each		laboratories		
1	•			
respective employer (1 Original Copy) For pregnant women:				
		DOH accre	ditad madical labor	ratorios
Diagnostic/labora Hepatitis B (1 Origin		DOH accredited medical laboratories		
If done through a				
1. Authorization Le		Authorizing	Party	
Copy)	tter (1 Original	Additionaling Fairty		
2. Valid ID of Princi	inal requestor (1	Requesting Party		
Photocopy)	ipai requestor (1	requesting ranty		
3. Valid ID of Repre	esentative (1	Representative		
Photocopy)	Joseph (1	Topioociita		
1 2 /	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Present the	1. Receive and	None	3 minutes	Staff
original copy and	validate the			CHO-EHSS
photocopy of the	required			
required	documents			
documents.	presented, return			
	required			
	documents upon			
	validation to the			
	client, and issue			
	an order of			





			-	
	payment.			
2. Receive order of payment and pay the required fees at the Treasury Office.	2. Receive the Order of Payment and Payment and Issue an Official Receipt.	PHP 150.00	2 minutes	Treasury Office (Cashier) Employee
3. Present the original copy and photocopy of the Official Receipt, and required	3.1. Receive original and photocopy of documents	None	2 minutes	Staff CHO-EHSS
documents to the City Health Office- Environmental	3.2 Prepare/type the Health Certificate	None	3 minutes	Staff CHO-EHSS
Health and Sanitation Service.	3.3. Assist the client in signing and logging, recording of Health Certificate	None	2 minutes	Staff CHO-EHSS
	3.4. Release the Health Certificate.	None	2 minutes	Staff CHO-EHSS
	TOTAL:	PHP 150.00	14 Minutes	





2. Sanitary Permit to Operate (New and Renewal)

The Sanitary Permit is a written authorization or certification issued by the City Health Officer which signifies the establishment's compliance with the existing requirements upon inspection or evaluation by the Sanitation Engineer, Sanitary Inspector or Evaluator. This permit is issued to all business establishments as a pre-requisite for the issuance of business permit. This is covered under Presidential Decree No. 856 (Code on Sanitation) and other related memorandum and ordinances.

Classification: Simple / Complex (For Water Refilling Station) Fype of G2C- Government to Citizen Transaction: Who may avail: Business Owners CHECKLIST OF REQUIREMENTS 1. Business Permit (1 Original, 1 Photocopy) 2. Drinking Water Service Provider / Water Refilling Station Sanitary Permit (1 Photocopy) 3. Photocopy of Health Certificate/s New Food or Non-Food(depending on he nature of business) (1 Photocopy) 4. Original copy and photocopy of Pest Control Service Reports/Results (1 Original, 1 Photocopy) For Food Establishment – done wice a month (original service report) For Grocery/Supermarket / Non-Food Establishment / Others – done monthly (original service report) For Grocery/Supermarket / Non-Food Establishment / Others – done monthly (original service report) For Grocery/Supermarket / Non-Food Establishment / Others – done monthly (original service report) For Grocery/Supermarket / Non-Food Establishment / Others – done monthly (original service report) For Grocery/Supermarket / Non-Food Establishment / Others – done monthly (original service report) For Grocery/Supermarket / Non-Food Establishment / Others – done monthly (original service report) For Food and Beverage establishments that serves ice - done every other month S. Water Test Results (1 Original, 1 DOH accredited water testing laboratories	Office or	City Health Office –	Environmental Health and Sanitation Service		
Classification: Type of G2C- Government to Citizen G2C Gavernment to Citizen G2C Government to Citizen G2C Gavernment to Citizen G1C Gavernment and Licensing Office G2C Growring Meter Service Provider G2C Growring Meter Service Provider Aerilling Station G1H Gavernment And Licensing Office G1H Gavernment And Lic	Division:		Environmental Fleatin and Cantiation Service		
G2C- Government to Citizen Fransaction: Business Owners	Classification:	Simple / Complex (For Water Refilling Station)			
CHECKLIST OF REQUIREMENTS 1. Business Permit (1 Original, 1 Photocopy) 2. Drinking Water Service Provider / Water Refilling Station Sanitary Permit (1 Photocopy) 3. Photocopy of Health Certificate/s New Food or Non-Food(depending on the nature of business) (1 Photocopy) 4. Original copy and photocopy of Pest Control Service Reports/Results (1 Original, 1 Photocopy) 7- For God Establishment – done wice a month (original service report) 8- For Grocery/Supermarket / Non-Food Establishment / Others – done monthly original service report) 9- For God and Beverage establishments that serves ice - done every other month 1. Water Refilling Station 1. Drinking Water Service Provider / Refilling Station 2. Drinking Water Service Provider / Refilling Station 3. Drinking Water Service Provider / Refilling Station 2. Drinking Water Service Provider / Refilling Station 3. Drinking Water Service Provider / Refilling Station 4. Drinking Water Service Provider / Refilling Station 5. Drinking Water Service Provider / Refilling Station 5. Drinking Water Service Provider / Refilling Station 6. Drinking Water Service Provider Refilling Station 6. Drinking Water Service Provider Refilling Sta	Type of				
CHECKLIST OF REQUIREMENTS 1. Business Permit (1 Original, 1 Photocopy) 2. Drinking Water Service Provider / Water Refilling Station Sanitary Permit (1 Photocopy) 3. Photocopy of Health Certificate/s New Food or Non-Food(depending on he nature of business) (1 Photocopy) 4. Original copy and photocopy of Pest Control Service Reports/Results (1 Original, 1 Photocopy) 5. Original service report) 6. Original service report) 7. Original service report) 7. Original copy and photocopy of Post Control Service Reports/Results (1 Original, 1 Photocopy) 8. Original service Reports/Results (1 Original, 1 Photocopy) 9. Original service report) 9. Original service report) 9. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) 9. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) 9. Original copy and photocopy of Ice Test Reports / Results (1 Original, 1 Photocopy)) 9. Or Food and Beverage establishments that serves ice - done every other month 9. Water Test Results (1 Original, 1 Photocopy) 1. Original copy and photocopy of Ice Test Results (1 Original, 1 Photocopy) 1. Original copy and photocopy of Ice Test Results (1 Original, 1 Photocopy) 1. Original copy and photocopy of Ice Test Results (1 Original, 1 Photocopy)	Transaction:				
Business Permit (1 Original, 1 Photocopy) Drinking Water Service Provider / Water Refilling Station Sanitary Permit (1 Photocopy) Drinking Water Service Provider / Refilling Station Sanitary Permit (1 Photocopy) Drinking Water Service Provider / Water Refilling Station Sanitary Permit (1 Photocopy) Drinking Water Service Provider / Refilling Station	Who may avail:				
Photocopy) 2. Drinking Water Service Provider / Water Refilling Station Sanitary Permit (1 Photocopy) 3. Photocopy of Health Certificate/s New Food or Non-Food(depending on the nature of business) (1 Photocopy) 4. Original copy and photocopy of Pest Control Service Reports/Results (1 Original, 1 Photocopy) For Food Establishment – done wice a month (original service report) For Grocery/Supermarket / Non-Food Establishment / Others – done monthly (original service report) For Grocery/Supermarket / Non-Food Establishment / Others – done monthly (original service report) For Food and Beverage establishments that serves ice - done every other month 5. Water Test Results (1 Original, 1 Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year					
2. Drinking Water Service Provider / Water Refilling Station Sanitary Permit (1 Photocopy) 3. Photocopy of Health Certificate/s New Food or Non-Food(depending on the nature of business) (1 Photocopy) 4. Original copy and photocopy of Pest Control Service Reports/Results (1 Original, 1 Photocopy) 5. Original service report) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy) 7. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy) 7. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) 7. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) 7. Original copy and photocopy of Ice Test Results (1 Original, 1 Photocopy)) 7. Original copy and photocopy of Ice Test Results (1 Original, 1 Photocopy)) 7. Original copy and photocopy of Ice Test Results (1 Original, 1 Photocopy)) 7. Original copy and photocopy of Ice Test Results (1 Original, 1 Photocopy) 8. Photocopy of Health Certificate/s Refilling Station 9. City Health Office – Environmental Health and Sanitation Service 9. Private Pest Controller Service Provider 9. Private Pest C		(1 Original, 1	Business Permit and Licensing Office		
Water Refilling Station Sanitary Permit 1 Photocopy) 3. Photocopy of Health Certificate/s New Food or Non-Food(depending on the nature of business) (1 Photocopy) 4. Original copy and photocopy of Pest Control Service Reports/Results (1 Original, 1 Photocopy) 5. Original service report) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) 6. Water Test Results (1 Original, 1 Photocopy) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy) 6. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy) 6. Original copy and photocopy of	Photocopy)				
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the nature of business) (1 Photocopy) 4. Original copy and photocopy of Pest Control Service Reports/Results (1 Original, 1 Photocopy) For Food Establishment – done wice a month (original service report) For Grocery/Supermarket / Non-Food Establishment / Others – done monthly (original service report) For Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) For Food and Beverage establishments that serves ice - done every other month 5. Water Test Results (1 Original, 1 Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year			•		
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Pest Control Service Reports/Results (1 Original, 1 Photocopy) For Food Establishment – done twice a month (original service report) For Grocery/Supermarket / Non-Food Establishment / Others – done monthly (original service report) 5. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) For Food and Beverage establishments that serves ice - done every other month 5. Water Test Results (1 Original, 1 Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year			Privata Post Controllar Sarvica Provider		
Reports/Results (1 Original, 1 Photocopy) For Food Establishment – done twice a month (original service report) For Grocery/Supermarket / Non-Food Establishment / Others – done monthly (original service report) 5. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) For Food and Beverage establishments that serves ice - done every other month 5. Water Test Results (1 Original, 1 Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year			Frivate Fest Controller Service Frovider		
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For Food Éstablishment – done (wice a month (original service report) For Grocery/Supermarket / Non-Food (Establishment / Others – done monthly (original service report) 5. Original copy and photocopy of Ice (Test Reports / Result (1 Original, 1 Photocopy)) For Food and Beverage (establishments that serves ice - done (every other month) 6. Water Test Results (1 Original, 1 Photocopy) For Restaurants / Fast Food (a. Physical-Chemical Water Test - done once a year		Original, 1			
Feror Grocery/Supermarket / Non-Food Establishment / Others – done monthly (original service report) 5. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) For Food and Beverage establishments that serves ice - done every other month 5. Water Test Results (1 Original, 1 Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year		ment – done			
Feror Grocery/Supermarket / Non-Food Establishment / Others – done monthly (original service report) 5. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) For Food and Beverage establishments that serves ice - done every other month 5. Water Test Results (1 Original, 1 Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year	twice a month (original	inal service			
Establishment / Others – done monthly (original service report) 5. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) For Food and Beverage establishments that serves ice - done every other month 6. Water Test Results (1 Original, 1 Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year	report)				
Establishment / Others – done monthly (original service report) 5. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) For Food and Beverage establishments that serves ice - done every other month 6. Water Test Results (1 Original, 1 Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year	F 0 /0	/			
(original service report) 5. Original copy and photocopy of Ice Test Reports / Result (1 Original, 1 Photocopy)) For Food and Beverage establishments that serves ice - done every other month 6. Water Test Results (1 Original, 1 Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year					
DOH accredited water testing laboratories					
Test Reports / Result (1 Original, 1 Photocopy)) For Food and Beverage establishments that serves ice - done every other month S. Water Test Results (1 Original, 1 Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year	<u> </u>	,	DOH accredited water testing laboratories		
Photocopy)) For Food and Beverage establishments that serves ice - done every other month S. Water Test Results (1 Original, 1 Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year			DON accredited water testing laboratories		
For Food and Beverage establishments that serves ice - done every other month 6. Water Test Results (1 Original, 1 Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year	•	ait (1 Original, 1			
establishments that serves ice - done every other month 5. Water Test Results (1 Original, 1 Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year					
establishments that serves ice - done every other month 5. Water Test Results (1 Original, 1 Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year	For Food and Beve	rage			
DOH accredited water testing laboratories Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year	establishments that	serves ice - done			
Photocopy) For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year	every other month				
For Restaurants / Fast Food a. Physical-Chemical Water Test - done once a year		ılts (1 Original, 1	DOH accredited water testing laboratories		
a. Physical-Chemical Water Test - done once a year	Photocopy)				
a. Physical-Chemical Water Test - done once a year	For Postouronts	/ Foot Food			
done once a year					
· · · · · · · · · · · · · · · · · · ·	▼				
	,				





related establishments:
DENR / FDA
ssing, reverse logistics and similar
d party waste collection / waste hauler / waste
a party waste concentent waste made / waste
Waste collection, processing and disposal /
Hauler service provider / company
Hauler Service provider / company
manufacturing / computer shop / funeral
ools or establishments located with the
Neighbors beside/near the establishment
By client
:
By client
s / Kitchen Facilities that generate
J
By client
by onem
ilities:
By client
Dy onorit
DOH Ragion 44 Quazon City
DOH Region 4A, Quezon City
10 % 5 .
Licensed Sanitary Engineer
Signed and prepared by anyone who





Point/Water Safety Copy)	Plan (1 Original	completed t	he 40-Hour trainin	g course for
4. Certification of D	OH / FDA for		ier / Distributor / M	lanufacturers
certified containers	, caps &			
dispensers to be used by water				
stations (1 Original				
5. Certification of D		Supplier/Dis	stributor/Manufactu	ırers
certified / approved	•			
sanitizing solution t	-			
stations (1 Original		_		
6. Recent and prev	•	DOH accred	dited water testing	laboratories
test results for Micro	•			
Physical-Chemical	tests (1 Original,			
1 Photocopy)		5011	19 1 4 4 4	
7. Water Test Resu	•	DOH accred	dited water testing	iaboratories
Water Refilling Stat	ion) (1			
Original Copy)				
12.8.1 Physical-Ch				
Water Test -done	twice a			
year	ool Motor Tost			
12.8.2 Microbiologic	cai vvater lest -			
done monthly	haur aartifiaatian	Callage of F	Dublic Heelth LID	Manila
8. Certificate of 40-		College of F	Public Health, UP,	Maniia
Course for water ref	`			
Original, 1 Photoco 9. Photocopy of He		City Health Office – Environmental Health and		
all Personnel (1 Ph		Sanitation Office		
10. Certificate of P		DOH authorized installer		
Registration/Specific		DOTT authorized installer		
equipment used (C				
Representative:	ertified True Copy)			
-	ter (1 Original Copy)	Requesting	Party	
2. Valid ID of Princi			•	
Photocopy)	pai Olibili (I	Requesting Party		
3. Valid ID of Repre	sentative (1	Representative		
Photocopy)	Journalive (1	Topieseilla	uvo	
	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Present	1. Receive and	None	5 minutes	Staff
original copy and	validate the			CHO-EHSS
photocopy of	requirements.			
business permit				
and other	1.1 Prepare the	None	5 minutes	Staff
sanitary	sanitary permit			CHO-EHSS
requirements	once requirements			
	are validated.			
				01-4
	1.2 Assist the	None	2 minutes	Staff
	client in signing			CHO-EHSS
		1		1
	and logging,			





	recording of Sanitary Permit to Operate.			
2. Receive the	2. Release the	None	2 minutes	Staff
Sanitary Permit to	Sanitary Permit to			CHO-EHSS
Operate	Operate.			
	TOTAL:	None	14 Minutes	





3. Cremation Permit

The Cremation Permit is an official document issued as a prerequisite for the cremation of a deceased body by a crematorium within the City of San Pedro. The City Health Office is responsible for the issuance of burial, cremation, transfer, and exhumation permits. This is covered under Presidential Decree No. 856 (Code on Sanitation of the Philippines), as well as other related memorandum orders, ordinances, and policies.

Office or Division:	City Health Office –	Environment	al Health and San	itation Service	
Classification:	Simple				
Type of	G2C- Government t	to Citizen			
Transaction:	OZO GOVERNMENT	io Onizon			
Who may avail:	Spouse, Nearest Re	elative and/or	Authorized Repre	sentative of	
Timo may avam	the deceased	olativo alla, ol	ramonzou ropro	ooman o	
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Death Certificate	(registered or not),	Medical fac	ility or hospital whe	ere the deceased	
duly signed by the a	attending physician	passed awa	ay or Funeral parlo	r and local health	
from the point of ori	gin (1 original copy,	office if the	deceased did not o	die in a medical	
1 photocopy)		facility.			
2. Certificate of Trai	nsfer or Transfer	Health Office	e of the Local Gov	ernment Unit	
Permit of Cadaver,	Bones, or Ashes	where the re	emains were trans	ferred from	
issued by the Healtl	h Office from the				
point of origin if the	remains were				
transferred from and	other city or				
municipality (1 original	nal copy, 1				
photocopy)					
3. Authorization Let	ter to Process	Authorizing Party/Data Subject and Authorized			
Cremation Permit si	igned by the	Representative			
principal requestor,		·			
copy of their valid II	O (showing				
signature) and a co	py of the valid ID of				
the authorized repre					
original copy, 1 pho	tocopy)				
4. Notarized Barang		Prepared by	y the affiant (claim	ant) and	
Kinship or Baranga		notarized by a lawyer or notary public			
Guardianship statin	g that no other		•		
known relatives are	available to				
process the necess	ary documents, if				
no available docum	ents are presented				
to prove the client's	relationship to the				
deceased (1 origina	ıl copy, 1				
photocopy)					
5. Valid I.D. for verification (1 original		Authorizing	party/authorized r	epresentative	
copy)	. .				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Fill out and	1. Receive and	Php	5 minutes	Staff	
submit the	validate the	200.00		CHO-EHSS	





		200.00		
<u>'</u>	TOTAL:	PHP	9 Minutes	
cremation permit.				
receive the				
documents and				
the required				
photocopies of				
receipt, and the				
the photocopy of the official				
Receipt, submit	Cremation Permit			
original Official	received			
Present the	and recording the			
Service Office.	client in signing			CHO-EHSS
Sanitation	2.1 Assist the	None	2 minutes	Staff
Health and	1.35 55511 41112541			
Environmental	has been utilized.			
back to the City Health Office –	Indicated that the Official Receipt			
then proceed	requirements.			
Official Receipt,	official receipt and			
Cremation Permit	photocopy of			CHO-EHSS
2. Photocopy the	2. Receive the	None	2 minutes	Staff
and pay the fee.				
Office/Cashier,	validated.			
Treasury	document is			
proceed to the	submitted			
Cremation Permit,	payment if the			
the order of payment for	will be returned. Issue an order of			
approved, receive	invalid documents			
documents. Once	Incomplete or			
required	requirements.			
Present the	and submitted			
application form.	application form			





4. Transfer Permit of Cadaver, Bones or Ashes

The Transfer of Cadaver, Bones, or Ashes Permit/Certificate is issued when a deceased body is to be transferred to another location for viewing or burial. The City Health Office is responsible for the issuance of burial, cremation, transfer, and exhumation permits. This is covered under Presidential Decree No. 856 (Code on Sanitation of the Philippines), as well as other related memorandum orders, ordinances, and policies.

Office or	City Health Office – Environmental Health and Sanitation Service				
Division:					
Classification:	Simple				
Type of	G2C- Government t	to Citizen			
Transaction:					
Who may avail:	l -	ative, and/or the authorized representative of			
		or the family of the deceased			
	REQUIREMENTS	WHERE TO SECURE			
1. Death Certificate	_ ,	City Civil Registrar's Office			
Number (1 Original,					
	dy is located in and				
1. Death Certificate	, ,	Medical facility or hospital where the deceased			
duly signed by the a	U . ,	passed away or Funeral parlor and local health			
from the point of ori	gin (1 original copy,	office if the deceased did not die in a medical			
1 photocopy)		facility.			
2. Certificate of Trai		Health Office of the Local Government Unit			
Permit of Cadaver,	Bones, or Ashes	where the remains were transferred from			
issued by the Healtl					
point of origin if the					
transferred from and	other city or				
municipality (1 original	nal copy, 1				
photocopy)					
3. Authorization Let		Authorizing party/data subject and authorized			
Transfer Permit of C		representative			
Ashes signed by the					
requestor, with an a					
their valid ID (showi					
copy of the valid ID					
representative (1 or	iginal copy, 1				
photocopy)					
4. Notarized Barang		Prepared by the affiant (claimant) and notarized			
Kinship or Barangay		by a lawyer or notary public			
Guardianship statin	<u> </u>				
known relatives are					
process the necessary documents, if					
no available docum	•				
to prove the client's	•				
deceased (1 origina	и сору, 1				
photocopy)					
5. Valid I.D. for verif	rication (1 original	Authorizing party/authorized representative			
copy)					





	ACENOV	FFFO TO	BBBBBBBBBB	DEBOON
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out and submit the application form. Present the required documents. Once approved, receive the order of payment for transfer permit of cadaver, bones and ashes, proceed to the treasury office/cashier, and pay the fee.	1. Receive and validate the application form and submitted requirements. Incomplete or invalid documents will be returned. Issue an order of payment if the submitted document is validated.	PHP 200.00	5 minutes	Staff CHO-EHSS
2. Photocopy the transfer permit of cadaver, bones and ashes official receipt, then proceed back to the City Health office –	2. Receive the photocopy of official receipt and requirements. Indicate that the official receipt has been utilized.	None	2 minutes	Staff CHO-EHSS
Environmental Health and Sanitation Service Office. Present the original official receipt, submit the photocopy of the official receipt, and the photocopies of the required documents. Receive the Transfer Permit of Cadaver, Bones and Ashes.	2.1 Assist the client in signing the received Transfer Permit of Cadaver, Bones and Ashes.	None	2 minutes	Staff CHO-EHSS
	TOTAL:	PHP 200.00	9 Minutes	





5. Exhumation Permit

The exhumation permit is issued as a prerequisite for exhumation/removal of remains from place of interment. The City Health Office is responsible for the issuance of burial, cremation, transfer and exhumation permit. This is covered under Presidential Decree No. 856 (Code on Sanitation) and other related memorandum orders, ordinances, and policies.

Office or Division:	City Health Office –	Environment	tal Health and San	itation Service
Classification:	Simple			
Type of	G2C- Government t	o Citizon		
Transaction:	G20- Government	O CILIZEIT		
Who may avail:	Spouse, Nearest Re	alativa and/a	r Authorized Boore	ocontative of
	the deceased only	siative ariu/oi	r Authorized Nepre	ssentative of
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
Death Certificate	` •		ility or hospital who	
duly signed by the a	attending physician	passed awa	ay or Funeral parlo	r and local health
from the point of ori	gin (1 original, 1	office if the	deceased did not	die in a medical
photocopy)		facility.		
2. Certificate of Trai	nsfer or Transfer	Health Offic	e of the Local Gov	ernment Unit
Permit of Cadaver,	Bones, or Ashes	where the re	emains were trans	ferred from
issued by the Healtl				
point of origin if the	remains were			
transferred from and	other city or			
municipality (1 original				
3. Authorization Let		Authorizing party/data subject and authorized		
Exhumation Permit		representative		
principal requestor,				
copy of their valid II	O (showing			
signature)				
4. Notarized Barano			y the affiant (claima	ant) and notarized
Kinship or Baranga	•	by a lawyer	or notary public.	
Guardianship statin	<u> </u>			
known relatives are				
process the necess	=			
no available docum	•			
to prove the client's	•			
deceased (1 origina				
5. Valid I.D. for verit	tication (1 original	Authorizing	party and authoriz	ed representative
copy)	AOENOV	FEEO TO	DD00E00ING	DEDCOM
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out and	1. Receive and	PHP	5 minutes	Staff
submit the	validate the	200.00 CHO-EHSS		
application form.	application form			
Present the	and submitted			
required	requirements.			
documents. Once	Incomplete or			
approved, receive	invalid documents			





the order of payment for exhumation permit, proceed to the treasury office/cashier, and pay the fee.	will be returned. Issue an order of payment if the submitted document is validated.			
2. Photocopy the Exhumation Permit Official Receipt, then proceed back to the City Health Office – Environmental	2. Receive the photocopy of official receipt and requirements. Indicate that the Official Receipt has been utilized.	None	2 minutes	Staff CHO-EHSS
Health and Sanitation Service Office. Present the original Official Receipt, submit the photocopy of the Official Receipt, and the photocopies of the required documents. Receive the Exhumation Permit.	2.1 Assist the client in signing and recording the received Exhumation Permit.	None	2 minutes	Staff CHO-EHSS
. 511110	TOTAL:	Php 200.00	9 Minutes	





6. Burial Permit

The burial permit is issued as a prerequisite for the burial of remains in burial grounds within the City of San Pedro. The City Health Office is responsible for the issuance of burial, cremation, transfer, and exhumation permits. This is covered under Presidential Decree No. 856 (Code on Sanitation of the Philippines), as well as other related memorandum orders, ordinances, and policies.

Office or	City Hoolth Office	Environmental Health and Conitation Carvino				
Division:	City Health Office – Environmental Health and Sanitation Service					
Classification:	Simple					
	G2C- Government	to Citizon				
Type of Transaction:	G2C- Government	to Citizen				
Who may avail:	Chausa Nagreet Balative and/or Authorized Bangagantative of					
willo illay avail.	Spouse, Nearest Relative and/or Authorized Representative of the deceased only, and/or the family of the deceased					
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE				
Death Certificate		Medical facility or hospital where the deceased				
duly signed by the a	` •	passed away or Funeral parlor and local health				
from the point of ori	3 . ,	office if the deceased did not die in a medical				
deaths or Registere		facility				
for reinternment 3 to		Tability .				
date of death (1 original	•					
photocopy)	5 137					
	ontract or Receipt (1	Public Cemetery or Private Cemetery				
original copy, 1 pho						
3. Certificate of Tra		Health Office of the Local Government Unit				
Permit of Cadaver,	Bones or Ashes	where the remains was transferred from				
issued by the Healt	h Office from the					
point of origin if the	remains were					
transferred from an						
municipality (1 origi	nal copy, 1					
photocopy)						
4. Authorization Letter to Process		Authorizing party/data subject and authorized				
Burial Permit signed		representative				
requestor, with an a						
their valid I.D. (show						
a copy of the valid I						
authorized represer	itative (1 original					
copy, 1 photocopy) 5. Notarized Barang	ray Affidavit of	Prepared by the affiant (claimant) and notarized				
Kinship or Baranga		by a lawyer or notary public				
Guardianship statin		by a lawyer or flotary public				
known relatives are	<u> </u>					
process the necess						
no available docum	•					
to prove the client's	•					
deceased (1 origina	•					
photocopy)	1 7 /					
	ntification (1 original	Authorizing party and authorized representative				
copy)	, J					





	C. PHILIP			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out and submit the application form. Present the required documents. Once approved, receive the order of payment for burial permit, proceed to the treasury office/cashier, and pay the fee.	1. Receive and validate the application form and submitted requirements. Incomplete or invalid documents will be returned. Issue an order of payment if the submitted document is validated.	PHP 200.00	5 minutes	Staff CHO-EHSS
2. Photocopy the Burial Permit Official Receipt, then proceed back to the City Health Office – Environmental Health and	2. Receive the photocopy of official receipt and requirements. Indicate that the Official Receipt has been utilized.	None	2 minutes	Staff CHO-EHSS
Sanitation Service Office. Present the original Official Receipt, submit the photocopy of the Official Receipt, and the photocopies of the required documents. Receive the Burial Permit. The Official Receipt serves as the Burial Permit.	2.1 Assist the client in signing and recording the received Exhumation Permit.	None	2 minutes	Staff CHO-EHSS
	TOTAL:	Php 200.00	9 Minutes	



City Planning and Development Coordinator's Office – Zoning Administration External Services



1. Application for Locational Clearance for Building Permit: New, Renovation & Interior Renovation (Partial One-Stop Shop)

All applicants constructing a new building or applying for expansion/renovation are required to secure Locational Clearance as a pre-requisite for the building permit. The Locational Clearance is a document that shows conformity of the proposed structure as per the Comprehensive Land Use Plan (CLUP).

Office or Division:	City Planning and Development Coordinator's Office – Zoning Section		
Classification:	Simple	Loring Containator o Cinico Lorining Control	
Type of		t to Citizen, G2B – Government to Business Entity,	
Transaction:	G2G – Government		
Who may avail:	All		
CHECKLIST OF R		WHERE TO SECURE	
1. Notarized Application	n Form (1 Original	City Planning and Development Coordinator's	
Сору)		Office – Zoning Administration	
2. Signed and sealed A	rchitectural Plan (6	Licensed Architect	
Sets)	·		
3. Certified True Copy	of Land Title/s (1	Registry of Deeds	
Photocopy)			
4. Certified True Copy	of Tax Declaration	City Assessor's Office	
(1 Photocopy)	T		
5. Current Tax Receipt		City Treasurer's Office	
6. Ground Verification S	-	Geodetic Engineer	
Map (1 Original Bluepri		ļ 	
7. Signed and sealed B	Bill of Materials (1	Licensed Engineer	
Original Copy)	01	B	
8. Barangay Constructi	on Clearance (1	Barangay Hall where the project is located	
Original Copy)		A dia part must sufficient	
		Adjacent property owners	
If the property is not under the name of the		ne applicant:	
10. Proof of ownership over the land (1			
Photocopy) such as bu ✓ Certificate of Titl		Pogistry of Doods	
Declaration;	U I dX	Registry of Deeds	
✓ Deed of Sale;		Applicant	
✓ Deed of Sale, ✓ Deed of Donatio	n· and	Applicant	
✓ Contract of Leas	•	Applicant	
If applicant is a corpo		1 · 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	
11. Secretary Certificat		Corporation	
12. Valid I.D. of Authori		Authorizing Party and Applicant	
Representative (1 Phot		,	
If the project is locate		ion:	
1. Homeowner's Assoc		HA Office where the project is located	
Construction Clearance	,	1 3,222 2 323333	
If application is proce		resentative:	
1. Special Power of Att		Authorizing Party and Applicant	
(SPA)/Authorization Le	-		
Čopy)			
2. Consularized SPA (if	f applicant is	Philippine Embassy abroad where the applicant	





			PR	
residing abroad)		resides		
3. Valid I.D. of Authoriz	ring Party and			
Representative 1 Photo	Representative 1 Photocopy)			
If project abuts to adj				
1. Neighbor's Consent		City Plannin	ng and Developm	nent Coordinator's
HOA and/or Barangay	_		ning Administrati	
Copy)				
If project will generate	e a large volume of	traffic:		
1. Traffic Impact S			ansport Enginee	<u> </u>
Original Copy)	(110)	Licerioca ii	anoport Engine	,
For all development p	roposals in flood n	rone areas a	nd all major pro	onosals likely to
affect the existing dra			ina an major pr	opocaio intoly to
Drainage Impact		Licensed Ci	ivil/Sanitary Engi	inger or
(DIAS) (1 Original Copy		Environmer		inicer or
For projects located i				LC Pocario
		ie rauitilie	(Calendola, G.S	.i.s., Rusaliu,
Sampaguita, San Anto		City Discosts	r Diak Daduation	a and Managament
 Certification of prop faultline (1 Original Cor 		Office (CDF		n and Management
raultime (1 Original Cop	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Proceed to the	1. Receive and	None	10 minutes	
front desk officer and		None	10 minutes	Zoning Inspector I Or
	verify documents			•
submit the required	for completeness.			Admin Asst. (Job
documents.	4.4.\/avifu = avaina			Order)
	1.1 Verify zoning			CPDCO
	classification and	Decedes	20	Diamaina Offican II
	check if the	Based on	30 minutes	Planning Officer II
	project conforms	the 2013		Or
	to the provisions	HLURB		Draftsman I
	of the Zoning	Schedule		Or
	Ordinance. Write	of Fees		Engineer I
	amount to be paid			CPDCO
	on the unified			
	assessment			
	sheet.			
	4.0.0	NI.	40	A . ('
	1.2 Review and	None	10 minutes	Acting Zoning
	approve/disapprov			Officer
	e the application.			Or
				Planning Officer II
				CPDCO
				_ , , .
	1.3 Release the	None	5 minutes	Zoning Inspector I
	approved LC to			Or
	the client.			Admin Asst. (Job
				Order)
				CPDCO
	TOTAL:	Based on	55 Minutes	
		the 2013		
		HLURB		





Schedule	
of Fees	

Zoning / Locational Clearance Fees

A. Single residential structure attached	or detached
1. P100,000 and below	P288
2. Over P100,000 to P200,000	P576
3. Over P200,000	P720 + (1/10 of 1% in excess of P200,000)
B. Apartments/Townhouses	
1. P500,000 and below	P1,440
2. Over P500,000 to 2 Million	P2,160
3. Over 2 Million	P3,600 + (1/10 of 1% of cost in excess of P2.M
	regardless of the number of floors)
C. Dormitories	
1. P2 Million and below	P3,600
2. Over 2 Million	P3,600 + (1/10 of 1% of cost in excess of P2.M
	regardless of the number of floors
D. Institutional	
1. Below P2 Million	P2,880
2. Over 2 Million	P2,880 + (1/10 of 1% of cost in excess of P2.M)
E. Commercial, Industrial and Agro-Ind	ustrial Project Cost of which is:
1. Below P100,000	P1,440
2. Over P100,000 – P500,000	P2,160
3. Over P500,000	P2,880
4. Over P1 Million – P2 Million	P4,320
5. Over P2 Million	P7,200 + (1/10 of 1% of cost in excess of P2.M)
F. Special Uses/Special Projects (Gaso	line Station, Cell Sites, Slaughter House,
Treatment Plants, etc.)	
1. Below P2 Million	P7,200 + (1/10 of 1% of cost in excess of P2.M)
2. Over P2 Million	
G. Alteration / Expansion (affected	Same as the original application
areas/cost only)	

Source: HLURB 2013 Schedule of Fees



2. Application for Locational Clearance for Business Permit (New) – One-Stop Shop

All applicants applying for a business permit are req uired to secure Locational Clearance for business permit purposes. This document is proof that the proposed business is allowed in the subject property in accordance with the Comprehensive Land Use Plan (CLUP).

Office or Division:	City Planning and D	Development	Coordinator's Of	ffice – Zoning Section
Classification:	Simple	Simple		
Type of	G2C - Government	to Citizen		
Transaction:				
Who may avail:	All			
CHECKLIST OF RI	EQUIREMENTS		WHERE TO S	ECURE
1. Application Form wit	h Unified Clearance	Business P	ermits and Licen	sing Office (BPLO)
(1 Original Copy)				. ,
2. Certified True Copy of Land Title (1		Registry of	Deeds	
Photocopy)	·			
3. Barangay Business (Clearance (1	Barangay w	here the busine	ss is located
Photocopy)	·			
4. Picture of business e	establishment (1	Applicant		
Original Copy)				
5. Building Permit (1 Ph	notocopy)	Applicant		
6. Occupancy Permit (1	Photocopy)	Applicant		
If the property is not u	under the name of t	he applicant		
7. Proof of ownership o	ver the land (1			
Photocopy), such as bu	ut not limited to:			
✓ Certificate of Titl	e or Tax	Registry of Deeds		
Declaration;				
✓ Deed of Sale;		Applicant		
✓ Deed of Donatio	n; and	Applicant		
✓ Contract of Lease		Applicant		
If the business is loca				
8. Homeowner's Assoc		HA where the	he business is lo	cated
Clearance for Business				
If the applicant is a co	•	_		
9. Secretary Certificate		Corporation		
10. Valid I.D. (1 Photoc			•	nd authorizing party
If application is proce				
Special Power of Attention		Authorizing Party and Applicant		cant
(SPA)/Authorization Le	tter (1 Original			
Copy)				
2. Consularized SPA (if	f applicant is	Philippine Embassy abroad where the applicant		where the applicant
residing abroad)		resides		
3. Valid I.D. of Authoriz	-	Applicant		
Representative 1 Photo			l ======	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit the	1. Receive the	None	10 minutes	Clerk
complete	complete			BPLO
requirements to the	requirements and			





front desk.	check for			
Hom dook.	completeness.			
2. Assist the Joint Inspection Team (JIAT) in conducting the inspection.	2. Conduct the inspection and check if the proposed business activity is permitted in accordance with the Zoning Ordinance.	None	1 day	JIAT
	2.1 If there are incomplete requirements or findings, indicate it on the clearance form and return it to the client.	None	2 minutes	Draftsman I Or Admin Asst. (Job Order) CPDCO
	2.2 Assess fees to be paid and sign the unified clearance form	Refer to the 2013 HLURB Schedule of Fees	5 minutes	Draftsman I Or Admin Asst. (Job Order) CPDCO
3. Receive signed Unified Clearance Form and proceed to the other regulatory offices for their respective clearances.	3. Release signed Unified Clearance Form.	None	5 minutes	Draftsman I Or Admin Asst. (Job Order) CPDCO
	TOTAL:	Refer to the 2013 HLURB Schedule of Fees	1 Day and 22 Minutes	

Zoning / Locational Clearance Fees (based on 2013 HLURB Schedule of Fees)

A. Single residential structure attached or detached			
1. P100,000 and below	P288		
2. Over P100,000 to P200,000	P576		
3. Over P200,000	P720 + (1/10 of 1% in excess of P200,000)		
B. Apartments/Townhouses			
1. P500,000 and below	P1,440		
2. Over P500,000 to 2 Million	P2,160		
3. Over 2 Million	P3,600 + (1/10 of 1% of cost in excess of P2.M		





	regardless of the number of floors)
C. Dormitories	
1. P2 Million and below	P3,600
2. Over 2 Million	P3,600 + (1/10 of 1% of cost in excess of P2.M
	regardless of the number of floors
D. Institutional	
1. Below P2 Million	P2,880
2. Over 2 Million	P2,880 + (1/10 of 1% of cost in excess of P2.M)
E. Commercial, Industrial and Agro-Ind	ustrial Project Cost of which is:
1. Below P100,000	P1,440
2. Over P100,000 – P500,000	P2,160
3. Over P500,000	P2,880
4. Over P1 Million – P2 Million	P4,320
5. Over P2 Million	P7,200 + (1/10 of 1% of cost in excess of P2.M)
F. Special Uses/Special Projects (Gaso	line Station, Cell Sites, Slaughter House,
Treatment Plants, etc.)	
1. Below P2 Million	P7,200 + (1/10 of 1% of cost in excess of P2.M)
2. Over P2 Million	P7,200 + (1/10 of 1% of cost in excess of P2.M)
G. Alteration / Expansion (affected	Same as the original application
areas/cost only)	





3. Application for Locational Clearance for Business Permit (Renewal & Compliance) – One-Stop Shop

All applicants applying for a business permit are required to secure Locational Clearance for business permit purposes. This document is proof that the proposed business is allowed in the subject property in accordance with the Comprehensive Land Use Plan (CLUP).

Office or Division:	City Planning and D	Development	Coordinator's Of	ffice – Zoning Section	
Classification:	Simple				
Type of	G2B – Government to Business Entity, G2G – Government to			overnment to	
Transaction:			-		
Who may avail:	Existing Business C	Owners			
CHECKLIST OF R	EQUIREMENTS	WHERE TO SECURE			
1. Unified Clearance (1	Original Copy)	Business Permits and Licensing Office			
`	2. Business Permit (1 Photocopy)		Applicant		
3. Previous Locational	Clearance (1	Applicant			
Photocopy)					
	4. Supplemental Documents (whichever is				
applicable, 1 Photocop		_			
✓ Barangay Busin	ess Clearance	0,	here business is	s located	
✓ Building Permit			Applicant		
✓ Certificate of Oc		Applicant			
✓ Homeowner's C	learance	Homeowner's Association Office where business is located			
If application is press					
If application is processed through a rep			Dorty and Applie	nont.	
5. Special Power of Attorney		Authorizing	Party and Applic	ani	
(SPA)/Authorization Letter (1 Original					
Copy) 6. Consularized SPA (if	fannlicant is	Dhilipping E	mbacey abroad	where the applicant	
residing abroad)	applicant is	Philippine Embassy abroad where the applicant resides			
7. Valid I.D. of Authoriz	ing Party and	Applicant			
Representative 1 Photo		пррпоатт			
•	AGENCY	FEES TO	PROCESSIN	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Submit Unified	1. Receive the	None	5 minutes	Clerk	
Business Application	complete			BPLO	
Form for assessment	requirements and				
and verification.	check for				
	completeness.				





2. Assist the Joint Inspection Team (JIAT) in conducting the inspection.	2. Conduct the inspection and check if the proposed business activity is permitted in accordance with the Zoning Ordinance.	None	1 day	JIAT
	2.1 If there are incomplete requirements or findings, indicate it on the clearance form and return it to the client.	None	2 minutes	Admin Asst. (Job Order) CPDCO
	2.2 Assess fees to be paid and sign the unified clearance form	Refer to the 2013 HLURB Schedule of Fees	5 minutes	Acting Zoning Officer Or Draftsman I Or Admin Asst. (Job Order) CPDCO
3. Receive signed Unified Clearance Form and proceed to the other regulatory offices for their respective clearances.	3. Release signed Unified Clearance Form.	None	5 minutes	Zoning Inspector I Or Inspector (Job Order) Or Draftsman (Job Order) CPDCO
	TOTAL:	Refer to the 2013 HLURB Schedule of Fees	1 Day and 17 Minutes	





4. Application for Locational Clearance for Building Permit: Special Use Permit

The Locational Clearance is issued to the applicants as a pre-requisite in the issuance of Building Permit to guarantee that proposed structure is in compliance with the Zoning Ordinance. The Special Use Permit is issued through a resolution approved by the City Council allowing the project for such use on the lot or property. The uses that require a Special Use Permit are: Gasoline/Auto-LPG, Waste Disposal Facility, Radio and Television Transmitting Stations, Telecommunication Tower (Greenfields), Heliports/Helipads, Abattoir/Slaughterhouse, Cockpits/Race Tracks, Transport Terminals, Transport Garage, Cemeteries, Funeral Parlor/ Memorial Chapel/Mortuary, Crematorium/Columbarium.

Office or Division:	City Planning and [Development Coordinator's Office – Zoning Section
Classification:	Complex	
Type of	G2C – Governmen	t to Citizen, G2B – Government to Business Entity,
Transaction:		
Who may avail:	Simple	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. Letter of Intent (1 Or	iginal Copy, 1	Applicant
Receiving Copy)		
2. Notarized Application	n Form (1 Original	Zoning Office
Copy)		
3. Signed and sealed A	Architectural Plans	Licensed Architect
(6 Original Sets)		
4. Certified True Copy	of Land Title (1	Registry of Deeds
Photocopy)		
5. Proof of ownership of		Applicant
Photocopy), such as bu		
✓ Certificate of Tit	le or Tax	
Declaration;		
✓ Deed of Sale;	1	
✓ Deed of Donatio		
✓ Contract of Leas		Applicant
6. Certified True Copy of Tax Declaration		Applicant
(1 photocopy)	(1 Dhotoppy)	City Transurer's Office
7. Current Tax Receipt		City Treasurer's Office
8. Ground Verification	-	Applicant
Map (1 Original in Blue		Licensed Engineer
9. Signed and sealed E	on materials (1	Licensed Engineer
Original Set) 10. Barangay Construction	otion Cloaranco (1	Barangay where the project will be located
Original Copy)	Mon Olbarance (1	Darangay where the project will be located
11. Sangguniang Panlu	ingsod Resolution	Sangguniang Panlungsod Secretariat's Office
(1 Photocopy) (<i>Note:</i> A		Cangganiang Faniangsod Scoretanat's Office
for Telecommunication		
If project will generate		traffic:
12. Traffic Impact State		Licensed Transport Engineer
Photocopy)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Electional Hallopoit Eliginoon
If applicant is a corpo	oration:	1





		T		
13. Secretary Certificat		Corporation	1	
14. Valid I.D. (1 Photoc		Applicant		
If project abuts to adj		T		
15. Neighbor's Consen	t Form (1 Original	Property ow	ners adjacent to	project site
Copy)				
If project is located in				
16. Homeowner's Asso		Subdivision	where the proje	ct is located
Construction Clearance	e (1 Original Copy)			
If project site has no i	registered HOA (for	Cell Tower	Projects):	
17. Certification indicat	ing that there is no	Property Ov	wner	
registered HOA in the p	proposed site			
For Cell Tower Projec	ts - If it will be erec	ted on top o	of a building	
18. Joint certification si	gned by the	Property ow	ner and register	ed structural
property owner and stru	uctural engineer as	engineer (te	emplate can be for	ound on IRR of EO
to the structural stability	/	No. 32 s. 20	023)	
If application is done		tative:		
19. Special Power of A			Party and Applic	cant
(SPA)/Authorization Le	•		,	
Copy)	(0			
20. Consularized SPA	(if owner is residing	Philippine E	mbassy abroad	where the applicant
abroad)	· J	resides	,	1 1
21. Valid I.D. of Authori	zing Party and	Authorizina	party and repres	sentative
Representative 1 Photo	-		,	
For all development p		rone areas a	nd all maior pro	oposals likely to
affect the existing dra				- p
22. Drainage Impact		Licensed Ci	ivil/Sanitary Engi	neer or
(DIAS) (1 Original Copy		Environmen		
For Passive Telecom				0) meters or higher
above the elevation of				o, motoro or mg
23. Height Cleara	•	Civil Aviatio	n Authority of the	e Philippines (CAAP)
Photocopy)	(1	O TVIII 7 TVII GUIG		3 · · · · · · · · · · · · · · · · · · ·
	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit the Letter	1. Receive the	None	5 minutes	Zoning Inspector I
of Intent (LOI) to the	LOI and other			Or
Office of the Zoning	requirements.			Admin Asst. (Job
Administrator (OZA)	- roquironion			Order)
along with the other				CPDCO
requirements.				0. 500
Toquiromonio.	1.1 Evaluate the	None	1 day	Planning Officer II
	project based on	110110	, day	Or
	the submitted			Engineer I
				CPDCO
1	requirements and			
· · · · · · · · · · · · · · · · · · ·				0. 200
	requirements and compliance to the			0. 200
				0. 200
	compliance to the			0. 500
	compliance to the			
	compliance to the			
	compliance to the			





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	1.2 Prepare and submit endorsement letter to the Office of the Mayor and wait for the schedule of the committee hearing, if compliant.	None	30 minutes	
2. Attend the scheduled committee hearing for deliberation	2. Conduct committee hearing	None	1 hour	Sangguniang Panlungsod Committee on Land Use, Housing, and Urban Development
3. Submit the approved City Council Resolution and all other requirements	3. Receive and check documents for completeness.	None	5 minutes	Zoning Inspector I Or Clerk (Job Order) CPDCO
4. Receive Special Use Permit (SUP)	4. Prepare the SUP.	None	5 minutes	Zoning Inspector I CPDCO
	4.1 Sign LC and SUP and stamp/sign the architectural plans	None	5 minutes	Acting Zoning Officer Or Planning Officer II CPDCO
	4.2 Release the SUP and stamped/signed architectural plans	None	5 minutes	Zoning Inspector I Or Admin Asst. (Job Order) CPDCO
	TOTAL:	Refer to the 2013 HLURB Schedule of Fees	1 Day, 1 Hour, and 55 Minutes (excluding time period for scheduling the committee hearing)	





Zoning / Locational Clearance Fees (based on 2013 HLURB Schedule of Fees)

Special Uses/Special Projects (Gasoline Station, Cell Sites, Slaughter House, Treatment Plants, etc.)			
1. Below P2 Million	P7,200 + (1/10 of 1% of cost in excess of P2.M)		
2. Over P2 Million	P7,200 + (1/10 of 1% of cost in excess of P2.M)		





5. Application for Zoning Certification

A Zoning Certification certifies the current use of the property as per the approved Comprehensive Land Use Plan (CLUP). This can also be used to transact with other government agencies.

Office or Division:	City Planning and D)evelopment	Coordinator's Of	ffice – Zoning Section
Classification:	Simple			
Type of		to Citizen. G	32B – Governme	nt to Business Entity,
Transaction:	G2G – Government	•		,
Who may avail:	Simple			
CHECKLIST OF R		WHERE TO SECURE		
1. Notarized Application	n Form (1 Original	Zoning Office	ce	
Copy)				
2. Signed and sealed Lot Plan with Vicinity		Licensed G	eodetic Enginee	r
Map, showing the prop	erty with landmarks		_	
(1 Original Copy)	•			
3. Certified True Copy	of Land Title (1	Registry of	Deeds	
Photocopy)	· 			
4. Proof of ownership of		Applicant		
Photocopy), such as bu				
✓ Certificate of Title	e or Tax			
Declaration;				
✓ Deed of Sale;				
✓ Deed of Donation	,			
✓ Contract of Lease				
5. Certified True Copy	of Tax Declaration	Applicant		
(1 photocopy)				
6. Current Tax Receipt		City Treasu	rer's Office	
7. Picture of property (Applicant		
If applicant is a corpo		T -		
8. Secretary Certificate		Corporation		
9. Valid I.D. (1 Photoco			party and applic	ant
If application is done				
10. Special Power of A		Authorizing Party and Applicant		
(SPA)/Authorization Le	tter (1 Original			
Copy)				
11. Consularized SPA	(It owner is residing	Philippine Embassy abroad where the applicant		
abroad)		resides		
12. Valid I.D. of Author		Authorizing	party and applic	ant
Representative (1 Phot	cocopy) torms of			
identification.	A O EN OY	FFE0 =0	DD 6 0 E 6 6 11 1	DED CO.:
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit the	1. Verify the	None	10 minutes	Zoning Inspector I
complete	correctness and	. 10110		Or
requirements.	completeness of			Admin Asst. (Job
1 2 45 0	the requirements.			Order)
				CPDCO





	1.1 Verify the zoning classification of the subject property.	None	10 minutes	Acting Zoning Officer CPDCO
2. Pay the required fee at the Treasury Office and present	2. Prepare Order of Payment	None	5 minutes	Zoning Inspector I CPDCO
the official receipt to the Zoning Office.	2.1 Receive payment and issue official receipt.	Certificati on fee: P720/ha.	5 minutes	Collection Clerk Treasury Office
	2.2 Receive and verify official receipt.	None	5 minutes	Zoning Inspector I CPDCO
3. Receive Zoning Certification and sign in the releasing	3. Prepare Zoning Certification	None	10 minutes	Zoning Inspector I CPDCO
logbook.	3.1 Sign Zoning Certification	None	5 minutes	Acting Zoning Officer Or Planning Officer II CPDCO
	3.2 Release Zoning Certification	None	5 minutes	Zoning Inspector I Or Admin Asst. (Job Order) CPDCO
	3.3 Assist client in signing the logbook.	None	5 minutes	Zoning Inspector I Or Clerk (Job Order) CPDCO
	TOTAL:	Certificati on fee: P720/ha	1 Hour	





6. Request for Rezoning of Property

Any association or group of persons who wish to reclassify a property may request for such with the City Council. A resolution will be passed by the Council upon approval.

Office or Division:	City Planning and D	Development	Coordinator's O	ffice – Zoning Section
Classification:	Highly Technical			
Type of		to Citizen. G	32B – Governme	ent to Business Entity,
Transaction:	G2G – Government			
Who may avail:	All		<u> </u>	
CHECKLIST OF RI			WHERE TO S	SECURE
Request Letter address		Applicant (to		secured from the
Mayor through the Sangguniang		Zoning Office	•	
Panlungsod (1 Original Copy, 1 Receiving		Zorning Onic	50)	
Copy)				
2. Certified True Copy	of Land Title (1	Registry of	Deeds	
Photocopy)	or Land Thic (1	region y or	Decas	
3. Proof of ownership o	ver the land (1	Applicant		
Photocopy), such as bu		пррпоатт		
✓ Certificate of Titl				
Declaration;	o or rux			
✓ Deed of Sale;				
✓ Deed of Donatio	n· and			
✓ Contract of Leas	•			
4. Certified True Copy		Applicant		
(1 photocopy)				
5. Current Tax Receipt	(1 Photocopy)	City Treasurer's Office		
6. Vicinity Map (1 Origin			eodetic engineer	
7. Locator Map with Landmark (1 Original		Applicant		
Copy)	(
8. Barangay resolution	interposing no	Barangay H	lall where the pr	operty is located
objection to the rezoning			'	
If property is inside a		•		
9. Homeowner's Assoc		Homeowne	r's Association C	Office where the
interposing no objection	n (1 Photocopy)	property is I	ocated	
If applicant is a corpo				
10. SEC Registration (Securities and Exchange Commission (SEC)		
11. Secretary Certificat		Corporation		
12. Valid I.D. (1 Photoc	copy)	Authorizing Party and Applicant		
If application is done				
13. Special Power of A			Party and Applic	cant
(SPA)/Authorization Le	•			
Copy)				
14. Consularized SPA	(if applicant is	Philippine E	mbassy abroad	where the applicant
residing abroad)		resides		· ·
16. Valid I.D. of Authori	zing Party and			
Representative 1 Photo	осору)			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit the	1. Verify the	None	10 minutes	Zoning Inspector I





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complete	correctness and			CPDCO
requirements.	completeness of			
	the requirements.		4 1	<u> </u>
2. Assist the	2. Conduct	None	1 day	Engineer I
personnel in	inspection of the			CPDCO
conducting inspection	property.			
of the property (if				
necessary) 3. Attend the	2 Propare	None	5 minutes	Zoning Inspector I
committee hearing to	3. Prepare endorsement to	None	5 minutes	CPDCO
deliberate on the re-	the Sangguniang			OI DOO
zoning of the	Panlungsod.			
property.	l			
p. op o. ty.	3.1 Forward	None	5 minutes	Zoning Inspector I
	signed			CPDCO
	endorsement with			
	requirements to			
	the Mayor's Office			
	through the City			
	Administrator for			
	approval.			
	3.2 Sign	None	1 day	City Administrator
	endorsement.	NOHE	i day	City Administrator's
	endorsement.			Office
				Office
	3.3 Forward	None	5 minutes	Zoning Inspector I
	endorsement to			Or
	the Vice-Mayor's			Clerk (Job Order)
	Office			CPDCO
	3.4 Attend	None	1 hour	Acting Zoning
	scheduled			Officer
	committee			Or
	hearing.			Planning Officer II
1 Possive convert	4. Receive file	None	5 minutes	CPDCO Zoning Inspector I
4. Receive copy of resolution approving	copy of the	None	5 minutes	Or Clerk
the re-zoning	resolution			CPDCO
(through the	approving the re-			01 000
Sangguniang	zoning of the			
Panlungsod)	property			
,	TÓTAL:	None	2 Days, 1	
			Hour and 35	
			Minutes	
			(excluding	
			processing	
			time to	
			schedule	
			hearing)	





7. Application for Alteration Permit (Preliminary and Final Subdivision Development Plan)

Alteration Permit is applied by owner and/or developer of a previously approved Development Permit of a subdivision that would like to undergo an alteration in category and/or other details of their subdivision.

Office or Division:	Office of the Zoning Officer			
Classification:	Complex			
Type of	G2C or G2B			
Transaction:				
Who may avail:	All			
CHECKLIST OF REQ	WHERE SECURE	ТО		
PRELIMINARY REQU				
1. Letter of Intent (1 O	riginal Copy)	Applicant		
•	Plan (Schematic Plan) at a scale ranging from 1:200 the proposed layout of streets, lots, parks and	Applicant		
,	r features in relation to existing conditions in the area			
	I sealed by any licensed and registered architect,			
• • • •	r, civil engineer, or geodetic engineer (2 Original			
Sets).	<u> </u>			
engineer: (a) Vicinity well as existing facilities property boundaries of Topographic Plan to in (1) Boundary Lines: geographic coordinates Monument (BLLM); (2) Streets, easements project and adjacent so (3) Utilities within ar location, sizes and in sewers; location of gasting severs.	nd adjacent to the proposed subdivision project; vert elevations of sanitary and storm or combined as lines, fire hydrants, electric and telephone poles	Applicant		
and street lights, if any. If water mains and sewers are not within or adjacent to the subdivision, indicate the direction and distance to and size of nearest one, showing invert elevations of sewers, if applicable. (4) Ground elevation of the subdivision: for ground that slopes less than 2%, indicate spot elevations at all breaks in grade, along all drainage				
channels and at selected points not more than 25 meters apart in all directions: for ground that slopes more than 2%, either indicate contours with an interval of not more than 0.5 meter if necessary due to irregular land or need for more detailed preparation of plans and construction drawings.				
(5) Water courses, preservable trees in constant shacks, and other sign (6) Proposed public im	marshes, rock and wooded areas, presence of caliper diameter of 200 millimeters, houses, barns, ificant features. approvements: highways or other major improvements horities for future construction within/adjacent to the			





subdivision. c. Survey Plan of the lot(s) as described in TCT(s).	
4. Certified True Copy of Title(s) and Current Tax Receipt (At least 2 Copies)	Registry of Deeds and City Treasurer's Office
When applicable:	
1. Right to use or deed of sale of right-of-way for access road and other utilities, subject to just compensation for private land.	Applicant
FINAL REQUIREMENTS	
1. All requirements for application for preliminary subdivision development plan as specified above.	See details above
2. Subdivision Development Plan consisting of the site development plan at any of the following scales: 1:200; 1:1,000; or any scale not exceeding 1:2,000; showing all proposals including the following: a. Roads, easements or right-of-way and roadway width, alignment, gradient, and similar data for alleys, if any. b. Lot numbers, lines and areas and block numbers. c. Site data such as number of residential and saleable lots, typical lot size, parks and playgrounds and open spaces. (The subdivision development plan shall be prepared, signed and sealed by any licensed and registered architect, environmental planner, civil engineer or geodetic engineer.)	Applicant
3. Civil and Sanitary Works Design Engineering plans/construction drawings based on applicable engineering code and design criteria to include the following: a. Road (geometric and structural) design/plan duly signed and sealed by a licensed civil engineer (2 Original Copies). (1) Profile derived from existing topographic map, showing the vertical control, designed grade, curve elements and all information needed for construction. (2) Typical roadway sections showing relative dimensions of pavement, sub-base and base preparation, curbs and gutters, sidewalks, shoulders benching and others. (3) Details of miscellaneous structures such as curb and gutter (barrier, mountable and drop), slope protection wall, rip rapping and retaining wall. b. Storm drainage and sanitary sewer system duly signed and sealed by a licensed sanitary engineer or civil engineer (At least 2 Original Copies). (1) Profile showing the hydraulic gradients and properties of sanitary and storm drainage lines including structures in relation with the road grade line. (2) Details of sanitary and storm drainage lines and miscellaneous structures such as various types of manholes, catch basins, inlets (curb, gutter, and drop), culverts and channel linings. c. Site grading plan with the finished contour lines superimposed on the existing ground the limits of earthwork embankment slopes, cut slopes, surface drainage, drainage outfalls and others, duly signed and sealed by a licensed civil engineer (2 Original Copies).	Applicant





4. Water system layout and details duly signed and sealed by a licensed	Applicant
sanitary engineer or civil engineer. Should a pump motor have a	
horsepower (HP) rating of 50 HP or more, its pump rating and specifications shall be signed and sealed by a professional mechanical	
, ,	
engineer (2 Original Copies).	City Assessor's
5. Certified true copy of Tax Declaration covering the property (ies) subject of the application for the year immediately preceding.	City Assessor's Office
6. Certified true copy of Environmental Compliance Certificate (ECC) or	DENR
Certificate of Non-coverage (CNC), whichever is applicable.	DENK
7. Zoning Certificate	Office of the
7. Zoring Gertinoate	Zoning
	Administrator
8. Project description for projects having an area of 1 hectare and above to	Applicant
include the following (At least 2 Original Copies):	πρησαπι
a. Project profile indicating the cost of raw land and its development (total	
project cost), amortization schedule, sources of financing, cash flow,	
architectural plan, if any, and work program;	
b. Audited financial statement for the last 3 preceding years;	
c. Income tax return for the last 3 preceding years;	
d. Certificate of Registration from Securities and Exchange Commission	
(SEC);	
e. Articles of incorporation or partnership;	
f. Corporation by-laws and all implementing amendments; and	
g. For new corporations (3 years and below) statement of capitalization	
and sources of income and cash flow to support work program.	
9. Plans, specifications, bills of materials and cost	Applicant
Plans, specifications, bills of materials and cost Application for permit to drill.	NWRB
9. Plans, specifications, bills of materials and cost10. Application for permit to drill.12. Copy of the special/temporary permit from the Professional Regulation	NWRB PRC, DOLE and
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of 	NWRB
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans 	NWRB PRC, DOLE and
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per 	NWRB PRC, DOLE and
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 	NWRB PRC, DOLE and Applicant
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and 	NWRB PRC, DOLE and Applicant Applicant, City
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and other similar documents in connection with application filed indicating the 	NWRB PRC, DOLE and Applicant Applicant, City Treasurer's Office
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and other similar documents in connection with application filed indicating the following information: 	NWRB PRC, DOLE and Applicant Applicant, City
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and other similar documents in connection with application filed indicating the following information: a. Surname; 	NWRB PRC, DOLE and Applicant Applicant, City Treasurer's Office
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 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and other similar documents in connection with application filed indicating the following information: a. Surname; b. First name; c. Middle name; 	NWRB PRC, DOLE and Applicant Applicant, City Treasurer's Office
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and other similar documents in connection with application filed indicating the following information: a. Surname; b. First name; c. Middle name; d. Maiden name, in case of married women professional; 	NWRB PRC, DOLE and Applicant Applicant, City Treasurer's Office
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and other similar documents in connection with application filed indicating the following information: a. Surname; b. First name; c. Middle name; d. Maiden name, in case of married women professional; e. Professional license number, date of issue and expiration of its validity 	NWRB PRC, DOLE and Applicant Applicant, City Treasurer's Office
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and other similar documents in connection with application filed indicating the following information: a. Surname; b. First name; c. Middle name; d. Maiden name, in case of married women professional; e. Professional license number, date of issue and expiration of its validity f. Professional tax receipt and date of issue 	NWRB PRC, DOLE and Applicant Applicant, City Treasurer's Office
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and other similar documents in connection with application filed indicating the following information: a. Surname; b. First name; c. Middle name; d. Maiden name, in case of married women professional; e. Professional license number, date of issue and expiration of its validity f. Professional tax receipt and date of issue g. Taxpayer's Identification Number (TIN) 	NWRB PRC, DOLE and Applicant Applicant, City Treasurer's Office and BIR
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and other similar documents in connection with application filed indicating the following information: a. Surname; b. First name; c. Middle name; d. Maiden name, in case of married women professional; e. Professional license number, date of issue and expiration of its validity f. Professional tax receipt and date of issue 	NWRB PRC, DOLE and Applicant Applicant, City Treasurer's Office and BIR Existing Lot
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and other similar documents in connection with application filed indicating the following information: a. Surname; b. First name; c. Middle name; d. Maiden name, in case of married women professional; e. Professional license number, date of issue and expiration of its validity f. Professional tax receipt and date of issue g. Taxpayer's Identification Number (TIN) 14. Consent from existing lot owner/s and/or Homeowners Association 	NWRB PRC, DOLE and Applicant Applicant, City Treasurer's Office and BIR Existing Lot owner/s
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and other similar documents in connection with application filed indicating the following information: a. Surname; b. First name; c. Middle name; d. Maiden name, in case of married women professional; e. Professional license number, date of issue and expiration of its validity f. Professional tax receipt and date of issue g. Taxpayer's Identification Number (TIN) 14. Consent from existing lot owner/s and/or Homeowners Association 15. Certification from Developer/owner of no sale 	NWRB PRC, DOLE and Applicant Applicant, City Treasurer's Office and BIR Existing Lot owner/s Applicant
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and other similar documents in connection with application filed indicating the following information: a. Surname; b. First name; c. Middle name; d. Maiden name, in case of married women professional; e. Professional license number, date of issue and expiration of its validity f. Professional tax receipt and date of issue g. Taxpayer's Identification Number (TIN) 14. Consent from existing lot owner/s and/or Homeowners Association 	NWRB PRC, DOLE and Applicant Applicant, City Treasurer's Office and BIR Existing Lot owner/s
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and other similar documents in connection with application filed indicating the following information: a. Surname; b. First name; c. Middle name, in case of married women professional; e. Professional license number, date of issue and expiration of its validity f. Professional tax receipt and date of issue g. Taxpayer's Identification Number (TIN) 14. Consent from existing lot owner/s and/or Homeowners Association 15. Certification from Developer/owner of no sale 16. Barangay Clearance (1 Original Copy) 	NWRB PRC, DOLE and Applicant Applicant, City Treasurer's Office and BIR Existing Lot owner/s Applicant Barangay Hall Concern
 9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and other similar documents in connection with application filed indicating the following information: a. Surname; b. First name; c. Middle name; d. Maiden name, in case of married women professional; e. Professional license number, date of issue and expiration of its validity f. Professional tax receipt and date of issue g. Taxpayer's Identification Number (TIN) 14. Consent from existing lot owner/s and/or Homeowners Association 15. Certification from Developer/owner of no sale 	NWRB PRC, DOLE and Applicant Applicant, City Treasurer's Office and BIR Existing Lot owner/s Applicant Barangay Hall Concern Sangguniang
9. Plans, specifications, bills of materials and cost 10. Application for permit to drill. 12. Copy of the special/temporary permit from the Professional Regulation Commission (PRC) and of the separate permit from the Department of Labor and Employment (DOLE) for foreign architects who signed on plans required under the Implementing Rules and Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the plans and other similar documents in connection with application filed indicating the following information: a. Surname; b. First name; c. Middle name; d. Maiden name, in case of married women professional; e. Professional license number, date of issue and expiration of its validity f. Professional tax receipt and date of issue g. Taxpayer's Identification Number (TIN) 14. Consent from existing lot owner/s and/or Homeowners Association 15. Certification from Developer/owner of no sale 16. Barangay Clearance (1 Original Copy)	NWRB PRC, DOLE and Applicant Applicant, City Treasurer's Office and BIR Existing Lot owner/s Applicant Barangay Hall Concern





10 Troffic im	18. Traffic impact assessment (TIA) Applicant					
	EPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Sign in Client Logbook i Front Des		Give the Logbook to the Client	None	5 minutes	Zoning Inspector I Zoning Office- Receiving Section	
2. Submit complete requirement for assessment evaluation verification	ent, n and n	2. Receive the required document and check for completeness 2.1 Evaluation 2.2 Verification 2.3 Assessment 2.4 Prepare the Order of Payment if it complies to all required documents	None	10 minutes 15 days (excluding SP Resolution)	Zoning Inspector I Zoning Office- Receiving Section Acting Zoning Officer CPDCO	
	Order ment the fees the	3. Issue Order of Payment and start processing the application.	Based on 2013 HLURB Schedule of Fees	30 minutes	Zoning Staff(<i>Billing</i> Section)	
4. Submit Receipt processing and releat of Alter Permit	_	4.1 Accept Receipt and submit the same to the office of the Mayor for signature.	None	5 minutes	Zoning Staff Zoning Office- Receiving/Releasin g Section	
		4.2 Sign all plans and documents and issue approved alteration permit.	None	2 days	Acting Zoning Officer	
		TOTAL:	Based on 2013 HLURB Schedule of Fees	17 Days and 50 Minutes (excluding SP Resolution)		





8. Application for Development Permit (Preliminary and Final Subdivision Development Plan)

Development Permit is applied by owner and/or developer of a parcel of land who would like to undergo a subdivision of that land they owned to ensure the proposed subdivision.

	000 (1) 7 1 000	
Office or Division:	Office of the Zoning Officer	
Classification:	Highly Technical	
Type of Transaction:	G2C or G2B	
Who may avail:	All	
CHECKLIST OF REQUI	WHERE TO SECURE	
PRELIMINARY REQUIR		
1. Letter of Intent (1 Orig	177	Applicant
2. Site Development Pla	Applicant	
	g the proposed layout of streets, lots, parks	
. , , ,	ner features in relation to existing conditions	
1	signed and sealed by any licensed and	
	nvironmental planner, civil engineer, or	
geodetic engineer (2 Ori	•	Applicant
	ents duly signed and sealed by a licensed	Applicant
	Vicinity map indicating the adjoining land	
	s existing facilities and utilities at least within	
•	operty boundaries of the project, drawn to (b) Topographic Plan to include existing	
conditions a follows (1 O	· , ·	
	rings, distances tie point or reference point,	
	of the tie point or Bureau of Lands	
Locational Monument (B	•	
`	, width and elevation of road right-of-way	
	jacent subdivisions/areas;	
	djacent to the proposed subdivision project;	
	vert elevations of sanitary and storm or	
	ion of gas lines, fire hydrants, electric and	
-	eet lights, if any. If water mains and sewers	
are not within or adjace	ent to the subdivision, indicate the direction	
	of nearest one, showing invert elevations of	
sewers, if applicable.		
	the subdivision: for ground that slopes less	
than 2%, indicate spot	elevations at all breaks in grade, along all	
_	at selected points not more than 25 meters	
	or ground that slopes more than 2%, either	
	an interval of not more than 0.5 meter if	
1	egular land or need for more detailed	
preparation of plans and		
	shes, rock and wooded areas, presence of	
1 -	liper diameter of 200 millimeters, houses,	
barns, shacks, and other	-	
	mprovements: highways or other major	
improvements planned	by public authorities for future construction	





within/adjacent to the subdivision. c. Survey Plan of the lot(s) as described in TCT(s).	
4. Certified True Copy of Title(s) and Current Tax Receipt (2 Copies)	Registry of Deeds and City Treasurer's Office
When applicable:	
1. Right to use or deed of sale of right-of-way for access road and,	Applicant
subject to just compensation for private land.	
FINAL REQUIREMENTS	
1. All requirements for application for preliminary subdivision	See details above
development plan as specified above.	
2. Subdivision Development Plan consisting of the site development	Applicant
plan at any of the following scales: 1:200; 1:1,000; or any scale not	
exceeding 1:2,000; showing all proposals including the following:	
a. Roads, easements or right-of-way and roadway width, alignment,	
gradient, and similar data for alleys, if any.	
b. Lot numbers, lines and areas and block numbers.	
c. Site data such as number of residential and saleable lots, typical	
lot size, parks and playgrounds and open spaces.	
(The subdivision development plan shall be prepared, signed and	
sealed by any licensed and registered architect, environmental	
planner, civil engineer or geodetic engineer.)	
3. Civil and Sanitary Works Design Engineering plans/construction	Applicant
drawings based on applicable engineering code and design criteria	
to include the following:	
a. Road (geometric and structural) design/plan duly signed and	
sealed by a licensed civil engineer (2 Original Copies).	
(1) Profile derived from existing topographic map, showing the	
vertical control, designed grade, curve elements and all information	
needed for construction.	
(2) Typical roadway sections showing relative dimensions of	
pavement, subbase and base preparation, curbs and gutters,	
sidewalks, shoulders benching and others.	
(3) Details of miscellaneous structures such as curb and gutter	
(barrier, mountable and drop), slope protection wall, rip rapping and	
retaining wall.	
b. Storm drainage and sanitary sewer system duly signed and	
sealed by a licensed sanitary engineer or civil engineer (2 Original	
Copies).	
(1) Profile showing the hydraulic gradients and properties of sanitary	
and storm drainage lines including structures in relation with the	
road grade line.	
(2) Details of sanitary and storm drainage lines and miscellaneous	
structures such as various types of manholes, catch basins, inlets	
(curb, gutter, and drop), culverts and channel linings.	
c. Site grading plan with the finished contour lines superimposed on	
the existing ground the limits of earthwork embankment slopes, cut	
slopes, surface drainage, drainage outfalls and others, duly signed	
and sealed by a licensed civil engineer (2 Original Copies).	Applicant
4. Water System layout and details duly signed and sealed by a	Applicant
licensed sanitary engineer or civil engineer (2 Original Copies)	





* Should a pump motor have a horsepower (HP) rating of 50 HP or more, its pump rating and specifications shall be signed and sealed by a professional mechanical engineer.	
5. Certified true copy of Tax Declaration covering the property/ies Subject of the application for the year immediately preceding.	е
6. Certified true copy of Environmental Compliance Certificate DENR	
(ECC) or Certificate of Non-coverage (CNC), whichever is	
applicable.	
Administrator	ning
8. Project Description for projects having an area of 1 hectare and Applicant	
above to include the following (2 Original Copies):	
a. Project profile indicating the cost of raw land and its development (total project cost), amortization schedule, sources of financing, cash	
flow, architectural plan, if any, and work program;	
b. Audited financial statement for the last 3 preceding years;	
c. Income tax return for the last 3 preceding years;	
d. Certificate of Registration from Securities and Exchange	
Commission (SEC);	
e. Articles of incorporation or partnership;	
f. Corporation by-laws and all implementing amendments; and	
g. For new corporations (3 years and below) statement of	
capitalization and sources of income and cash flow to support work	
program. 9. Plans, specifications, bills of materials and cost Applicant	
10. Application for permit to drill from the National Water Resources NWRB	
Board (NWRB).	
11. Traffic impact assessment (TIA) for subdivision projects 30 ha. & Applicant	
above.	
12. Copy of the special/temporary permit from the Professional PRC, DOLE	and
Regulation Commission (PRC) and of the separate permit from the Applicant	
Department of Labor and Employment (DOLE) for foreign architects	
who signed on plans required under the Implementing Rules and	
Regulations of PD 957. (per Board Res. No. 839, series of 2009) 13. List of names of duly licensed professionals who signed the Applicant,	City
plans and other similar documents in connection with application Treasurer's Office	-
filed indicating the following information:	ana
a. Surname, First name, Middle name;	
b. Maiden name, in case of married women professional;	
c. Professional license number, date of issue and expiration of its	
validity	
d. Professional tax receipt and date of issue	
e. Taxpayer's Identification Number (TIN)	
14. DAR ClearanceExisting Lot owner/s15. Barangay ClearanceBarangay Hall Concerns	rn
16. Sangguniang Panlungsod Resolution Sangguniang	7111
Panlungsod	
As the case maybe arises:	
1. Certificates or clearances from Different Agencies PHILVOCS, LLDA,	
DENR-MGB,	





NAPOCOR, CENRO, City Engineering Office				
CLIENTS STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSI BLE
Sign in the Client Logbook in the Front Desk	1.Give the Logbook to the Client	None	5 minutes	Zoning Staff(Receivi ng Section)
2. Submit the complete requirements for assessment, evaluation and verification	2.1 Receive the required document and check for completeness 2.2 Evaluation 2.3 Verification 2.4 Assessment 2.5 Prepare the Order of Payment if it complies to all required documents	None	10 minutes 15 days (excluding SP Resolution)	Zoning Staff Receiving Section Acting Zoning Officer
3. Secure Order of Payment and Pay the required fees at the Treasury Office	3.1 Issue order of payment and start processing the application.	Based on 2013 HLURB Schedule of Fees	30 minutes	Zoning Staff(<i>Billing</i> Section)
4. Submit Receipt for processing and releasing of Alteration Permit	 4.1 Accept official receipt and submit the same to the Mayor's Office for approval. 4.2 Signing of all plans and documents and issue approved alteration permit. 	None	5 minutes (excluding Office of the Mayor) 2 days	Acting Zoning Officer (Acting Zoning Officer) Zoning Staff (Receiving/R eleasing Section)
	TOTAL:	Based on 2013 HLURB Schedule of Fees	17 days, 50 minutes (excluding SP Resolution and Office of the Mayor)	





Zoning / Locational Clearance Fees (based on 2013 HLURB Schedule of Fees)

	DIVISION AND CONDOMINIUM PROJECTS (Under	P.D. 957)
1.	. Subdivision Project Approval of Subdivision Plan (including Town House	200)
1.	a. Preliminary Approval and Locational Clearance (PALC)/ Preliminary Subdivision Development	565)
	Plan (PSDP) • Processing Fee • Inspection Fee	P360.00/ha. or a fraction thereof P1,500.00/ha. regardless of density
	 b. Final Approval and Development Permit Processing Fee Additional Fee on Floor Area of houses & building sold with lot 	P2,800.00/ha. regardless of density
	 Inspection Fee c. Alteration of Plan (affected areas only) 	P3.00/sq. m. P1,500.00/ha. regardless of density Same as final approval
2.	Certificate of Registration Processing Fee	
	Processing Fee	2,800.00
3.	License to Sell	
	 Processing Fee Additional Fee on Floor Area of houses and building sold with lot Inspection Fee 	216.00/saleable lot 14.40/sq. m. 1,500.00/ha. regardless of density
4.	Certificate of Completion	
	Certificate FeeProcessing FeeInspection Fee	216.00 1,500.00/ha. regardless of density
5.	Extension of Time to Develop	dericity
	 Processing Fee Additional Fee (unfinished area for development Inspection Fee 	504.00 14.40/sq. m. 1,500.00/ha. regardless of
		density
	An application for CR/LS with DP issued by LGU shall fee	
	JBDIVISION AND CONDOMINIUM PROJECTS (Under B.	P.220)
1.	Approval of Subdivision Project a. Preliminary Approval and Locational Clearance • Processing Fee	
	a. Socialized Housingb. Economic Housing• Inspection Fee	90.00/ha 216.00/ha.





	a. Socialized Housing	1,500.00/ha.
	b. Economic Housing	1,500.00/ha.
	b. Final Approval/Development Permit	
	 Processing Fee 	
	a. Socialized Housing	600.00/ha.
	b. Economic Housing	1,400.00/ha.
	Inspection Fee	
	a. Socialized Housing	4.500.00#
	5	1,500.00/ha.
	b. Economic Housing	1,500.00/ha.
(Pro	i eject already inspected for PALC application may not be	e charged inspection fee)
(1.70	c. Alteration of Plan (affected areas only	Same as Final Approval
	o. Altoration of Flair (allociou aroub only	and Development
		Permit
	d. Building Permit (floor area of housing unit)	7.20/sq. m.
2	Certificate of Registration	
	Processing Fee	
	a. Socialized Housing	420.00
		720.00
	b. Economic Housing	. 20.00
3	License to Sell (per saleable lot)	
	Processing Fee	
	a. Socialized Housing	24.00/saleable lot
	b. Economic Housing	72.00/saleable lot
	Additional fee on floor area of housing	3.00/sq. m.
	component	-
	Inspection Fee	
	a. Socialized Housing	1,500.00/ha.
	b. Economic Housing	1,500.00/ha.
4	Extension of Time to Develop	
	Processing Fee	
	a. Socialized Housing	420.00
	b. Economic Housing	540.00
	Additional Fee (unfinished floor area for	2.88/sq m.
	development)	
	Inspection Fee	4.500.00"
	a. Socialized Housing	1,500.00/ha.
	Economic Housing	1,500.00/ha.
5	Certificate of Completion	
	Certificate Fee	400.00
	a. Socialized Housing	420.00
	b. Economic Housing	540.00
	Additional Fee (unfinished floor area for	
	development)	
6	Occupancy Permit	
U	Occupancy Permit	
	Processing Fee	6.00/sq. m.
		0.00/34. III.





	c. Socialized Housing	7.20/sq. m.	
	d. Economic Housing		
	 Inspection Fee (Saleable floor area of the 	4. =00.00%	
	housing compound)	1,500.00/ha.	
	b. Socialized Housing	1,500.00/ha.	
	c. Economic Housing		
В	2. Condominium Project		
1.	Approval of Subdivision Project		
	a. Preliminary Approval and Locational		
	Clearance (PALC)	720.00	
	b. Final Approval and Development Permit		
	Processing Fee		
	a. Total Land Area	144.00/ floor	
	b. No. of Floors	5.80/sq. m. of GFA	
	c. Building Areas	1,500.00/ha.	
	Inspection Fee	,	
	c. Alteration of Plans (affected areas only	Same as Final Approval	
		and Development Permit	
_	Contiliants of Deviatuation		
3	Certificate of Registration	7.20	
3	License to Sell (per saleable lot)	7.20/og m of colooble	
	a. Residential	7.20/sq. m. of saleable	
	b. Commercial	area	
	b. Commercial	10.65/sq. m. of saleable	
	Inspection Fee	area 1,500.00/ha.	
4	Extension of Time to Develop	1,500.00/11a.	
_	Processing Fee	3.00/ sq. m.	
	Inspection Fee (Unfinished area for	1,500.00/ha.	
	development)	1,000.00/114.	
5	Certificate of Completion		
	Certification Fee	216.00	
	Processing Fee		
	Inspection Fee	1,500.00/ha.	
4			
4. IN	IDUSTRIAL/COMMERCIAL SUBDIVISION		
	A. Subdivision Project		
1.	Approval of Subdivision Project		
	a. Preliminary Approval and Locational Clearance	432.00/ha.	
	Processing Fee Inspection Fee	452.00/ha. 1,500.00/ha.	
	Inspection Fee	1,000.00/11a.	
	b. Final Approval/Development Permit	720 00/ba	
	Processing Fee Inspection Fee	720.00/ha.	
	Inspection Fe	1,500.00/ha.	
(Projects already inspected for PALC application may not be charged inspection			
fee)		- ,	
	c. Alteration of Plan (affected areas only	Same as Final	





		Approval and
		Development Permit
2	Extension of Time to Develop	2,880.00
3	License to Sell	
	 Processing Fee 	3.00/sq. m. of land
	Inspection Fee	area
		1,500.00/ha.
4	Extension of Time to Develop	
	Processing Fee	504.00
	Additional Fee (Unfinished area for	14.40/sq. m.
	development)	1,500.00/ha.
	Inspection Fee	
5	Certificate of Completion	
	Certificate Fee	216.00
	Processing Fee	
	a. Industrial	504.00
	b. Commercial	720.00
	c. Inspection Fee	1,500.00/ha.
	ARMLOT SUBDIVISION	
1.	Approval of Subdivision Project	
	a. Preliminary Approval and Locational Clearance	
	Processing Fee	288.00
	Inspection Fee	1,500.00/ha.
	b. Final Approval/Development Permit	4 400 00 //
	Processing Fee	1,400.00/ha.
	Inspection Fe	1,500.00/ha.
(Pro	l pjects already inspected for PALC application may not be	charged inspection
fee)		
2.	Certificate of Registration	2,880.00
3.	License to Sell	,
	Processing Fee	720.00/lot
	Inspection Fee	1,500.00/ha.
4.	Extension of Time to Develop	3.00/sq. m. of land
	Processing Fee	area
	Additional Fee (Unfinished area for	5 5.5.
	development)	14.40/sq. m.
	Inspection Fee	1,500.00/ha.
5	Certificate of Completion	,
	Certification Fee	216.00
	Processing Fee	3.00
	d. Industrial	504.00
	e. Commercial	720.00
	f. Inspection Fee	1,500.00/ha.
	i. mapodion i de	.,





9. Appeal for Variance or Exception

Property owners can apply for appeal for Variance or Exception with the City Zoning Board of Appeals and Adjustment. Variance relieves property owners from provisions of the Zoning Ordinance due to the uniqueness of their property that gives them hardship from complying with said provisions. Exceptions, on the other hand, grant property owners relief from the provisions from the Zoning Ordinance where due to the use, it will give them hardship. Note that variances and exceptions must meet a set of conditions that must be satisfied and not just a desire to make money.

Office or Division:	City Planning and Development Coordinator's Office – Zoning			
Oloopification.	Section			
Classification:	Complex			
Type of	G2C – Government to Citizen, G2B – Government to Business Entity, G2G – Government to Government			
Transaction:				1 2 11 (1
Who may avail:			tions have been	denied by the
	Office of the	_		/E
		at wish to ap	ply for Variance	
CHECKLIST OF R		Annlinent	WHERE TO SE	CURE
1. Application letter add		Applicant		
Zoning Board of Appea	-			
(CZBAA) (1 Original, 1	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit the request	1. Verify the	None	1 minute	Zoning Inspector I
letter to the Zoning	request letter and			Or
Office requesting for	receive the same.			Clerk (Job Order)
appeal.				CPDCO
2. Wait for the	2. Schedule a	None	10 minutes	Acting Zoning
schedule of the	meeting with the			Officer
meeting of the	Technical Working			CPDCO
CZBAA.	Group (TWG)			
	2.1 Inform client of	None	5 minutes	Zoning Inspector I
	the scheduled			Or
	meeting with the			Clerk (Job Order)
	TWG once			CPDCO
A A I .!!	available.			07044 7440
3. Attend the meeting	3. Hold meeting	None	2 hours	CZBAA TWG
of the CZBAA TWG.	with the CZBAA			
	TWG.			
	3.1 Inform client of	None	1 minute	Zoning Inspector I
	the next meeting	_		Or
	with the Executive			Clerk (Job Order)
	CZBAA once			CPDCO
	available.			
4. Attend the meeting	4. Hold meeting	None	2 hours	Executive CZBAA





	TOTAL:	None	7 Days, 4 Hours and 17 Minutes	
Zoning Office.	CZBAA and have the same signed by its members.			Secretariat CPDCO
5. Pick up CZBAA resolution from the	5. Prepare resolution for the	None	7 days	CZBAA Secretariat
of the Executive CZBAA.	with the Executive CZBAA.			

Note: Processing time may take longer due to scheduling and availability of the CZBAA members.





10. Issuance of Notice to Proceed (NTP) - for Occupancy Permit

Section 75 of City Ordinance 2020-26, otherwise known as the "Integrated Zoning Ordinance of the City of San Pedro, Laguna", the Office of the Building Official (OBO) cannot issue a Certificate of Occupancy without certification from the Zoning Administrator's Office that the project has complied with the conditions stated in the issued Locational Clearance. Failure to comply will result to the delay in the issuance of NTP.

Office or Division:	City Planning and Development Coordinator's Office – Zoning Section			
Classification:	Highly Technical			
Type of	G2C – Government to Citizen, G2B – Government to Business Entity			
Transaction:				
Who may avail:		Project Proponents and Property Owners		
CHECKLIST OF RI		WHERE TO SECURE		
1. Properly filled-out co		Office of the Building Official		
signed and sealed by li				
architect/engineers con	cerned and duly			
notarized.				
a. Unified Applic	•			
Original Copies)				
	Completion form (3			
Original copies,				
2. 1 set of As-Built plan		Licensed architect or engineer		
by licensed architect (C				
there changes in the l	U .			
covered by the approx	vea building			
permit	armait (4 Dhataaanu)	Applicant		
3. Approved Building P		Applicant		
4. Bill of Materials (1 Original Copy)		Licensed architect or engineer		
5. PTR and PRC I.D. of all signing professionals (1 Colored Photocopy)		Licensed architect/s or engineer/s		
6. Construction logbook	1 4 7	Applicant		
sealed by the owner's a		Applicant		
Engineer wo undertook				
supervision (1 Original	•			
7. Pictures showing all		Applicant		
view of the building (1 (Приосин		
8.Location Map/Vicinity		Applicant		
Location (1 Original Co	•	11		
9. Fire Safety Inspectio		Bureau of Fire Protection		
Occupancy Permit) (1 (`			
10. Contractor's Tax Re		City Treasury Office		
Copy)				
11. Yellow Card from MERALCO (1		MERALCO		
Original Copy)				
12. Authorization letter		Applicant		
If done through a repr				
13. Valid I.D. of applica		Applicant and authorized representative		
representative (1 Color	ed Photocopy) – If			





done through a repres	sentative			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit the required documents to the receiving personnel.	1. Receive documents and check for completeness. If there are any deficiencies in the submitted documents, return it to the client.	None	10 minutes	Zoning Inspector I Or Clerk (Job Order) CPDCO
2. Wait for the scheduled inspection and accommodate the inspector during its conduct.	2. Endorse application to inspector.	None	1 minute	Zoning Inspector I Or Admin Asst. (Job Order) CPDCO
	2.1 Conduct inspection of the project.	None	1 day	Engineer I Or Draftsman I CPDCO
3. Pick up NTP or For Return document (if completed project has deficiencies) from the office.	3. Issue NTP or For Return document to the applicant.	None	5 minutes	Clerk (Job Order) CPDCO
_	TOTAL:	None	1 Day and 16 Minutes	



Office of the Building Official External Services





1. Building Permit Application – One Stop Shop (Partial)

A building permit is required prior to the construction, erection, alteration, repair, conversion, use, occupancy, moving or demolition of any building or structure by private persons, firms or corporation including agency or instrumentalities of the government (P.D. 1096 or the National Building Code).

- I. Complex Permit Applications
 - a. Structures are those with a maximum floor area of 1,500 square meters;
 - b. Single dwelling residential building which are not more than three (3) storey high:
 - c. Commercial buildings which are not more than two (2) storey high;
 - d. Interior renovations inside a building which already has a building permit and certificate of occupancy;
 - e. Warehouse of not more than two (2) storey high, which is not for the storage of hazardous or combustible materials.
- II. Highly Technical Permit Applications
 - a. Those which do not pertain to complex structures as above defined.

Office or	Office of the Building Official			
Division:				
Classification:	Complex / Highly To	echnical		
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Any persons who in	tend to construct, erect, alter, repair, convert,		
		ny building may apply for a building permit.		
	REQUIREMENTS	CHECKLIST OF REQUIREMENTS		
1. Set of Plans, Bill		Respective Architect/Engineers		
Specifications (Sign				
Respective Architec	• , ,			
Development Plan	(5 Sets, All			
Original)				
2. Building Permit F	` •	Office of the Building Official		
Sealed by Respecti				
Architect/Engineers) (1 Set, All				
Original)				
3. Relocation Survey with Certificate,		Respective Geodetic Engineer		
Ground Verification	•			
	graphic Survey with			
Certificate / Structu	, · ·			
and Sealed by Geo	detic Engineer) (1			
Blueprint/A3)	f all Oi anain a	Description Analyticat/Euripeans		
4. PRC ID & PTR o		Respective Architect/Engineers		
Architect/Engineers (Signed and				
Sealed by Architect/Engineers) (1				
Photocopy)		Office of the Zaning Administrator		
5. Locational Cleara	ance (i Original	Office of the Zoning Administrator		
Copy)	of Approval for	Department of Labor and Employment		
6. DOLE Certificate	or approval for	Department of Labor and Employment /		





Construction Safety Program (1	Applicant
Original and 1 Photocopy)	
7. Environmental Clearance (1 Original	City Environment and Natural Resources
and 1 Photocopy)	Office
8. Barangay Clearance for	Barangay Office
Construction (1 Original and 1	Barangay Office
, •	
Photocopy)	City Accessor's Office
9. Real Property Tax Receipt (Current	City Assessor's Office
Year) (2 Photocopies)	
10. Neighbors' Consent with attached	Adjacent Neighbors / Applicant
Government issued ID of Neighbors	
(construction of firewall along	
boundary) (1 Original and 1	
Photocopy)	
11. Fire Safety Evaluation Certificate	Bureau of Fire Protection
(1 Original – ÓBO Copy)	
For Institutional, Commercial and Ind	ustrial only:
1. Electronics Diagram (5 Sets, all	Respective Electronics Engineer
Original)	
For 2-storey & above buildings:	1
Structural Computation signed and	Respective Engineer
	iveshermae riidiileei
sealed by engineer (2 Sets)	looks
For 2-storey & above buildings with d	
1. Soil Boring Test (Signed and Sealed	Respective Engineer
by Engineer) (2 Sets)	
2. Structural Safety Certification signed	Respective Engineer / Applicant
and sealed by respective engineer (1	
Original and 1 Photocopy)	
3. Risk / Hazard Assessment (1	PHIVOLCS / Applicant
Original and 1 Photocopy)	
For areas with known faultline:	
PHIVOLCS Clearance for areas	CDRRMO / PHIVOLCS / Applicant
near with known fault line (1 Original	
and 1 Photocopy)	
If submitted lot title is not under appli	icant's name:
Certified True Copy of Title (with)	Registry of Deeds / Applicant
Attached Contract to Sell/Deed of	Trogistry or Doods / Applicant
Absolute Sale/Lease of Contract/ any	
proof of ownership (1 Photocopy)	Applicant
2. Valid I.D. (1 Photocopy)	Applicant
If applicant is a corporation:	
Duly notarized Secretary Certificate	Corporation
(1Original Copy)	
2. Valid I.D. (1 Photocopy)	Applicant
If done through a representative:	
Authorization Letter/Consularized	Authorizing Party
Special Power of Attorney (for	
applicants residing abroad) (1 Original	
and 1 Photocopy)	
απα τ τ ποιοσοργ <i>)</i>	





entative	Party and Represe			
	Authorizing Party and Representative			2. Valid I.D. (1 Phot
			For amendatory and renewal applicat	
		Applicant		1. Previous Building
				As the case may b
APOCOR,	LLDA, DENR, NA	PHILVOCS	earances from	1. Certificates or cle
1	DH, CAAP, DPWH	CENRO, DO	Different Agency (1 Photocopy)	
		Applicant	rit of Undertaking (1	2. Notarized Affiday
			ocopy)	Original and 1 Phot
				If applicable:
	HOA Office	Developer /	Clearance (1	1. Developer / HOA
			ocopy)	Original and 1 Phot
	or's Office	City Assess		2. Certified True Co
				Declaration - Land
			- ,	Original and 1 Phot
		ises:	ents as the case ar	
		Applicant		- Notice of Aw
		-1-1253		- Deed of Don
				- Authority to (
			consent from Lot	,
				Owner
			fruct	- Deed of Usu
			- Affidavit of Heirs	
			I Settlement of	
				Estate
			cate of the	
				,
PERSON	PROCESSING	FEES TO	AGENCY	-
RESPONSIBLE	TIME	BE PAID	ACTIONS	CLIENT STEPS
A = = != != · = !	5 minutes	None	1. Provide	1. Secure Building
Assistant			Application Form	
				•
Assistant Building Official Or			and list of	Permit Application form with the list
Building Official			and list of	Permit Application form with the list
Building Official Or Officer of the				Permit Application
Building Official Or			and list of	Permit Application form with the list
Building Official Or Officer of the	15 minutes	None	and list of	Permit Application form with the list of requirements.
Building Official Or Officer of the Day Clerk	15 minutes	None	and list of requirements	Permit Application form with the list of requirements. 2. Submit duly
Building Official Or Officer of the Day	15 minutes	None	and list of requirements 2.1 Receive and check documents	Permit Application form with the list of requirements. 2. Submit duly accomplished
Building Official Or Officer of the Day Clerk Receiving	15 minutes	None	and list of requirements 2.1 Receive and	Permit Application form with the list of requirements. 2. Submit duly
Building Official Or Officer of the Day Clerk Receiving	15 minutes 5 minutes	None None	and list of requirements 2.1 Receive and check documents	Permit Application form with the list of requirements. 2. Submit duly accomplished form and required
Building Official Or Officer of the Day Clerk Receiving Section Clerk			and list of requirements 2.1 Receive and check documents for compliance.	Permit Application form with the list of requirements. 2. Submit duly accomplished form and required documents for verification and
Building Official Or Officer of the Day Clerk Receiving Section Clerk Receiving			and list of requirements 2.1 Receive and check documents for compliance. 2.2 Return documents with	Permit Application form with the list of requirements. 2. Submit duly accomplished form and required documents for verification and evaluation, and if
Building Official Or Officer of the Day Clerk Receiving Section Clerk			and list of requirements 2.1 Receive and check documents for compliance. 2.2 Return documents with list of lacking	Permit Application form with the list of requirements. 2. Submit duly accomplished form and required documents for verification and evaluation, and if compliant, secure
Building Official Or Officer of the Day Clerk Receiving Section Clerk Receiving			and list of requirements 2.1 Receive and check documents for compliance. 2.2 Return documents with list of lacking documents to	Permit Application form with the list of requirements. 2. Submit duly accomplished form and required documents for verification and evaluation, and if compliant, secure Fire Safety
Building Official Or Officer of the Day Clerk Receiving Section Clerk Receiving			and list of requirements 2.1 Receive and check documents for compliance. 2.2 Return documents with list of lacking	Permit Application form with the list of requirements. 2. Submit duly accomplished form and required documents for verification and evaluation, and if compliant, secure
RESPONSIE	TIME	BE PAID	vner ertificate of Heir/s (if d owner is the se/children/etc. of AGENCY ACTIONS 1. Provide	 Death Certifi deceased ov PSA Birth Ce the deceased





Fire and Protection (BFP).	to the BFP.			Receiving Section
3. Wait for the checking and evaluation	3. Evaluate and and assess if it conforms to the technical requirements of the National Building Code and compute the overall amount of regulatory fees.	None	5 days for Complex 19 days for Highly Technical	Architect Or Engineer Or Staff OBO
	3.1 If the plans don't conform to PD 1096, recommend it for redraft and inform the owner through letter.	None	10 minutes	Engineer Receiving & Releasing Division Or Clerk Receiving Section
	3.2 Deliver/Call the owner the letter of disapproval.	None	5 minutes	Field Inspectors OBO
	3.3 Conduct site inspection and send pictures and remarks through Telegram.	None	30 minutes	Field Inspectors OBO
	3.4 If found to be compliant, prepare order of payment.	None	10 minutes	Clerk Billing Division
	3.5 Review and recommend plans and sign order of payment	None	30 minutes	Assistant Building Official OBO
	3.6 Approve the order of payment, application forms, and plans.	None	30 minutes	Head OBO





4. Ask for Order of Payment, proceed to City's Treasurer's Office, present the order of payment, pay prescribed fee/s and receive official receipt (O.R.). Return to OBO and wait for the release of approved permit	4. Receive a Photocopy of the official receipt, prepare and release the permit.	Based on PD 1096 Schedule of Fees	30 minutes	Staff OBO-Releasing Section
	TOTAL:	Based on PD 1096 Schedule of Fees	Complex: 5 Days, 2 Hours, and 15 Minutes Highly Technical: 19 days, 2 Hours, and 15 Minutes	





2. Certificate of Occupancy Permit Application – One Stop Shop (Partial)

An Occupancy Permit is required before any building or structure is used or occupied. It is being secured after the completion of the structure.

	T =			
Office or	Office of the Building Official			
Division:				
Classification:	Simple/ Complex/Highly Technical			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:		had been issued a building permit may apply for		
	occupancy permit after the building construction has been			
CHECKLIST OF	completed	WHERE TO SECURE		
	REQUIREMENTS	WHERE TO SECURE		
Approved Buildir Photocopy)	ig Permit (1	Applicant		
2. Approved Electri	cal Permit (1	Applicant		
Photocopy)				
3. Approved Plumb	oing Permit (1	Applicant		
Photocopy)				
4. Approved Mecha	anical Permit (1	Applicant		
Photocopy)				
	Plans (Original Set)	Office of the Building Official / Applicant		
8. Certificate of Co		Respective Architect/Engineers		
	r/Architect in Charge			
of Construction as				
Civil/Structural, Plu	•			
Electrical, Mechani	cal, Electronic (if			
needed) (3 Sets)	aliantian alamad and	Description Applitant/Oixil Foreigns		
	plication signed and	Respective Architect/Civil Engineer		
sealed by Architect	Civil Engineer (3			
Sets) 10. PRC ID & PTR	of all signing	Respective Architect/Engineers		
Architect/Engineers		Respective Architect/Engineers		
Sealed (1 Photocop				
` '	pection Certificate (1	Bureau of Fire Protection		
Original – OBO Co		Baldad of File Flotodion		
12. Pictures showir		Applicant		
and inner view of the		, the same		
Original Copy)				
If changes were m	nade:	1		
1. As-Built Plan		Respective Architect/Engineers		
If done through a	representative:	· · ·		
	tter / Special Power	Authorizing Party		
of Attorney (SPA) (
2. Valid I.D. (1 Pho		Authorizing Party and Representative		
If applicable:				
1. Approved Electro	onics Permit – if	Applicant		
applicable (1 Photo				





			PHILIF	
As the case may b				
1. Certificate from S	•	Respective	Structural Engine	er
signed and sealed I	•			
Engineer (1 Origina				
Other legal docum	ents as the case ar	ises:		
 Notice of Aw 		Applicant		
 Deed of Don 				
- Authority to (
 Affidavit of C 	Consent from Lot			
Owner				
- Deed of Usu				
- Affidavit of H				
	al Settlement of			
Estate				
- Death Certifi				
deceased ov				
	ertificate of Heir/s (if downer is the			
	se/children/etc. of			
applicant)	se/criliareri/etc. Or			
Marriage Contract				
	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Secure	1. Provide	None	5 minutes	Assistant
Certificate of	Application Form			Building Official
Completion Form	and list of			OBO Or
with the list of	requirements			Officer of the
requirements.				Day
2. Submit duly	2. Receive and	None	15 minutes	Clerk
accomplished	check documents			Receiving
form and required	for compliance			Section
documents for	0.4 D.4	N1	F	011
verification and	2.1 Return	None	5 minutes	Clerk
evaluation	documents with			Receiving
	list of lacking documents to			Section
	owner			Clerk
	2.2 Prepare	None	5 minutes	Receiving
	Certificate of	None	o minutes	Section
	Occupancy			Coolon
3. Secure Fire	3. Endorse to	None	5 minutes	Clerk
Safety Inspections	Bureau of Fire	. 10.10	5	OBO-Receiving
Certificate from	Protection for Fire			Section)
Bureau of Fire	Safety Certificate			
Protection	,			
4. Wait for the	4. Conduct	None	1 day for	Architect Or
inspection to be	inspection and		Simple	<i>Engineer</i> Or
conducted by the	prepare		5 days for	Staff
Permit and	investigation		Complex	OBO
	<u>. Janaan</u>	<u> </u>	- I	





Enforcement Division	report, and evaluate and assess if it conforms to the submitted and approved Building Permit and computation of overall amount of regulatory fees.		19 days for Highly Technical	Clerk
	4.1. If the inspectors find that the completed project has deviated from the approved plans, the permit is recommended for return/amendatory / disapproval.	None	10 minutes	Receiving Section
	4.2. If for amendatory, client is advised to apply for Amendatory Permit	None	10 minutes	Engineer Receiving & Releasing Division
	4.3 If disapproved, send letter to the owner the reason/s for disapproval and then they can	None	10 minutes	Engineer Receiving & Releasing Division
	appeal to DPWH. 4.4. Prepare the letter to owner with corresponding lists of needed requirements / documents	None	10 minutes	Engineer Receiving & Releasing Division
5. None	5. If found to be compliant, prepare order of payment.	None	10 minutes	Clerk Billing Section
6. None	6. Review and Recommend	None	10 minutes	Assistant Building Official





	application for payment, and have the certificate of completion and evaluation report signed.			ОВО
7. None	7. Approve the order of payment and sign the Certificate of Occupancy.	None	5 minutes	Head OBO
8. Ask for Order of Payment, proceed to City's Treasurer's Office, present the order of payment, pay prescribed fee/s and receive official receipt (O.R.). Return to OBO and wait for the release of approved permit	8. Receive Photocopy of the official receipt, prepare and release permit.	Based on PD 1096 Schedule of Fees	30 minutes	Staff OBO-Releasing Section
	TOTAL:	Based on PD 1096 Schedule of Fees	Simple: 1 Day, 2 Hours, and 10 Minutes Complex: 5 Days, 2 Hours, and 10 Minutes Highly Technical: 19	
			Days, 2 Hours, and 10 Minutes	





3. Fencing Permit Application

This permit shall be secured prior to construction of a fence.

Office or	Office of the Building Official			
Division:	Oiman I a			
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:		who intend to construct a fence.		
	REQUIREMENTS	WHERE TO SECURE		
<u> </u>	Forms (Signed and	Respective Architect/Engineers		
Sealed by Architect		December 5 of the second		
2. Structural Plan S		Respective Engineers		
by Engineer (3 Sets		D 4: A 1:4 4/E :		
3. Site Developmen		Respective Architect/Engineers		
	n of the Lot (3 Sets)	December 1 - April 1 - 1/F - 1 - 1 - 1		
4. Bill of Materials (Respective Architect/Engineers		
by Architect/Engine		Deep estive Condetie Fraince		
Relocation Surve Ground Verification		Respective Geodetic Engineer		
	•			
Vicinity Map (Signe Geodetic Engineer)				
Photocopy)	(1 Original and 1			
6. PRC ID & PTR of	of all Signing	Respective Architect/Engineers		
Architect/Engineers		Nespective Atomiceov Engineers		
7. Barangay Cleara		Barangay Office		
Construction (1 Original		Barangay Omeo		
Photocopy)	giriai aria .			
8. Developer / HOA	Clearance (if	Developer / HOA Office		
applicable) (1 Origin	,			
Photocopy)				
9. Certified True Co	ppy of Tax	City Assessor's Office		
Declaration (1 Origi		•		
Photocopy)				
	ax Receipt (Current	City Assessor's Office		
Year) (2 Photocopie				
11. Detailed Topogr		Respective Geodetic Engineer		
	vicinity (signed and			
sealed by Geodetic	, ,			
Original and 1 Phot				
For fences higher				
1. Structural Compu	utations (1 Original	Structural Engineer		
and 1 Photocopy)				
	der applicant's nam			
1. Certified True Co		Registry of Deeds		
Contract to Sell/Dee				
Sale/Lease of Cont	• •			
ownership (1 Photo		A 11		
2. Valid I.D. (1 Phot	tocopy)	Applicant		





		GORA PHILIPPE		
If applicant is a co	If applicant is a corporation:			
Duly notarized S (1 Original Copy)		Corporation		
2. Valid I.D. (1 Phot	tocopy)	Applicant		
If done through a	1 0 7			
1. Authorization Let		Authorizing	Party	
of Attorney (SPA) (1 Original Copy)		·	
2. Valid I.D. (1 Phot		Authorizing	Party and Repres	entative
Other legal docum	ents as the case ar	ises:	,	
Owner - Deed of Usu - Affidavit of H - Extra Judicia Estate - Death Certifi deceased ov - PSA Birth Ce the decease	ation Construct consent from Lot fruct leirs al Settlement of cate of the vner ertificate of Heir/s (if d owner is the se/children/etc. of			
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
Secure Fencing Permit Application form with the list of requirements. Submit duly	ACTIONS 1. Provide Fencing Form and list of requirements 2. Receive and	None None	TIME 5 minutes 15 minutes	Assistant Building Official OBO Or Officer of the Day Clerk
accomplished form and required documents for	check documents for compliance.	NOTE	15 minutes	Receiving Section

CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Secure Fencing Permit Application form with the list of requirements.	1. Provide Fencing Form and list of requirements	None	5 minutes	Assistant Building Official OBO Or Officer of the Day
2. Submit duly accomplished form and required documents for	2. Receive and check documents for compliance.	None	15 minutes	Clerk Receiving Section
verification and evaluation	2.1 If incomplete, return documents with lists of lacking requirements.	None	5 minutes	Clerk Receiving Section
3. Wait for the checking and evaluation	3. Evaluate and assess if it conforms to the technical requirements of the National Building Code and compute regulatory fees.	None	2 days	Architect Or Engineer OBO





	3.1 Conduct inspection and send pictures/remarks through Telegram.	None	30 minutes	Field Inspectors OBO
4. None	4. If found to be compliant, prepare order of payment.		10 minutes	Clerk OBO-OBO- Billing Section
5. None	5. Review and recommend for payment, and sign the application forms and plans.	None	5 minutes	Assistant Building Official OBO
6. None	6. Approve the order of payment and sign application forms and plans.	None	10 minutes	Head OBO
7. Ask for Order of Payment, proceed to City's Treasurer's Office, present the order of payment, pay prescribed fee/s and receive official receipt (O.R.) Return to OBO and wait for the release of approved permit	7. Receive copy of the OR, prepare and release the fencing permit.	Based on PD 1096 Schedule of Fees	30 minutes	Staff OBO-Releasing Section
	TOTAL:	Based on PD 1096 Schedule of Fees	2 Days, 1 Hour, and 50 Minutes	





4. Demolition Permit Application

This permit second prior to dismantling/removal of structure.

Office or	Office of the Building Official			
Division:	Simple			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
	Any individual who intend to demolish their structure			
Who may avail:	REQUIREMENTS	WHERE TO SECURE		
1. Demolition Form		Office of the Building Official / Respective		
Sealed by Architect		Architect/Engineers		
2. Sketch plan/Lot p	<u> </u>	Respective Architect/Engineers		
to be demolished (1	•	1. Copective / Continue of Engineers		
Photocopy)	onginarana i			
3. Transfer Certifica	ate of Title (TCT)	Registry of Deeds / Applicant		
	pplicant is the owner	Transfer a construction of the construction of		
of the building to be				
Photocopy)	,			
4. PRC ID&PTR of	all Signing	Respective Architect/Engineers		
Architect/Engineers				
5. Barangay Cleara		Barangay Office		
(1 Original and 1 Pl	hotocopy)			
7. Certified True Co	opy of Tax	City Assessor's Office		
Declaration - Land	(1 Original and 1			
Photocopy)				
8. Real Tax Receip	t (Current Year) (2	City Assessor's Office		
photocopies)				
If applicable:				
1. Developer / HOA		Developer / HOA Office		
Original and 1 Phot				
If applicant is a co		lo "		
	ecretary Certificate	Corporation		
(1 Original Copy)	4	Analisant		
2. Valid I.D. (1 Phot		Applicant		
If done through a		Authorizing Party		
1. Authorization Let	-	Authorizing Party		
of Attorney (SPA) (Photocopy)	i Original and 1			
	tocony)	Authorizing Party and Representative		
2. Valid I.D. (1 Photocopy) Other legal documents as the case ari		o ,		
- Notice of Aw		Applicant		
- Deed of Don		, Applicant		
- Authority to				
1	Consent from Lot			
Owner				
- Deed of Usu	fruct			
- Affidavit of H				
- Extra Judicia	al Settlement of			





Estate

Death Certificate of the deceased owner

PSA Birth Certificate of Heir/s (if the deceased owner is the parent/spouse/children/etc. of applicant)

Marriage Contract				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Secure	1. Provide	None	5 minutes	Assistant
Demolition Permit	Demolition Form			Building Official
Application form	and list of			Or
with the list of	requirements			Officer of the Day
requirements.				OBO
2. Submit duly	2. Receive and	None	15 minutes	Clerk
accomplished	check documents	140110	10 1111114100	Receiving
form and required	for compliance.			Section
documents for	·			
verification and	2.1 If not		10 minutes	Engineer I
evaluation	compliant, return			Receiving and
	documents with			Releasing Section
	lists of lacking requirements.			Section
3. Wait for the	3. Evaluate,	None	1 hour	Engineer
checking and	assess, and	140110	1 11001	OBO-Technical
evaluation	compute overall			Division
	amount of			
	regulatory fees.			
	3.1 Conduct site	None	30 minutes	Field Inspectors
	inspection and send pictures and			
	remarks through			
	Telegram.			
4. None	4. If found to be	None	10 minutes	Clerk
	compliant,			Billing Section
	prepare order of			
	payment.			
5. None	5. Review and	None	5 minutes	Assistant
	recommend			Building Official OBO
	payment, then sign forms.			OBO
6. None	6. Approve order	None	5 minutes	Head
	of payment and			OBO
	sign forms.			
7. Ask for Order of	7. Receive	Based on	30 minutes	Staff
Payment, proceed	Photocopy of the	PD 1096		OBO-Releasing
to City's	official receipt,	Schedule		Section





Treasurer's Office, present the order of payment, pay prescribed fee/s and receive official receipt (O.R.) Return to OBO and wait for the release of approved permit	prepare and release permit.	of Fees		
	TOTAL:	Based on PD 1096 Schedule of Fees	2 Hours and 50 Minutes	





5. Mechanical Permit Application

This permit shall be secured prior to the construction/installation of machineries/system or the legalization of installation, operation and usage of machineries/system.

0.00	000 (4) 5 ""	000		
Office or	Office of the Building Official			
Division:	Cimania / Carrenter /	Highly Tooksiaal		
Classification:	Simple / Complex /			
Type of	G2C – Government	to Citizen		
Transaction:	A	Set and the second set of the second sectors.		
Who may avail:	-	intend to construct or install mechanical		
	systems/machinerie			
	REQUIREMENTS	WHERE TO SECURE		
1. Mechanical Form		Office of the Building Official /		
Signed and Sealed	•	Registered/Professional Mechanical Engineer		
Registered/Profess	ionai wechanicai			
Engineer (3 Sets)	Coat of Estimate	Degistered/Drefessional Machanical Engineer		
2. Bill of Materials /		Registered/Professional Mechanical Engineer		
Specifications (3 S		Pagistarad/Professional Machanical Engineer		
Registered/Profess		Registered/Professional Mechanical Engineer		
Engineer (1 Photoc				
4. Barangay Cleara		Barangay Office		
(1 Original and 1 P				
6. Certified True Co		City Assessor's Office		
Declaration (1 Orig	1 7	Oity / 15505501 5 Office		
Photocopy)				
7. Real Tax Receip	t (Current Year) (2	City Assessor's Office		
photocopies)	t (Garront Toar) (2	City / tocodoci o Cilico		
If applicant is a co	prporation:	1		
	ecretary Certificate	Corporation		
(1 Original Copy)		1		
2. Valid I.D. (1 Pho	tocopy)	Applicant		
If done through a				
1. Authorization Le		Person Being Represented		
of Attorney (SPA) (3 1		
Photocopy) \	Č			
2. Valid ID (1 Photo	осору)	Applicant		
If applicable:				
		Developer / HOA Office		
	Original and 1 Photocopy)			
Other legal documents as the case arises:				
- Notice of Aw		Applicant		
- Deed of Dor				
- Authority to				
	Consent from Lot			
Owner				
- Deed of Usu				
- Affidavit of F				
- Extra Judicia	al Settlement of			





Estate

Death Certificate of the deceased owner

PSA Birth Certificate of Heir/s (if the deceased owner is the parent/spouse/children/etc. of applicant)
Marriage Contract

Marriage Contract				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure Mechanical Permit Application form with the list of requirements.	1. Provide Mechanical Form and list of requirements	None	5 minutes	Engineer Mechanical Division
2. Submit duly accomplished form and required documents for	2. Receive and check documents for compliance.	None	15 minutes	Clerk Receiving Section
verification and evaluation	2.1 If non- compliant, return documents with lists of lacking requirements	None	5 minutes	Clerk Receiving Section
3. Wait for the checking and evaluation	3. Evaluate, assess, and compute overall amount of regulatory fees.	None	1 day for Simple 5 days for Complex 19 days for Highly Technical	Engineer OBO- Mechanical Division
	3.1 Conduct site inspection and send pictures and remarks through Telegram.	None	30 minutes	Field Inspectors OBO
4. None	4. If found to be compliant, prepare order of payment.	None	10 minutes	Clerk Billing Section
5. None	5. Review and recommend for payment, and sign the forms, plans and order of payment.		5 minutes	Assistant Building Official OBO
6. None	6. Approve Order of Payment, and sign forms and	None	5 minutes	Head Charge OBO





			Trib	
	plans.			
7. Ask for Order of	7. Receive	Based on	30 minutes	Staff
Payment, proceed	Photocopy of the	PD 1096		Releasing
to City's	official receipt,	Schedule		Section
Treasurer's	prepare and	of Fees		
Office, present the	release permit.,			
order of payment,	then prepare and			
pay prescribed	release the			
fee/s and receive	mechanical			
official receipt	permit.			
(O.R.) Return to				
OBO and wait for				
the release of				
approved permit	TOTAL		0: 1 1 5	
	TOTAL:	Based on	Simple: 1 Day,	
		PD 1096	1 Hour, and 45 Minutes	
		Schedule of Fees	winutes	
		OI FEES	Complex: 5	
			Complex: 5 days, 1 Hour,	
			and 45	
			Minutes	
			Millatos	
			Highly	
			Technical: 19	
			days, 1 Hour,	
			and 45	
			Minutes	





6. Electrical Permit Application

This permit shall be secured prior to the installation/upgrading of electrical system/equipment.

	·			
Office or	Simple / Complex / Highly Technical			
Division:				
Classification:	G2C – Government			
Type of		intend to install/upgrade electrical		
Transaction:	system/equipment			
Who may avail:				
	REQUIREMENTS	WHERE TO SECURE		
1. Electrical Forms		Office of the Building Official / Registered /		
, ,	istered/Professional	Professional Electrical Engineer		
Electrical Engineer)				
2. Bill of Materials /	•	Registered/Professional Electrical Engineer		
Specifications (3 Se	,			
3. PRC ID & PTR o		Registered/Professional Electrical Engineer		
Registered/Profess				
Engineer (1 Photoc	,			
4. Barangay Cleara		Barangay Office		
(1 Original and 1 Pr				
5. Developer / HOA	•	Developer / HOA Office		
applicable) (1 Origin	nal and 1			
Photocopy)				
6. Certified True Co		City Assessor's Office		
Declaration (1 Origi	nal and 1			
Photocopy)	. (0	0'' 4 0'''		
7. Real Tax Receipt (Current Year) (2		City Assessor's Office		
photocopies)				
If applicant is a co		Composation		
1. Duly notarized South		Corporation		
with attached Gove				
(if applicant is Corp	oration) (1 Original			
and 1 Photocopy) 2. Valid ID (1 Photo	ocony)	Applicant		
If done through a		Applicant		
1. Authorization Let		Person Being Represented		
of Attorney (SPA) (•	Terson being represented		
2. Valid ID (1 Photo		Authorizing Party and Representative		
`	nents as the case ar	Ŭ , I		
- Notice of Aw		Applicant		
- Deed of Don		Applicant		
- Authority to (
	Consent from Lot			
Owner	SHOOM HOME LOC			
- Deed of Usu	fruct			
- Affidavit of H				
	al Settlement of			
Estate				
- Death Certifi	cate of the			
20411 0011111				





deceased owner
- PSA Birth Certificate of Heir/s (if the deceased owner is the parent/spouse/children/etc. of applicant)

Applicant) Marriage Contract				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure Electrical Permit Application form with the list of requirements.	Provide Electrical Form and list of requirements	None	5 minutes	Staff Electrical Division
2. Submit duly accomplished form and required documents for	2. Receive and check documents for compliance.	None	15 minutes	Clerk OBO-Receiving Section
verification and evaluation	2.1 If non- compliant, return documents with lists of lacking requirements.	None	5 minutes	Clerk OBO-Receiving Section
3. Wait for the checking and evaluation	3. Evaluate, assess, and compute overall amount of regulatory fees.	Based on PD 1096 Schedule of Fees	1 day for Simple 5 days for Complex	Staff Electrical Division
	3.1 Conduct site inspection and send pictures and remarks through Telegram.	None	19 days for Highly Technical 30 minutes	Field Inspectors OBO
4. None	4. If compliant, prepare order of payment.	None	10 minutes	Clerk Billing Section
5. None	5. Review and recommend for payment, and sign forms, plans and Order of Payment	None	5 minutes	Assistant Building Official OBO
6. None	6. Approve Order of Payment, and sign forms and plans and permit.	None	5 minutes	Head OBO
7. Ask for Order of Payment, proceed to City's Treasurer's	7. Receive Photocopy of the receipt, prepare and release the	None	30 minutes	Staff OBO-Releasing Section





Office, present the order of payment, pay prescribed fee/s and receive official receipt (O.R.) Return to OBO and wait for the release of approved permit	electrical permit.			
	TOTAL:	Based on PD 1096 Schedule of Fees	Simple: 1 Day, 1 Hour, and 45 Minutes Complex: 5 Days, 1 Hour, and 45 Minutes Highly Technical: 19 Days, 1 Hour, and 45 Minutes	





7. Electronics Permit Application

This permit shall be secured prior to the construction/installation of electronics equipment/system or the legalization of installation, operation and usage of electronics equipment/systems for:

- a) Cell Site Towers
- b) Underground Cabling Installation
- c) Aerial Cabling Attachments
- d) Schools, Malls, BPO's, High Rise Condominiums, etc.

Office or	Office of the Duttellin	og Official		
Office or	Office of the Building Official			
Division:				
Classification:	Simple / Complex /			
Type of	G2C – Government	t to Citizen		
Transaction:				
Who may avail:	_	intend to install/construct cell site tower or install		
	cabling system			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
For cell site tower	s:			
1. Electronics Form	s and Plans	Office of the Building Official / Professional		
(Signed and Sealed	by Professional	Electronics Engineer		
Electrical Engineer) (5 Sets)			
2. Structural Plans	and Analysis	Civil/Structural Engineer		
(Signed and sealed	by Civil/Structural	-		
Engineer) (2 Sets)	-			
3. Soil Test (Signed	and Sealed by	Civil Engineer		
Civil Engineer) (2 S				
4. Electrical Forms		Office of the Building Official / Professional		
and Sealed by Prof	, –	Electrical Engineer		
Engineer) (5 Sets)				
5. Relocation Surve	ey Certificate &	Geodetic Engineer		
Ground Verification				
Vicinity Map (Signe				
Geodétic Engineer)				
6. Bill of materials/0		Respective Architect/Engineers		
Specifications		, , , , , , , , , , , , , , , , , , , ,		
7. if submitted Lot 7	Title is not under	Registry of Deeds		
applicant's Name) (, , , , , , , , , , , , , , , , , , , ,		
8. PRC ID & PTR		Respective Architect/Engineers		
Engineers (1 Photo		3.,		
9. Barangay Clearance for		Barangay Office		
Construction (1 Original and 1				
Photocopy)	, <u> </u>			
10. Developer / HOA Clearance (if Developer / HOA Office		Developer / HOA Office		
		Bovolopol / Hort Office		
applicable) (1 Original and 1 Photocopy)				
11. Certified True C	`ony of Tay	City Assessor's Office		
Declaration (1 Original		Oily Assessor's Office		
` •	iliai allu I			
Photocopy)				





12. Real Tax Receipt (Current Year) (2 photocopies)	City Assessor's Office
13. Neighbor's Consent with attached	Adjacent Neighbors / Applicant
Government issued ID of neighbors	, , , , , , , , , , , , , , , , , , , ,
14. Certificates or clearances from	PHILVOCS, LLDA, DENR, NAPOCOR,
Different Agency (as the case maybe	CENRO, DOH, CAAP, DPWH, NTC, BFP,
arises) (1 Photocopy)	DICT, DILG
15. Construction Logbook	Applicant
16. Annex 2 of JMC (signed and	Revised JMC No. 1, Series of 2021,
sealed by Engineer) – for existing	"Streamlined Guidelines for the Issuance of
building/rooftop	Permits, Licenses, And Certificates For The
,	Construction of PTTIs"
17. Annex 3 of JMC (signed and	Revised JMC No. 1, Series of 2021,
sealed by Geodetic Engineer and	"Streamlined Guidelines for the Issuance of
stamped by CAAP) – for vacant	Permits, Licenses, And Certificates For The
lots/greenfield	Construction of PTTIs"
For underground cabling:	
Electronics Forms and Plans	Office of the Building Official / Professional
(Signed and Sealed by Professional	Electronics Engineer
Electrical Engineer) (5 Sets)	
2. Excavation Plans and Details	Respective Engineers
(Signed and sealed by Civil Engineer)	
(5 Sets)	
3. Underground/Excavation (Fiber	City Engineering Office
Optic Cables, Manholes, Ducting, etc.)	
Recommendation Letter (1 Photocopy)	
4. Bill of materials/Cost Estimate and	Respective Engineers
Specifications (5 Sets)	
5. PRC ID & PTR of All signing	Respective Engineers
Engineers (1 Photocopy)	
6. Barangay Clearance for	Barangay Office
Underground Cabling (1 Original and 1	
Photocopy)	
7. DOLE Clearance	Department of Labor and Employment/
	Applicant
8. Undertaking for Construction	Office of the Building Official / Applicant
9. Recommendation and Report from	City Engineering Office / Applicant
City Engineering Office	
For aerial cabling:	
Electronics Forms and Plans	Office of the Building Official / Professional
(Signed and Sealed by Professional	Electronics Engineer
Electrical Engineer) (5 Sets)	
27. Request to Attach from Utility Pole	Utility Pole Owner
Owner (2 photocopies)	
2. Aerial Attachments (Utilities)	City Engineering Office
Recommendation Letter (1 Photocopy)	
3. Bill of materials/Cost Estimate and	Professional Electronics Engineer
Specifications (5 Sets)	
4. PRC ID & PTR of All signing	Professional Electronics Engineer
Engineers (1 Photocopy)	





5. Barangay Cleara 1 Photocopy)	nce (1 Original and	Barangay C	Office	
6. DOLE Clearance	;	Department	of Labor and Emp	oloyment
7. Recommendation		•	ering Office / Appli	•
City Engineering Of			0 11	
, ,	tle is not under app	licant's nam	ne:	
1. Certified True Co		Registry of		
Attached Contract t				
Absolute Sale/Leas	e of Contract/ any			
proof of ownership	(1 Photocopy)			
If applicant is a co		•		
1. Duly notarized So		Corporation		
(1 Original Copy)	,			
2. Valid ID (1 Photo	copy)	Applicant		
If done through a		1		
1. Authorization Let		Person beir	ng represented	
of Attorney (SPA) (-	. 0.00	.g .op. 00011100	
2. Valid ID (1 Photo		Authorizina	Party and represe	ntative
If the need arises:	оору)	, ratiforizing	Tarry and represe	That I V O
Certificates or cle	earances from	PHII VOCS	, LLDA, DENR, NA	APOCOR
Different Agency (a			OH, CAAP, DPWH	
arises) (1 Photocop	-		, Provincial Gover	
If applicable:				
1. Developer / HOA	Clearance (1	Developer /	HOA Office	
Original and 1 Phot		Developer /	TIOA OIIICE	
	nents as the case ar	ieae.		
- Notice of Aw		Applicant		
- Deed of Don		Applicant		
- Authority to (
	consent from Lot			
Owner	onsent nom Lot			
- Deed of Usu	fruct			
- Affidavit of H				
	I Settlement of			
Estate	ii Octionicht of			
- Death Certifi	cate of the			
deceased ov				
	ertificate of Heir/s (if			
	d owner is the			
	se/children/etc. of			
applicant)	oc/ormarch/cto. or			
Marriage Contract				
	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit Letter of		None	None	Staff
Intent to Office of	of intent for			Mayor's Office
the Mayor	approval/comment			
	s/recommendation			
	2			
	1.1 Endorse to	None	None	Staff





	City Engineering Office			Mayor's Office
2. Ocular Inspection together with City Engineering Office (for	2. Schedule an Ocular Inspection for the proposed area for cabling	None	None	Staff CEO
Underground and Aerial Cabling Only)	2.1 Submit report or recommendation letter to OBO	None	None	Staff CEO
3. Secure Electronics Permit Application form with the list of requirements.	3. Provide Electronics Permit Application Forms with list of requirements	None	5 minutes	Engineer Electronics Division Or Officer of the Day
4. Submit duly accomplished form and required documents for	4. Receive and check documents for compliance.	None	15 minutes	Clerk Receiving Section
verification and evaluation	4.1 If non- compliant, return documents.	None	5 minutes	Clerk Receiving Section
5. Wait for the checking and evaluation	5. Evaluate, assess ,and compute overall amount of regulatory fees.	None	1 day for Simple 5 days for Complex 19 days for Highly Technical	Engineer Or Staff OBO
	5.1 Conduct site inspection and send pictures and remarks through Telegram.	None	30 minutes	Field Inspectors OBO
6. None	6. If found to be compliant, prepare order of payment.	None	10 minutes	Clerk Billing Section
7. None	7. Review and recommend for payment, and sign forms, plans and order of payment.	None	10 minutes	Assistant Building Official OBO
8. None	8. Approve the order of payment, sign forms and plans.	None	30 minutes	Head OBO





	1	1		1
9. Ask for Order of		Based on	30 minutes	Staff
Payment, proceed	Photocopy of the	PD 1096		Releasing
to City's	official receipt,	Schedule		Section
Treasurer's	prepare and	of Fees		
Office, present the	release permit.,			
order of payment,	prepare and			
pay prescribed	release the			
fee/s and receive	permits.			
official receipt.				
Return to OBO				
and wait for the				
release of				
approved permit				
	TOTAL:	Based on	Simple: 1 Day,	
		PD 1096	2 Hours, and	
		Schedule	15 Minutes*	
		of Fees	Complex: 5	
			Days, 2 Hours,	
			and 15	
			Minutes*	
			Highly	
			Technical: 19	
			Days, 2 Hours	
			and 15	
			Minutes*	





8. Sign Permit Application

This permit shall be secured prior to the installation and usage of signage.

Office or	Office of the Building Official				
Division: Classification:	Highly Toobsical				
	Highly Technical G2C – Government to Citizen				
Type of Transaction:	G2C - Government to Citizen				
	Apy individual who i	intend to install signage			
Who may avail:	REQUIREMENTS	intend to install signage WHERE TO SECURE			
New Application:	REQUIREMENTS	WHERE TO SECORE			
Signage Forms a	and Plane (Signed	Office of the Building Official / Respective			
and Sealed by Arch	` •	Architect/Engineer			
Sets)	intect/Engineer/ (3	Alcinect/Engineer			
2. Bill of Materials /	Cost of Estimato	Respective Architect/Engineer			
Specifications (3 Se	•	Nespective Atomiced/Engineer			
	gned and sealed by	Geodetic Engineer			
Geodetic Engineer	gried and sealed by	Geodetic Engineer			
4. Structural Analys	is (Signed and	Civil/Structural Engineer			
sealed by Civil/Stru		Sivily Structural Engineer			
Sets)	otarar Eriginoor, (E				
5. PRC ID & PTR o	f all signing	Respective Architect/Engineer			
Engineer (1 Photoc		Troop source, a since of Englineer			
6. Barangay Cleara		Barangay Office			
(1 Original and 1 Pl					
7. Certified True Co		City Assessor's Office			
Declaration (1 Origi		-			
Photocopy)					
8. Real Tax Receip	t (Current Year) (2	City Assessor's Office			
photocopies)	, ,				
9. Building Permit of	of Base Building (1	Applicant			
Photocopy)					
10. Occupancy Per	mit of Base Building	Applicant			
(1 Photocopy)					
11. Joint Structural	Stability	Applicant			
Certification (1 Pho					
12. Consent from A	•	Applicant			
Lot/Property Owner					
Government issued	\ 137				
13. DPWH Clearan	ce	Department of Public Works and Highways /			
		Applicant			
14. PHIVOLCS Cle		PHIVOLCS / Applicant			
Renewal of Applic					
1. Previous Sign Pe	, , , , , ,	Applicant			
2. PRC ID & PTR o		Respective Architect/Engineer			
Engineer (1 Photoc	1 0 /	000			
3. Barangay Cleara		Barangay Office			
(1 Original and 1 Pl		0'' 4 0'''			
4. Certified True Co	ppy of Tax	City Assessor's Office			





		1		
Declaration (1 Origi Photocopy)	nal and 1			
5. Real Tax Receip photocopies)	t (Current Year) (2	City Assess	or's Office	
6. Joint Structural S (1 Photocopy)	tability Certification	Applicant		
7. Consent from Ad Owners with attach issued ID (1 Photoc	ed Government	Applicant		
8. DPWH Clearance		Department of Public Works and Highways / Applicant		
If submitted Lat Ti	tle is not under app		10.	
Certified True Co		Registry of		
Attached Contract t		registry or	Deeds	
Absolute Sale/Leas				
proof of ownership				
Photocopy)				
If applicant is a co	rnoration:			
1. Duly notarized Se		Corporation	1	
(1 Original Copy)	oordiary Cortinicato	Corporation	•	
2. Valid ID	, , , ,			
If done through a representative:		Applicant		
1. Authorization Let		Authorizing	Party	
of Attorney (SPA) (-	7 10.11.1011_11.19		
2. Valid ID	· · · · · · · · · · · · · · · · · ·	Authorizina	Party and represe	ntative
If applicable:		<u> </u>		
1. Developer / HOA	Clearance (1	Developer /	HOA Office	
Original and 1 Phot				
	ents as the case ar	ises:		
- Notice of Aw		Applicant		
- Deed of Don	ation			
- Authority to (Construct			
 Affidavit of C 	onsent from Lot			
Owner				
 Deed of Usu 	fruct			
 Affidavit of H 				
 Extra Judicia 	I Settlement of			
Estate				
 Death Certifi 				
deceased ov	-			
	ertificate of Heir/s (if			
	d owner is the			
-	se/children/etc. of			
applicant)				
Marriage Contract	405101		DD 0 0 5 0 0 1 1 5	DEDGG
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure Sign	1. Provide Sign	None	5 minutes	Engineer
Permit Application	Form and list of			Sign Division





			PHILI	
form with the list of requirements.	requirements			
2. Submit duly accomplished form and required documents for	2. Receive and check documents for compliance.	None	15 minutes	Clerk Receiving Section
verification and evaluation	2.1 If non- compliant, return documents with lists of lacking requirements.	None	5 minutes	Engineer Receiving and Releasing Division
3. Wait for the checking and evaluation	3. Evaluation and Assessment and computation of overall amount of regulatory fees.	None	1 day for Simple 5 days for Complex 19 days for Highly Technical	Engineer Sign Division
	3.1 Conduct site inspection and send pictures and remarks through Telegram.	None	30 minutes	Field Inspectors OBO
4. None	4. If found to be compliant, prepare order of payment.	None	10 minutes	Clerk OBO-OBO- Billing Section
5. None	5. Review and recommend for payment, and sign forms, plans and order of payment.	None	5 minutes	Assistant Building Official OBO
6. None	6. Approve the order of payment, and sign forms and plans.	None	5 minutes	Head OBO
7. Ask for Order of Payment, proceed to City's Treasurer's Office, present the order of payment, pay prescribed fee/s and receive official receipt. Return to OBO and wait for the release of approved permit	7. Receive Photocopy of the official receipt, prepare and release permit.	Based P.D. 1096 Schedule of Fees	30 minutes	Staff Releasing Section





TOTAL:	None	Simple: 1 Day, 1 Hour, and 45 Minutes	
		Complex: 5	
		Days, 1 Hour,	
		and 45	
		Minutes	
		Highly	
		Technical: 19	
		Days, 1 Hour,	
		and 45	
		Minutes	





9. Excavation Permit Application

This permit shall be secured prior to the excavation of for utility purposes

Office or	Office of the Building Official			
Division:	0:	I Calaba Talaba	.t.al	
Classification:	Simple / Complex /		nicai	
Type of	G2C – Government	t to Citizen		
Transaction:	A . '. I' ' I . I . I .		1	
Who may avail:	Any individual who	intend to exc		UDE
	REQUIREMENTS	0(() ()	WHERE TO SEC	
1. Excavation Form			Building Official /	Respective
(Signed and Sealed	by Engineer) (5	Engineer		
Sets)	0 (((()	D (_ ·	
2. Bill of Materials /	· · · · · · · · · · · · · · · · · · ·	Respective	Engineer	
Specifications (5 Se		D	F	
3. PRC ID & PTR o		Respective	Engineer	
engineers (1 Photo		5	\(CC'	
4. Barangay Cleara		on Barangay Office		
(1 Original and 1 Pl				
	itle is not under app			
1. Certified True Co	1 7	Registry of	Deeas	
Attached Contract t				
Absolute Sale/Leas	_			
proof of ownership	(т Рпогосору)			
If applicable:	Classanas (4	Davidonar / LIOA Office		
1. Developer / HOA		Developer / HOA Office		
Original and 1 Phot				
If applicant is a co		Corporation		
1. Duly notarized S	ecretary Certificate	Corporation		
(1 Original Copy)	20001/	Applicant		
2. Valid ID (1 Photo		Applicant		
If done through a	tter / Special Power	Authorizina	Dorty	
of Attorney (SPA)	liei / Speciai Fuwel	Authorizing Party		
2. Valid ID (1 Photo	ncopy)	Authorizing	Party and represe	ntative
`	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Secure	1. Provide	None	5 minutes	Assistant
Excavation Permit	Excavation Form	140110	0 1111110100	Building Official
Application form	and list of			OBO
with the list of	requirements			Or
requirements.		Any Officer of		
		the Day		
2. Submit duly	2.1 Receive and	None 15 minutes Clerk		
accomplished	check documents			OBO-Receiving
form and required	for compliance.			Section
documents for	2.2 Return	None	10 minutes	Engineer
verification and	documents with			OBO-Receiving
evaluation	lists of lacking			and Releasing





	requirements			Section
	2.3 For Government roads, endorse application to City Engineering Office	None	10 minutes	Clerk OBO-Receiving Section
3. Wait for the checking and evaluation	3.1 Evaluation and Assessment and computation of overall amount of regulatory fees.	None	1 day for Simple 5 days for Complex 19 days for Highly Technical	Engineer Technical Division
	3.2 Conduct site inspection and send pictures and remarks through Telegram. 3.3 Send pictures and Remarks thru Telegram	None	30 minutes	Field Inspectors
4. None	4. If found to be compliant, prepare order of payment.	None	10 minutes	Clerk OBO-OBO- Billing Section
5. None	5. Review and recommend for payment, and sign forms, plans and order of payment.	None	5 minutes	Assistant Building Official OBO
6. None	6. Approve the order of payment, and sign forms and plans.	None	5 minutes	Officer-in- Charge OBO
7. Ask for Order of Payment, proceed to City's Treasurer's Office, present the order of payment, pay prescribed fee/s and receive official receipt (O.R.) Return to OBO and wait for the release of approved permit	7. Receive Photocopy of the official receipt, prepare and release permit.	Based on PD 1096 Schedule of Fees	30 minutes	Staff OBO-Releasing Section





TOTAL:	Based on PD 1096 Schedule of Fees	Simple: 1 Day and 2 Hours Complex: 5 Days and 2 Hours	
		Highly Technical: 19 Days and	





10. Excavation Bond Refund

This process shall be done prior to refund of Excavation Bond

Office or	Office of the Buildin	a Official		
Division:	Office of the Building Official			
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:	G2C = Government	to Citizen		
Who may avail:	Any individual who	intend to refu	nd their excavation	n hond
	REQUIREMENTS		WHERE TO SEC	
1. Pictures of excav		Applicant	WIILKE TO OLO	JOINE .
(before, during, and		пррпоатт		
Copy)	anter) (1 Original			
	on (1 Original Copy)	Applicant		
	or Excavation Bond	Applicant		
(1 Original Copy an		Applicant		
4. Request Letter fo		Applicant		
Original Copy)	n itelulia (1	Applicant		
5. Recommendation	n and Report letter	City Engine	ering Office / Appl	icant
of City Engineering		City Lingine	ening Onice / Appi	ican
Copy)	Onice (1 Original			
If applicant is a co	mnany			
1. Duly notarized S		Corporation		
(1 Original Copy)	corotary ocrtinicate	Corporation		
2. Valid ID (1 Photo	ncony)	Authorizina	Party and represe	entative
If done through a		/ tatriorizing	Tarry and represe	ritativo
1. Authorization Let		Authorizing	Party	
of Attorney (SPA) (, tatriorizing	1 dity	
2. Valid ID (1 Photo		Authorizina	Party and represe	entative
	nents as the case ar		·	
- Notice of Aw		Applicant		
- Deed of Don	ation			
- Authority to (
1	Consent from Lot			
Owner				
- Deed of Usu	fruct			
- Affidavit of H	leirs			
- Extra Judicia	al Settlement of			
Estate				
 Death Certifi 	cate of the			
deceased ov	vner			
- PSA Birth Ce	ertificate of Heir/s (if			
the deceased owner is the				
	se/children/etc. of			
applicant)				
 Marriage Co 				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
FOR GOVERNMENT ROADS AND TURNED-OVER SUBDIVISIONS				





1. Submit Sketch of Location and Pictures of excavation works	1. Receive documents and endorse application to City Engineering Office.	None	5 minutes	Clerk OBO-Receiving Section
2. Wait for the inspection of City Engineering Office	2. Conduct inspection for the excavation works	None	None	City Engineering Office Staff
3. Wait for the evaluation of City Engineering Office	3. Submit endorsement letter to OBO regarding the findings	None	None	City Engineering Office Staff
4. Approved: Submit Request letter for Refund, Official Receipt for Excavation Bond and Valid ID	4. Approved: Receive documents for endorsement and endorse application to the Office of the Mayor.	None	10 minutes	ClerkOBO- Receiving Section
5. Disapproved: Coordinate with City Engineering Office until the restoration is completed	5. Conduct reinspection of application Note: If approved, proceed to Step 4	None	None	City Engineering Office Staff
6. Follow up application to City Treasurer's Office	6. Release check	None	None	City Treasurer's Office Staff
	TOTAL:	None	15 Minutes, excluding processing time from other departments	
FOR PRIVATE SUI				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit Sketch of Location and Pictures of excavation works	Receive documents for endorsement	None	5 minutes	Clerk OBO-Receiving Section
2. Wait for the inspection	2. Conduct inspection for the excavation works	None	30 minutes	Field Inspector
4. Approved:	4. Approved:	None	10 minutes	ClerkOBO-





Submit Request letter for Refund, Official Receipt for Excavation and Valid ID of Applicant	Receive documents for endorsement and endorse application to the Office of the Mayor.			Receiving Section
5. Disapproved: Coordinate with Water Provider until the restoration is completed	5. Conduct reinspection of application Note: If approved, proceed to Step 4	None	30 minutes	Field Inspector
6. Follow up application to City Treasurer's Office	6. Release check	None	None	City Treasurer's Office Staff
	TOTAL:	None	1 Hour and 15 Minutes, excluding processing time from other departments	





11. Temporary Electrical Connection Application

This is applicable for building and structures which are still under construction and needs electrical service for construction equipment.

F =	· ·			
Office or	Office of the Buildin	g Official		
Division:				
Classification:	Complex			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	All residential, comr	nercial, instit		Ŭ
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
List of Applicants	,	MERALCO		
2. Building Permit (Applicant		
	ed Electrical permit		Building Official /	•
application duly sign		_	Master electrician/	Electrical (
•	electrician/Electrical	Engineer		
Engineer (if applica	, , <u>,</u> ,			
If done through a				
	ter / Special Power	Authorizing	Party	
of Attorney (SPA) (
2. Valid ID (1 Photo			Party and represe	ntative
	ents as the case ar	ises:		
 Notice of Aw 		Applicant		
 Deed of Don 	ation			
- Authority to (Construct			
 Affidavit of C 	Consent from Lot			
Owner				
 Deed of Usu 	fruct			
 Affidavit of H 	leirs			
 Extra Judicia 	al Settlement of			
Estate				
 Death Certificate of the 				
deceased ov	vner			
- PSA Birth Ce	ertificate of Heir/s (if			
	d owner is the			
parent/spous	se/children/etc. of			
applicant)				
Marriage Contract				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
CLILINI SILFS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Apply to	1. Check if	None	5 minutes	Clerk
MERALCO	application is			Receiving
	emailed	Section		
2. Wait for the	2. Conduct	None	5 days	Staff
inspection to be	Inspection to			Electrical
conducted by the	check if the			Division
OBO-Electrical	application and			
Division	site complies with			
	the provision of			
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	





	existing Philippine Electrical Code.			
3. None	3. Evaluation and Assessment and computation of overall amount of regulatory fees.	None	30 minutes	Staff Electrical Division
4. None	4. If found to be compliant, prepare order of payment and prepare Certificate of Temporary Electrical Connection	None	10 minutes	Clerk Billing Section
5. None	5. Review and recommend for payment, and sign forms, plans and order of payment.	None	5 minutes	Assistant Building Official OBO
6. None	6. Approve the order of payment, and sign permit.	None	5 minutes	Head OBO
7. Ask for Order of Payment and Certificate of Temporary Electrical Inspection, proceed to City's Treasurer's Office, present the order of payment, pay prescribed fee/s and receive official receipt (O.R.) and return to OBO to present the OR and receive the permit.	7. Receive Photocopy of the official receipt, prepare and release permit, then encode details of the payment.	Based on PD 1096 Schedule of Fees	5 minutes	Clerk Billing Section
8. Coordinate with MERALCO for their Service Connection.	8. Forward approved permit for Temporary Electrical Service Connection to be to MERALCO via email. (hard copy will be sent every Monday)	None	30 minutes	Clerk Releasing Section





TOTAL:	Based on	5 Days, 1	
	PD 1096	Hour, and 30	
	Schedule	Minutes	
	of Fees		





12. Certificate of Final Electrical Inspection / Wiring Permit Application

This is applicable when the structure or building in place is permanent and has no specific time of service required.

Office or Division:	Office of the Buildin	g Official		
Classification:	Complex			
	G2C – Government	to Citizon		
Type of Transaction:	G2C – Government	to Citizen		
Who may avail:	All residential, comr	marcial inetit	utional and industr	rial huildings
	REQUIREMENTS	Herciai, iristit	WHERE TO SEC	
		MERALCO	WHERE TO SEC	OKE
1. List of Applicants			Duilding Official /	Doopootivo
2. Duly Accomplish			Building Official /	•
application duly sign		_	Master electrician/	Electrical
_	electrician/Electrical	Engineer		
Engineer (if applica	, , <u> </u>	City Lluban	and Davidanment	Housing Office /
3. CUDHO Certifica	ition (1 Original	-	and Development	Housing Office /
Copy)		Applicant		
If applicable:	oit (4 Dhotopony)	Applicant		
1. Occupancy Perm	\ 177	Applicant		
If done through a				
1. Authorization Let	•			
of Attorney (SPA) (• • • • • • • • • • • • • • • • • • • •	Authorizina Doutu and representative		
2. Valid ID (1 Photo	1 4 /	Authorizing Party and representative		
Other legal documents as the case arises:				
- Notice of Aw		Applicant		
- Deed of Don				
- Authority to (
	onsent from Lot			
Owner				
- Deed of Usu				
- Affidavit of H				
	I Settlement of			
Estate	anto of the			
- Death Certifi				
deceased ov				
	ertificate of Heir/s (if			
	d owner is the			
	se/children/etc. of			
applicant)				
Marriage Contract	ACENOV	EEEC TO	PROCESSING	DEDCON
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	TIME	PERSON RESPONSIBLE
1. Apply to	1. Check if	None	5 minutes	Clerk
MERALCO	application is	is		OBO-Receiving
	emailed.			Section
2. Wait for the	2. Conduct	None	5 days	Staff
inspection to be	Inspection to			OBO-Electrical
conducted by the	check if the			Division





	1			
OBO-Electrical	application and			
Division	site complies with the provision of			
	existing Philippine			
	Electrical Code.			
3. None	3. Evaluate,	None	30 minutes	Staff
0.140110	assess, and	140110	00 1111110100	OBO-Electrical
	compute			Division
	regulatory fees.			
4. None	4. If found to be	None	10 minutes	Clerk
	compliant,			OBO-Billing
	prepare order of			Section
	payment and			
	prepare certificate			
	of Final Electrical			
5 N	Inspection			A
5. None	5. Review and	None	5 minutes	Assistant
	recommend for			Building Official OBO
	payment, and sign forms, plans,			ОВО
	certificate, and			
	order of payment.			
6. None	6. Approve the	None	5 minutes	Officer-in-
	order of payment,			Charge
	and sign			OBO
	Certificate of Final			
	Electrical			
	Inspection			
7. Ask for Order of	7. Receive	Based on	5 minutes	Clerk
Payment and	photocopy of the	PD 1096		OBO-Billing
Certificate of Final	receipt and	Schedule		Section
Electrical Inspection,	encode details of	of Fees		
proceed to City's	payment.			
Treasurer's				
Office, present the				
order of payment,				
pay prescribed				
fee/s and receive				
official receipt				
(O.R.) and return				
to OBO to receive				
certificate of final				
inspection.				<u> </u>
8. Coordinate with	8. Forward	None	30 minutes.	Clerk
MERALCO for	approved			OBO-Releasing
their Service Connection.	Certificate of Final Electrical			Section
CONTRECTION.	Inspection (CFEI)			
	to MERALCO thru			
	I TO IVILITY (LOO till d			





email. (hard copy will be sent every Monday)			
TOTAL:	Based on PD 1096 Schedule of Fees	5 Days, 1 Hour, and 30 Minutes	





13. Water Connection Application

This is applicable for building and structures that needs water service.

Office or	Office of the Buildin	Office of the Building Official			
Division:	Committee				
Classification:	Complex	to Oiti-			
Type of	G2C – Government	to Citizen			
Transaction:	All and be delicated		Caralia II at	2.11 21.2	
	All residential, com	mercial, instit			
	CHECKLIST OF REQUIREMENTS		WHERE TO SEC	UKE	
Investigation For Order (1 Original Control or Con		water Servi	ice Provider		
Barangay Cleara		Barangay			
Connection (1 Origi		Barangay			
3. Recommendation		City Engine	ering Office / Appli	icant	
from City Engineeri	<u>-</u>	Oity Engine	ching Office / Appli	lount	
Original Copy)	119 011100 (1				
If applicable:		1			
1. Developer / HOA Clearance (1 Developer/HOA Offi			HOA Office		
Original Copy)	· · · · · · · · · · · · · · · · · ·		- ····		
If applicant is a co	rporation:	ı			
1. Duly notarized Se		Corporation	1		
(1 Original Copy)					
2. Valid ID (1 Photocopy) Applicant					
If done through a	representative:				
1. Authorization Let	ter / Special Power	Authorizing	Party		
of Attorney (SPA) (
2. Valid ID (1 Photo			Party and represe	ntative	
	ong a National High				
1. DPWH Clearance		DPWH			
	ents as the case ar				
- Notice of Aw		Applicant			
- Deed of Don					
- Authority to (
	onsent from Lot				
Owner Dood of Usu	fruct				
Deed of UsuAffidavit of H					
	I Settlement of				
Estate	u ocuicinciii oi				
- Death Certifi	cate of the				
deceased ov					
	ertificate of Heir/s (if				
	d owner is the				
parent/spous	se/children/etc. of				
applicant)					
Marriage Contract					
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
	ACTIONS	BE PAID	TIME	RESPONSIBLE	





	T	T		
1. Submit Investigation Form or Construction Order and other pertinent documents.	 Receive and check documents Provide Waiver/ Pagpapaubaya 	None	5 minutes	Clerk OBO-Receiving Section
2. Fill out Waiver / Pagpapaubaya	2. Provide Waiver Pagpapaubaya and receive filledout waiver after and other pertinent documents.	None	5 minutes	Clerk OBO-Receiving Section
3. None	3. Signing Of Concerned Division	None	15 minutes	Officer-in- Charge OBO Or Assistant Building Official
4. Wait for the Action taken by Engineering Office / Office of the Mayor	4. Endorsement of Waiver to the Office of the Mayor for signing, and prepare endorsement to the City Engineering if the excavation is across the road for excavation bond.	None	1 day	Clerk OBO-Receiving Section
5. None	5. If found to be compliant, prepare order of payment and permit.	None	10 minutes	Clerk OBO-Billing Section
6. None	6. Review and recommend for payment, and sign forms, plans and order of payment.	None	5 minutes	(Assistant Building Official)
7. None	7. Approve the order of payment, and sign forms, plans, and permit.	None	5 minutes	Officer-in- Charge OBO
8. Ask for Order of Payment, proceed to City's Treasurer's Office, present the	8. Receive Photocopy of the official receipt, encode details of payment, prepare	Based on PD 1096 Schedule of Fees	5 minutes	Clerk OBO-Releasing Section





order of payment, pay prescribed fee/s, receive official receipt (O.R.), and return to OBO and wait	and release permit.			
	TOTAL:	Based on PD 1096 Schedule of Fees	1 Day and 50 Minutes	





14. Building Clearance for Business Establishment

This clearance shall be secured for Business Applications

	1000 000 000	00011				
Office or	Office of the Building Official					
Division:	0:	LPATE To a chart				
Classification:	Simple / Complex /					
Type of	G2C – Government	to Citizen				
Transaction:	A	- 2. P. M. Martin Charles I. C. Control Control Control				
Who may avail:		prise who intend to start business				
	REQUIREMENTS	WHERE TO SECURE				
1. Building Permit of Photocopy)	of Building (1	Applicant				
2. Duly accomplish	ed Unified	Business Permits and Licensing Office /				
Clearance for Busin		Applicant				
Copy)	`					
3. Barangay Cleara	nce for Business (1	Barangay Office				
Photocopy)	·					
4. Pictures of Locat	tion of Business	Applicant				
(front, rear and side	es) (1 Original					
Copy)						
	itle is not under app					
1. Certified True Co		Registry of Deeds				
Attached Contract t						
Absolute Sale/Leas	•					
proof of ownership)	(1 Photocopy)					
If applicable:	· (5 !!!! ///					
6. Occupancy Perm		Applicant				
applicable) (1 Photo		Applicant				
7. Safety Certification	•	Applicant				
(Civil, Structural, El						
Mechanical) (1 Pho 8. Developer / HOA		Developer / HOA Office				
Photocopy)	Clearance (1	Developer / FIOA Office				
If done through a	renresentative					
	tter / Special Power	Authorizing Party				
of Attorney (SPA) (/ tathonzing i arty				
2. Valid ID (1 Photo		Authorizing Party and representative				
	nents as the case ar					
- Notice of Aw		Applicant				
- Deed of Don		11				
- Authority to						
	Consent from Lot					
Owner						
- Deed of Usu	fruct					
 Affidavit of F 						
	al Settlement of					
Estate						
 Death Certified 						
deceased ov	vner					





 PSA Birth Certificate of Heir/s (if the deceased owner is the parent/spouse/children/etc. of applicant)

- Marriage Contract

- Marnage Contract				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Unified Clearance for Business	1. Receive the required document and check for completeness	None	None	Business Permits and Licensing Office Staff
2. Wait for the checking and evaluation	2. Evaluation and Assessment and computation of overall amount of regulatory fees, sign unified clearance, and return to BPLO.	Based on PD 1096 Schedule of Fees	20 minutes	Engineer OBO-Business Section
	TOTAL:	Based on PD 1096 Schedule of Fees	20 Minutes, excluding processing time from other departments	

Note:

- 1. Subject to time availability of the signatory due to prior meeting/s schedules and/or due to immediate notice by the City Mayor.
- 2. For post-audit process for building clearance of businesses, it will be done on a daily basis.





15. Annual Inspection of Business Establishment

This shall be issued after a request of ocular safety inspection and/or after the regular inspection as mandated by law.

Office or Division:	Office of the Buildin	g Official		
Classification:	Highly Technical			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Any individual who	is an adminis	trator or an owner	of a building
	REQUIREMENTS		WHERE TO SEC	Ŭ
1. Approved Plans		Applicant		
Structural, Electrica	•			
Electronics, Mechai	•			
2. Approved Certific	cate of Occupancy	Applicant		
3. Notice for Annua		Office of the	Building Official /	Applicant
appointment) (1 Ori	ginal Copy)		_	
4. List of Machineric	es/Equipment (1	Applicant		
Original Copy)				
If applicable:				
1. Electrical Load S	chedule (1 Original	Applicant		
Copy)				
	ents as the case ar	ises:		
 Notice of Aw 		Applicant		
 Deed of Don 				
- Authority to (
	onsent from Lot			
Owner				
- Deed of Usu				
- Affidavit of H				
	I Settlement of			
Estate	anto of the			
- Death Certifi				
deceased ov	-			
	ertificate of Heir/s (if downer is the			
	se/children/etc. of			
applicant)	se/criliareri/etc. Or			
- Marriage Co	ntract			
	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
2. Submit Annual	2. Receive Annual	None	5 minutes	Clerk
Inspection Notice	Inspection Notice			OBO-Receiving
with requirements	with requirements			Section
	and schedule for			
	ocular inspection.			
3. Accompany the	3. Conduct Ocular	None	1 day for	Architect Or
inspectors for	Inspection		Simple	<i>Engineer</i> Or
checking and				Staff





evaluation on site	3.1 Prepare the reports and assessment of fees		5 days for Complex 19 days for Highly Technical	OBO
4. None	4.1 Review and recommend for payment, and sign forms, plans and order of payment.	None	5 minutes	Assistant Building Official OBO
	5. Approval and Signing of the Building Official on the Order of Payment	None	10 minutes	Head OBO
6. Ask for Order of Payment, proceed to City's Treasurer's Office, present the order of payment, pay prescribed fee/s and receive official receipt (O.R.) Return to OBO and wait for the release of Permit	6. Receive Photocopy of the official receipt, prepare and release permi, and encode details of payment (to be incorporated in the yearly renewal of business).	Based on PD 1096 Schedule of Fees	30 minutes	Staff Releasing Section
	TOTAL:	Based on PD 1096 Schedule of Fees	Simple: 1 Day and 1 Hour Complex: 5 Days and 1 Hour Highly Technical: 19 Days and 1 Hour	





16. Certificate of Operation

This certificate shall be issued prior to installation or operation of:

- a) Indoor/Outdoor Station Transformer
- b) HV/MV Primary Disconnecting Means
- c) Incoming Low Voltage Switchgear
- d) Power Distribution Panels
- e) Lighting Distribution Panels
- f) Generators / UPS
- g) Motor Control Centers
- h) Automatic / Manual Transfer
- i) Steam Broiler
- j) Unfired Pressure Vessels
- k) Gas Pipe and/or Burner
- I) Internal Combustion Engine
- m) Machinery
- n) Elevator / Dumbwaiter
- o) Escalator
- p) Air-conditioning / Refrigeration

Office or	Office of the Building Official			
Division:		9		
Classification:	Simple / Complex /	Highly Techr	nical	
Type of	G2C - Government	to Citizen		
Transaction:				
Who may avail:	Any individual who is an administrator or an owner of a building			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Mechanical Form	ns and Plans	Respective	Engineer / Applica	nt
(signed and sealed	by Respective			
Engineer) (3 Sets)				
2. Electrical Forms		Respective	Engineer / Application	ant
and sealed by Resp	pective Engineer) (3			
Sets)				
3. PRC ID and PTR	t of All Signing	Respective Engineer		
engineers (1 Photo				
4. Bill of Materials/C		Respective	Engineer	
and Specifications (· •			
by Respective Engi	,			
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Secure	1. Provide	None	5 minutes	Staff
Electrical/	Application Form			Electrical
Mechanical	and list of			Division Or
Permit Application	requirements			Engineer
form with the list				Mechanical
of requirements.				Division Or
				Any Officer of
				the day





	T	· · · · · · · · · · · · · · · · · · ·		
2. Submit duly accomplished form and required documents for	2. Receive and check documents for compliance.	None	15 minutes	Clerk OBO-Receiving Section
verification and evaluation	2.1 If non- compliant, return documents with list of lacking requirements.	None	5 minutes	Clerk OBO-Receiving Section
3. Wait for the checking and evaluation	3. Evaluation and Assessment and computation of overall amount of regulatory fees.	None	1 day for Simple 5 days for Complex 19 days for Highly Technical	Engineer Mechanical Division Or Staff OBO-Electrical Division
	3.1 Conduct site inspection and send pictures and remarks through Telegram.	None	30 minutes	Field Inspectors OBO
4. None	4. If found to be compliant, prepare order of payment.	None	10 minutes	Clerk OBO-Billing Section
5. None	5. Review and recommend for payment, and sign forms, plans and order of payment.	None	5 minutes	Assistant Building Official OBO
6. None	6. Approve the order of payment, and sign forms, plans, and certificates.	None	5 minutes	Officer-in- Charge OBO
7. Ask for Order of Payment, proceed to City's Treasurer's Office, present the order of payment, pay prescribed fee/s and receive official receipt (O.R.) then return to OBO and wait for the release of approved certificate.	7. Receive Photocopy of the receipt, prepare and release approved certificate.	Based on PD 1096 Schedule of Fees	30 minutes	Staff OBO-Releasing Section





TOTAL:	Based on PD 1096 Schedule of Fees	Simple: 1 Day, 1 Hour, and 45 Minutes Complex: 5 Days, 1 Hour, and 45 Minutes Highly Technical: 19 Days, 1 Hour,	
		Days, 1 Hour,	
		and 45 Minutes	





17. Complaints and Disputes

Citizens can file a complaint to the Office of the Building Official on certain issues involving their buildings.

Office or	Office of the Buildin	a Official		
Division:	Office of the Building Official			
Classification:	Simple			
Type of	G2C – Government	to Citizon		
Transaction:	G2C	to Citizen		
	Any individual who	io on odminio	trotor or on owner	of a building
Who may avail:	Any individual who i	15 an auminis	WHERE TO SEC	
		Complainar		OKE
1 Receiving Copy)	int (1 Original Copy,	Complainar	IL	
	m Barangay Office /	Barangay /	HOA	
HOA Office (1 Origi		000	D 11 11 - Off - 1 - 1 /	Α Ι'
3. Notice of Invitation			Building Official /	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit	1. Receive	None	10 minutes	Clerk
Complaint letter	Complaint Letter			OBO-Receiving
	and prepare			Section
	endorsement to			
	City Legal Office			
	for schedule of			
	technical			
	conference.			
	1.1 Conduct site inspection and send pictures and remarks through	None	30 minutes	Field Inspectors OBO
	Telegram.			
	1.2 Prepare Notice of Invitation	None	10 minutes	Clerk OBO-Receiving
	for schedule of meeting			Section
	1.3 Deliver Notice of Invitation to complainant and	None	30 minutes	Field Inspectors OBO
	respondent			
2. Submit Notice	2. Attend technical	None	3 hours	OBO
of Invitation	conference	INOHE	3 110013	Legal Office
OI IIIVILALIOII	TOTAL:	None	4 Hours and 20 Minutes	Legai Oilice



Public Affairs and Information Office Internal Services





1. News Coverage

The Public Affairs and Information Office provides news coverage of programs, projects and events of the City, whether it be spearheaded by the Mayor's office and other departments which will be published in the official newsletter of the City "Ang Susi" and official social media accounts of the City.

Office or Divisions	Dublic Affaire at 11	· (- · · · · · · · · · · · · · · ·	tt:	
Office or Division:	Public Affairs and Ir	ntormation Of	псе	
Classification:	Simple			
Type of	G2G – Government	t to Governm	ent	
Transaction:				
Who may avail:	All			
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE
1. Request Slip (1 O	riginal Copy)	Public Affai	rs and Information	on Office
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Present	1. Check and	None	1 minute	Office Staff
received request	verify if request			PAIO
letter to PAIO	letter has been			
	approved by the			
	City Mayor			
2. Secure and fill-	2. Release	None	1 minute	Office Staff
out request form	request form to			PAIO
Out roquot romi	client			1740
3. Advise where	3. Discuss with	None	5 minutes	Office Staff
and when the	client details of	INOTIC	o minutes	PAIO
event will take				FAIO
	event			
place				
	3.1 Assign staff	None	2 minutes	Head
	who will be in			PAIO
	charge			
	TOTAL:	None	9 Minutes	





2. Photo and Video Coverage

The Public Affairs and Information Office provides photo and video coverage to the of events, projects, and program of the City, whether it be spearheaded by the Mayor's office and other departments.

Office on Division	D. I. II. Affaire	. ((C)	
Office or Division:	Public Affairs and Information Office			
Classification:	Simple			
Type of	G2G – Governmen	t to Governm	ent	
Transaction:				
Who may avail:	All			
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE
1. Request Slip (1 O	riginal Copy)	Public Affai	rs and Information	on Office
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Present	1. Check and	None	1 minute	Office Staff
received request	verify if request			PAIO
letter to PAIO	letter has been			
	approved by the			
	City Mayor			
2. Secure and fill-	2. Release	None	1 minute	Office Staff
out request form	request form to			PAIO
'	client			
3. Advise where	3. Discuss with	None	5 minutes	Office Staff
and when the	client details of			PAIO
event will take	event			
place				
P.000	3.1 Assign staff	None	2 minutes	Head
	who will be in	140110	2 1111110100	PAIO
	charge			17110
	TOTAL:	None	9 Minutes	
i	I OTAL.	INDIE	3 Millings	





3. Uploading of Materials to Website and Social Media Accounts

Projects, programs, announcements and events of the City are posted on the official social media accounts and official website of the City for strengthened information dissemination.

Office or Division:	Public Affairs and Information Office			
Classification:	Simple			
Type of	G2G - Government	to Governm	ent	
Transaction:				
Who may avail:	All			
CHECKLIST OF I	•		WHERE TO SE	
1. Request Slip (1 O			rs and Information	·
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present received request letter to PAIO	1. Check and verify if request letter has been approved by the City Mayor	None	1 minute	Office Staff PAIO
2. Secure and fillout request form	2. Release request form to client	None	1 minute	Office Staff PAIO
3. Wait for materials to be uploaded	3. Process materials to be uploaded to the official website and social media accounts	None	2 minutes	Office Staff PAIO
	2.1 Post materials to the official website and social media accounts		5 minutes	
	TOTAL:	None	9 Minutes	





4. Uploading of Materials to LED Billboard

Events programs, projects, and announcements of the government are posted on the LED Billboards around the City, for strengthened information dissemination.

Office or	Public Affairs and Ir	Public Affairs and Information Office			
Division:					
Classification:	Simple				
Type of	G2G – Government	to Governm	ent		
Transaction:					
Who may avail:	All				
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE	
Present received request letter to PAIO	1. Check and verify if request letter has been approved by the City Mayor	None	1 minute	Office Staff PAIO	
2. Secure and fillout request form	2. Release request form to client.	None	1 minute	Office Staff PAIO	
3. Wait for materials to be uploaded	3. Process materials to be uploaded to the LED Billboard	None	2 minutes	Office Staff PAIO	
	3.1 Post materials to the LED Billboard	None	5 minutes	Office Staff PAIO	
	TOTAL:	None	9 Minutes		





5. Sound System Set-Up

Events programs, projects, and announcements of the government are posted on the LED Billboards around the City, for strengthened information dissemination.

Office or	Dublic Affaire and In	-f	u:	
Office or	Public Affairs and Information Office			
Division:	0:			
Classification:	Simple	. 0	200	
Type of	G2C – Government			nt to Business
Transaction:		Entity, G2G – Government to Government		
Who may avail:	All	T		
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	
1. Request Slip (1 O		Public Affai	rs and Information	on Office
2. Received request	letter (1 Original	Requesting	Client	
Copy)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present	1. Check and	None	1 minute	Office Staff
received request	verify if request	None	1 Illilliate	PAIO
letter to PAIO	letter has been			PAIO
letter to PAIO				
	approved by the City Mayor			
2. Secure and fill-	2. Release	None	1 minute	Office Staff
out request form	request form to	None	1 Illilliate	PAIO
out request form	client			PAIO
	Client			
	2.1 Endorse client	None	1 minute	Office Staff
		INOTIE	i illillute	PAIO
	to personnel-in-			PAIU
2 Adviso whore	charge 3. Discuss with	None	E minutos	Office Staff
3. Advise where and when the	client details of	None	5 minutes	PAIO
event will take				FAIU
	event			
place	2.1 Cabadula	None	2 minutes	Office Staff
	3.1 Schedule	ivone	2 minutes	
	event	NI	40 84:	PAIO
	TOTAL:	None	10 Minutes	





6. Stage/Official Events Set-Up

The Public Affairs and Information Office of the City of San Pedro has artists and other personnel that are trained to assist and stage and venues for official events.

	T			
Office or	Public Affairs and Information Office			
Division:				
Classification:	Simple			
Type of	G2C – Government	to Citizen, G	32B – Governme	nt to Business
Transaction:	Entity			
Who may avail:	All			
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE
1. Request Slip (1 O	riginal Copy)	Public Affai	rs and Information	on Office
2. Received request	letter (1 Original	Requesting	Client	
Copy)				
3. Sketch of Physica	I layout of event (1	Requesting	Client	
Original Copy)	, ,			
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Present	1. Review and	None	2 minutes	Office Staff
submitted request	validate request if			PAIO
letter and layout to	already approved			
PAIO for	by the City Mayor			
verification				
2. Secure and fill-	2. Release	None	1 minute	Office Staff
out request form	request form to			PAIO
	client			
3. Advise where	3. Discuss with	None	5 minutes	Office Staff
and when the	client details of			PAIO
event will take	event			
place				
	3.1 Assign staff	None	2 minutes	Head
	who will be in			PAIO
	charge of the set-			
	up			
	TOTAL:	None	10 Minutes	





7. Tarpaulin Printing and/or Installation

The Public Affairs and Information Office provides tarpaulin printing and installation services to support public information dissemination.

Office or	Public Affairs and Information Office			
Division:	Fublic Alialis aliu II	iioiiiialioii Oi	ilice	
Classification:	Simple			
Type of	G2C – Government	to Covernm	ont	
Transaction:	G2C – Government	to Governin	eni	
	All			
Who may avail: CHECKLIST OF I			WHERE TO SE	CLIDE
1. Request Slip (1 O		Public Affai	rs and Information	
2. Received request		Requesting		on Onice
•	letter (1 Original	Requesting	Cilent	
Copy) 3. Layout of graphics	c (1 Original Copy)	Poguacting	Client	
	AGENCY	Requesting FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Present	1. Check and	None	2 minutes	Office Staff
received request	verify if request			PAIO
letter to PAIO.	letter has been			
	approved by the			
	City Mayor.			
2. Secure and fill-	2. Release	None	1 minute	Office Staff
out request form	request form to			PAIO
·	client			
	2.1 Endorse client	None	1 minute	Head
	to any available			PAIO
	graphic artist.			
3. Advise where	3. Receive layout.	None	1 minute	Graphic Artist
and when the				PAIO
event will take	3.1 Print layout.	None	5 minutes	
place				Reproduction
				Machine
				Operator
				PAIO
	TOTAL:	None	10 Minutes	



Public Affairs and Information Office External Services





1. Graphics Layout

The Public Affairs and Information Office offers layout of graphics, to be used in information dissemination materials, such as tarpaulins, brochures, pamphlets, among others.

Office or Division:	Public Affairs and Information Office			
Classification:	Simple			
Type of	G2C – Government	to Citizen G	2R _ Governme	nt to Rusiness
Transaction:	G2G – Government			Tit to Dusiness,
Who may avail:	All	to Governin	GIIL	
CHECKLIST OF F			WHERE TO SE	CURF
1. Request Slip (1 O	·	Public Affai	rs and Information	
2. Received request		Requesting	Client	
Copy)	`			
3. Layout of graphics		Requesting		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present	1. Check and	None	1 minute	Office Staff
received request	verify if request			PAIO
letter to PAIO	letter has been			
	approved by the			
	City Mayor			
2. Secure and fill-	2. Release	None	1 minute	Office Staff
out request form	request form to			PAIO
	client			
	2.1 Endorse client	None	1 minute	Head
	to any available			PAIO
2. Dravida lavout to	graphic artist	None	1 minute	Cranbia Artist
3. Provide layout to	3. Receive layout	None	i minute	<i>Graphic Artist</i> PAIO
graphic artist 4. Wait for advice	4. Advise client	None	1 minute	Graphic Artist
from graphic artist	when materials	INOTIE	i iiiiiiule	PAIO
when the materials	are ready to be			
are ready to be	picked up			
picked up				
p.300 GP	TOTAL:	None	5 Minutes	





2. Resolution on USaP-Related Complaints

The Public Affairs and Information Office manages service complaints regarding Ugnayan sa San Pedro (USaP) through the USaP Unit.

Office or Division:	Public Affairs and Information Office			
Classification:	Complex			
Type of	G2C – Government to	Citizen, G2E	3 – Government to	Business Entity.
Transaction:	G2G – Government to			3 ,
Who may avail:	All			
CHECKLIST O	F REQUIREMENTS WHERE TO SECURE			
1. Request Slip (1		Public Affai	irs and Informatior	n Office
2. Received required Copy)	est letter (1 Original	Requesting	g Client	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure and fill-out request form with submitted documents.	Document stamp received, recorded and forwarded to the Department Head for appropriate action. Issue acknowledge receipt.	None	5 minutes	Office Staff PAIO
	1.2 Verify complaint, gather evidence and information.	None	5 days	Office Staff PAIO
	1.3 Prepare recommendation and forward to LCE for appropriate action.	None	1 day	Office Staff PAIO
	1.4 Contact client feedback.	None	10 minutes	Office Staff PAIO
2. Receive feedback.	2. Record and receive recommendation/res olution	None	10 minutes	Office Staff PAIO
	TOTAL:	None	6 Days & 30 Minutes	



City Tourism Culture and Arts Office External Services





1. Request for Assistance

Various requests received from clients.

Office or	City Tourism Culture and Arts Office			
Division:				
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	All employees, clients, and other concerned citizens			
	REQUIREMENTS WHERE TO SECURE			
1. Filled-out Reques	t Form	Tourism Cu	Iture and Arts Of	ffice
2. Request Letter, if	• •	Requesting	Client	
Original Copy, 1 Pho			,	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure and	1. Receive and	None	10 minutes	Office Staff
fill0out request	review			TCAO
form.	documents.			
	1.1 Document stamp receives and issues.			
	1.2 Endorse to the Department Head for appropriate action.			
2. Receive	2. Record and	None	10 minutes	Office Staff
feedback.	give feedback of			TCAO
	the request.			
	TOTAL:	None	20 Minutes	





2. Request for Partnership and Collaboration

Requests for Partnership and Collaboration with the City Tourism Culture and Arts Office.

			•••	1
Office or	City Tourism Culture	e and Arts Of	ffice	
Division:				
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	All			
CHECKLIST OF F	REQUIREMENTS		WHERE TO SE	CURE
1. Proposal Letter (1	Original Copy)	Requesting	Party	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. E-mail the	1. Acknowledge	None	1 day	Department
proposal to	receipt of the e-	110110	rady	Head
tourism@cityofsan	mail and review			TCAO
				IOAO
pedrolaguna.gov.p	the proposal.			
<u>h</u>	4.4. Contoct the	Nlana	4 40.	Office Cteff
	1.1 Contact the	None	1 day	Office Staff
	client to schedule			TCAO
	a meeting			
	regarding the			
	possible			
	partnership/collab			
	oration			
	TOTAL:	None	2 Days	





3. Resolution of Tourism-Related Complaints

Resolving complaints on tourism related services.

Office or	City Touriem Cultur	a and Arts O	ffico	
Division:	City Tourism Culture and Arts Office			
Classification:	Complex			
	G2C – Government	to Citizon		
Type of Transaction:	G2C - Government	. to Citizen		
	All Concerned Cities			
Who may avail:	All Concerned Citize REQUIREMENTS	ens T	WILEDE TO SE	CUDE
		Tarriana Cr	WHERE TO SE	
1. Filled-out request Copy)	form (1 Original	Tourism Cu	Ilture and Arts Of	TICE
2. Request Letter, if	applicable (1	Requesting	Party	
Original Copy, 1 Pho	otocopy)		•	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the required documents.	1. Receive, record and forward to the Department Head for appropriate action.	None	5 minutes	Office Staff TCAO
	1.1 Issue acknowledgement receipt.	None		
	1.2 Verify complaint, gather evidence and information.	None	5 days	
	1.3 Prepare recommendation and forward to the LCE for appropriate action.	None	1 day	
	1.4 Contact client for feedback.	None	5 minutes	
2. Receive	2. Record	None	10 minutes	Office Staff
feedback.	received recommendation/r esoltuion.			TCAO
	TOTAL:	None	6 Days and 30 Minutes	



City Education and Development Office External Services





1. Application for SPeCS Qualifying Exam

Students can apply for the qualifying exam for different examinations under the San Pedro City Scholarship (SPeCS) Program, being the Scholarship Program.

Office or Divisio	n:	City Educa	City Education and Development Office			
Classification:		Simple				
Type of Transac	tion:	G2C – Gov	ernment to Citize	n		
Who may avail:		For Scholarship Applicants A. Senior High School Applicants B. College Applicants C. Applicants who have applied and have been issued test permits D. Applicants who have passed the qualifying exam - All bona fide residents of the City of San Pedro - Must meet the following minimum GPA: A1. Senior High School applicants with GPA not lower than 85% in their report card. B1. College level applicants must have a general average of not lower than 2.0 or its equivalent Parents' joint manual income must not exceed the following thresholds: A2. Senior High School – Php200,000.00 B2. College applicants – Php400,000.00				
CHECKLIST OF REQUIREMENTS	3	WHERE TO SECURE				
Passport-sized Copies)	pictures (2	Scholarship Applicant				
2. Certified True (COMELEC Certifi	• •	COMELEC	Office where the	applicant resides		
3. Copy of grades		From the institution where the applicant is enrolled				
4. School ID (1 P				ne applicant is enrolled		
CLIENT ACTIONS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Submit initial requirements and for interview during the scheduled application	1. Accept and evaluate the documents submitted and interview the applicant	None	3 Minutes	Clerk (Job Order) Or Messenger CEDO		





poriod	<u> </u>			
period.				
2. Fill-out the ILSP exam permit (2 copies) and register in the master list of examinees.	2. Check if permit is completely filled-out. Sign the permit and issue an examinee number.	None	3 Minutes	Executive Assistant II CEDO
	2.1 Give one copy to applicant and file the other copy.			
	2.2 Have the applicant register his name in the master list of examinees.			
	2.3 Advise the applicants that the room assignments and other details of the exam will be posted on the agency website, the Facebook page.			
		Nasa	C Mireston	
	TOTAL:	None	6 Minutes	





2. Conduct of the Qualifying Exam

Upon submission of the complete requirements to avail of the scholarships offered to the SPeCS, a qualifying exam will be conducted to assess their qualification to the program. Examinees must be at the testing venue 30 minutes before the scheduled exam. Late comers will not be allowed to take the exam.

Office on Division		C:4. F -l	tion and Davids	amont Office
Office or Division	11:		tion and Develo	pment Onice
Classification:		Simple		
Type of Transact	tion:	G2C- Gove	ernment to Citize	en
Who may avail:		Applicants who have applied and have been issued test permits		
CHECKLIST OF	REQUIREMENTS	WHERE TO	O SECURE	
1. Exam permit du CEDO staff (1 Ori	, ,	•	tion And Develo application perio	opment Office (CEDO) od
2. School ID (1 O	riginal Copy)	Institution v	where the applic	ant is enrolled
CLIENT SCHOOLS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Present the exam permit and school ID to the proctor.	1. Verify the test permit and check the name of the examinee on the masterlist.	None	3 minutes	Exam Proctor
2. Take the qualifying exam. Submit the questionnaire and answer sheet to the proctor when finished. Sign the attendance sheet before leaving the examination room.	2.1. Give the questionnaire and answer sheet. Once examinee is done, collect the questionnaire and answer sheet and have the examinee sign the attendance sheet. 2.2.Advice the examinees on how to view the results.	None	1 hour and 35 minutes	Exam Proctor
	TOTAL:	None	1 hour and 38 minutes	





3. Processing of Qualifying Exam Passers

This details the submission and evaluation of documents of applicants who passed the qualifying exam for the San Pedro City Scholarship (SPeCS) Program.

Office or Divisio	n:	City Educ	cation and Develo	pment Office	
Classification:		Simple			
Type of Transac	tion:	G2C- Go	vernment to Citiz	en	
Who may avail:		Applicant	s who have passe	ed the qualifying exam	
CHECKLIST OF	REQUIREMENTS	WHERE	TO SECURE		
1. Certified True (Report Card (1 co	Copy of Grades or opy	From the enrolled	institution where	the applicant was last	
2. Certificate of G Character (1 cop		From the enrolled	institution where	the applicant was last	
3. Certificate of R	egistration (1 copy)	From the enrolled	institution where	the applicant is	
4. ITR or BIR Cer Income of Parent	tificate of No Fixed s (1 copy)	Bureau of Internal Revenue			
CLIENT ACTIONS	AGENCY ACTIONS	FEES PROCESSING PERSON TO BE TIME RESPONSIBLE PAID			
1. Submit the requirements.	1. Check if applicant is in the exam passers list. 1.1 Accept and evaluate the documents submitted.	None	2 minutes	Clerk (Job Order) Or Messenger CEDO	
2. Fill-out the SPeCS Claim stub	2. Check if the claim stub is completely filledout.	None 3 minutes Executive Assistant CEDO			
	2.1 Give one copy to qualified applicant and file the other copy together with all documents of SPeCS scholar in				





2.3.Advise the applicants that the details of the distribution of grants will be posted on the agency website,			
the Facebook page.			
TOTAL:	None	5 minutes	





4. Application for "Tulong Pinansyal Sa Mag-aaral na Magsipagtapos"

Students can apply for the financial assistance under the "Tulong Pinansyal Para Sa Mga Magsisipagtapos Na Mag-aaral" Program.

Office or Division	n:	City Education and Development Office		
Classification:		Simple		
Type of Transact	tion:	G2C – Gov	vernment to Citize	en
Who may avail:		Applicants	who have applied	d for the program
CHECKLIST OF REQUIREMENTS	3	WHERE TO	O SECURE	
Certificate of Graduate or Di (1 Photocopy)	ploma	From the ir last enrolle	nstitution where th d	ne applicant was
Barangay Certing Residency (1 certing)		Barangay v	where the applica	nt is a resident
3. School ID (1 F	Photocopy)	From the institution where the applicant was last enrolled		
CLIENT ACTIONS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements and for interview during the scheduled application period.	1. Accept and evaluate the documents submitted and interview the applicant.	None	3 Minutes	Clerk (Job Order) Or Messenger CEDO
2. Fill-out the application form	2. Check if the application form is completely filled- out. 2.1 Sign the Tulong Pinansyal form. 2.2 File together with all documents in individual folder. 2.3 Give one	None	3 minutes	Executive Assistant II CEDO





2.5 Advise the applicants that the details of the distribution of grants will be posted on the agency website, the Facebook page.	None	6 minutes	
2.4 Have the applicant register his name in the master list of grantees. 2.5 Advise the applicants that			
copy to the applicant and file the other copy.			



City Health Office - Nutrition External Services





1. Provision of Nutrition Related Data

The City Health Office – Nutrition is responsible in providing nutrition related data to walk-in clients like NGOs and student for their education use. Government agencies may also avail of this service.

Office or Division:	City Health Office – Nutrition Unit					
Classification:	Simple					
Type of	G2C – Government	to Citizen: G	2G – Government	to Government		
Transaction:	020 00000000000000000000000000000000000	10 01112011, 0	20 0010111110111	to Covernment		
Who may avail:	Walk-in clients or in	dividuals				
	REQUIREMENTS		WHERE TO SEC	URE		
1. Request Letter (Requesting				
Photocopy)	- 5] - 1,111				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON		
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE		
1. Sign in the	1. Receive	None	1 minute	Nutrition Staff		
visitors/client	Request Letter			CHO-Nutrition		
logbook and						
submit the	1.1 Validate the	None	2 minutes	Nutrition Staff		
request to CHO-	request			CHO-Nutrition		
Nutrition Office	1.0 Famuand	None	2 minutes	Nutrition Staff		
	1.2 Forward request to City	None	3 minutes	CHO-Nutrition		
	Nutrition Action			CHO-Nuthtion		
	Officer for					
	approval					
	αρρίοναι	None	3 minutes	City Nutrition		
	1.3 The City			Action Officer		
	Nutrition Action			CHO-Nutrition		
	Officer evaluate &					
	approved the					
	client request and					
	provide data					
0.0	needed	N. 1		N. C.C.		
2. Receive the	2. Assist clients in	None	1 minute	Nutrition Staff		
nutrition related	•	signing the CHO-Nutrition				
data and signed the acceptance	acceptance logbook					
logbook	logbook					
1090011	TOTAL:	None	10 Minutes			





2. Conduct Nutrition Education, Diet Counseling and Diet Plan to Clients

The City Nutrition Office is responsible in providing diet counseling to clients and assists them in their dietary problems.

Office or	City Health Office -	Nutrition I Ini	it	
Division:	City Health Office – Nutrition Unit			
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:	G2C - Government to Citizen			
Who may avail:	All			
·	REQUIREMENTS		WHERE TO SEC	IIRE
1. Request Form (1		CHO-Nutriti		OIL
1. Nequest Follii (1	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Sign in the visitors/client logbook and fill-up the request form	1. Review the request form and endorse to City Nutrition Action Officer	None	5 minutes	Nutrition Staff CHO-Nutrition
2. Present self/requestor to City Nutrition Action Officer	2. Conduct diet counseling, prepare and issue diet plan to the requesting party and advise for follow-up/home visits (if needed endorse to Barangay Nutrition Scholars)	None	10 minutes	City Nutrition Action Officer CHO-Nutrition



3. Provision of Information, Education and Communication (IEC) Materials for Proper Nutrition

The City Health Office – Nutrition is responsible in providing nutrition information by providing Information Education Communication (IEC) materials to target clients. It aims to educate and share awareness about the importance of nutrition.

Office or	City Health Office – Nutrition			
Division:				
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail: All				
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request Letter (1 Original Copy, 1 Photocopy)		Requestor		
2. Request form (1	Original Copy)	CHO-Nutriti	on	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING	PERSON BESPONSIBLE
4.00.00			TIME	RESPONSIBLE
1. Sign in the visitors/client logbook, submit request letter to CHO-Nutrition Office and fill-up request form	1. Receive request letter and request form and verify the availability of the requested IEC materials.	None	3 minutes	Nutrition Staff CHO-Nutrition
	1.1 Forward request to City Nutrition Action Officer for approval	None	2 minutes	Nutrition Staff CHO-Nutrition
2. Receive IEC materials and sign in the acceptance logbook	2. Evaluate the request and inform requesting party the availability of IEC materials	None	3 minutes	City Nutrition Action Officer CHO-Nutrition
	2.1 Prepare and issue IEC materials to the requesting clients	None None	2 minutes 10 Minutes	Nutrition Staff CHO-Nutrition



City Urban Development and Housing Office External Services



1. Acceptance of Housing Application

Accept advance housing application for future housing project. Name included in the list of housing applicants.

Office or Division:	City Urban Development and Housing Office				
Classification:	Simple				
Type of	G2C – Government to Citizen				
Transaction:					
Who may avail:	Informal Sector				
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE	
1. Philippine Nationa	al ID or Voter's ID In	PSA, COM	PSA, COMELEC or c/o Client		
case Philippine Nation	onal ID is	,			
Unavailable (1 photo					
2. Barangay Clearar		Barangay w	here the applica	int resides or	
Clearance/NBI Clea			on or NBI Brancl		
Any of the three)	, ,				
3. 2x2 picture (1 orig	ginal)	c/o Client			
4. Latest Community	/ Tax	Barangay where the applicant resides/City			
Certificate/Cedula (1	photocopy)	Treasury Office, G/F			
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON	
	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Fill out the	1. Issuance of	None	2 minutes	Office Staff	
office client slip	client slip to the			CUDHO	
	client				
2. Submit	2. Accept and	None	5 minutes	Office Staff	
requirements	check			CUDHO	
	requirements				
	submitted by				
	client				
3. Undergo	3. Conduct	None	10 minutes	Office Staff	
interview	interview with the			CUDHO	
	client				
				0.00	
	3.1 Encode name	None	3 minutes	Office Staff	
	of the client in the			CUDHO	
	list of applicants				
	0.0 511	N.I.	0	Office Otell	
	3.2 File submitted	None	2 minutes	Office Staff	
	requirements			CUDHO	
	TOTAL: None 22 Minutes				
	TOTAL:	None	22 Minutes		





2. Endorsement for MERALCO/SPWD Line Application

Office or	City Urban Development and Housing Office				
Division:					
Classification:	Simple				
Type of	G2C – Government to Citizen				
Transaction:	10 (
Who may avail:	Informal Sector	T			
CHECKLIST OF I	REQUIREMENTS	WHERE TO SECURE			
Principal:					
1. Homeowners Clearance /		From Association			
Association Clearan					
2. MERALCO/SPWI	Application Form	MERALCO/SPWD c/o Client			
(1 original)					
3. Philippine Nation		PSA, COM	ELEC or c/o Clie	nt	
Incase Philippine Na	itional ID is				
Unavailable					
(1 photocopy)					
4. Barangay Clearan		Barangay c			
5. Proof of ownership	ρ (Title - 1	PSA, COMELEC or c/o Client			
photocopy)					
Representative:					
1. Authorization lette		c/o Principal Client			
2. Philippine Nationa		PSA, COMELEC or c/o Representative			
Incase Philippine Na	itional ID is				
Unavailable					
(1 photocopy)		DOA COMELEO			
3. Philippine Nationa		PSA, COMELEC or c/o Principal Client			
(In case Philippine N	lational ID is				
Unavailable)					
(1 photocopy)	T				
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON	
	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Fill out the office	Issue client slip	None	2 minutes	Office Staff	
client slip	to client			CUDHO	
2. Submit	2. Receive and	None	3 minutes	Office Staff	
requirements	check			CUDHO	
	requirements				
	0.437 :6 :: "			0.00	
	2.1 Verify client's	None	5 minutes	Office Staff	
	name in the			CUDHO	
0.0	masterlist	N			
3. Receive	3. Issue	None	2 minutes	Head or	
endorsement slip	endorsement slip			Office Staff	
	to the client to be			CUDHO	
	submitted to OBO		40.55		
	TOTAL:	None	12 Minutes		





3. Orientation on Community Organizing

Orientation given to community on how to organize a community to become a legal and recognized community association.

Office or	City Lirban Develon	ment and Ho	using Office	
Division:	City Urban Development and Housing Office			
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:	G2C – Government to Citizen			
Who may avail:	Informal Sector			
CHECKLIST OF I			WHERE TO SE	CURF
Request letter/Endorsement letter		c/o Client		
(1 original)		o, o onorie		
2. Community Profile (1 photocopy)		c/o Client		
3. List of possible as		c/o Client		
•	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Fill out the office	1. Issuance of	None	2 minutes	Office Staff
client slip	client slip to the			CUDHO
,	client			
2. Submit	2. Receive and	None	3 minutes	Office Staff
requirements	check			CUDHO
	requirements			
	submitted			
3. Undergo	3. Conduct	None	10 minutes	Office Staff
interview	interview with the			CUDHO
	client			
4. Prepare for the	4. Set schedule of	None	1 hour	Office Staff
meeting of Interim	meeting with			CUDHO or
Officers	Interim Officer			HHRO IV
				CUDHO
5. Prepare for the	5. Prepare and	None	3 days	Office Staff
assembly meeting	Deliver Notice of			CUDHO
	Invitation for the			
	conduct of			
C. Donourd	Orientation	NI a	0 h s : : : :	Office Otaff
6. Record	6. Orientation on	None	3 hours	Office Staff
attendance and	how to organize a			CUDHO
prepare minutes of	community			
the meeting	TOTAL:	None	2 Dove 4	
	TOTAL:	None	3 Days, 4 Hours and	
			15 minutes	
		1	13 minutes	





4. Technical Assistance to Community Associations

Assistance and guidance given to community association in addressing issues and concerns through proper procedures and process in relation with the association.

Office or Division:	City Urban Development and Housing Office				
Classification:	Simple				
Type of	G2C – Government to Citizen				
Transaction:	G2G GOVERNMENT to ORIZERI				
Who may avail:					
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
1. Request Letter (1 original)		c/o Client			
Community Association Profile (1 original)		c/o Client			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE	
1. Fill out the office client slip	Issuance of client slip to the client	None	2 minutes	Office Staff CUDHO	
2. Submit requirements	2. Accept and check requirements submitted by the client	None	5 minutes	Office Staff CUDHO	
3. Undergo interview	3. Conduct interview with the client	None	10 minutes	Office Staff CUDHO	
4. Prepare available documents for assistance	4. Guide in following procedures and preparing documents to be used or submitted.	None	20 minutes	Office Staff CUDHO Or HHRO IV CUDHO	
	4.1 Endorse to concerned department/office/agency if needed	None None	5 minutes 42 Minutes		
	IOTAL.	INOLIG	+4 WIIIIULES		





5. Profiling/Census of ISFs

Actual interview with the households to gather data which includes name, age, income, source of income, family composition, number of years of stay in the area, place of origin and membership to any government financing institution.

Office or Division:	City Urban Development and Housing Office			
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Informal Sector			
CHECKLIST OF F	REQUIREMENTS		WHERE TO SE	CURE
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Undergo interview	1. Conduct interview with the client	None	15 minutes	Office Staff CUDHO
2. Proofread profile information and then sign by the client and the interviewer	2. File and encode data	None	5 minutes	Office Staff CUDHO
	TOTAL:	None	20 Minutes	





6. Report Complaints on Illegal Structures

Response to complaints on illegal structures occupying government properties such as open spaces, parks, easement of roads, and other government properties.

Office or	City Urban Develop	ment and Ho	ousing Office – A	nti-Squatting Task
Division:	Force		_	
Classification:	Simple			
Type of	G2C - Government	to Client		
Transaction:				
Who may avail:	Residents of San P	edro		
CHECKLIST OF I	F REQUIREMENTS WHERE TO SECURE			
1. Documents showing (1 photocopy)	g proof of ownership	Registry of D	Deeds	
2. Homeowner's Clear	rance (1 original)	Homeowners	s' Association	
3. Complaint Letter (1	original)	c/o Client		
4. Picture/s of the illeg	al structure/s	c/o Client		
(original)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Fill out the office client slip	Issuance of client slip to the client	None	2 minutes	Office Staff CUDHO
2. Submit complaint letter	Check and accept submitted complaint letter	None	5 minutes	Office Staff CUDHO
3. Submit documents showing proof of ownership (Title/s/DOAS)	3. Validate and accept submitted proof of ownership through verification (if needed)	None	3 days	Office Staff CUDHO Or HHRO IV CUDHO
4. Assist and guide assigned personnel incharge to conduct inspection	4. Inspection of the area being complained	None	1 hour	Office Staff CUDHO
	TOTAL:	None	3 Days, 1 Hour and 7 Minutes	



Office of the Vice-Mayor Internal Services





1. Receiving and Review of Documents for Agenda

The City Vice-Mayor's Office receives documents from the departments that require to be taken up in the agenda of the City Council that require their motion to adopt.

Office or	Office of the City Vice-Mayor				
Division:		,			
Classification:	Simple				
Type of	G2G – Government	t to Governm	ent		
Transaction:					
Who may avail:	Departments of the City Government of San Pedro				
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Transmittal Lette	r (1 Original Copy,	Requesting	Client		
1 Photocopy)					
2. Additional Attach	ments to be taken	Requesting	Client		
up as an agenda (1	Original Set)				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
CLILINI SILI S	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Submit	1. Receive the	None	3 minutes	Private	
transmittal letter,	transmittal letter			Secretary I	
along with	and agenda	Office of the			
n a white a roll				Office of the	
pertinent	documents.			Vice-Mayor	
documents to be				Vice-Mayor	
documents to be included in the	1.1 Review the	None	15 minutes	Vice-Mayor Private	
documents to be	1.1 Review the submitted	None	15 minutes	Vice-Mayor Private Secretary I	
documents to be included in the	1.1 Review the submitted documents and	None	15 minutes	Vice-Mayor Private Secretary I Office of the	
documents to be included in the	1.1 Review the submitted documents and transmit to the	None	15 minutes	Vice-Mayor Private Secretary I	
documents to be included in the	1.1 Review the submitted documents and transmit to the City Vice-Mayor	None	15 minutes	Vice-Mayor Private Secretary I Office of the	
documents to be included in the	1.1 Review the submitted documents and transmit to the	None None	15 minutes 18 Minutes	Vice-Mayor Private Secretary I Office of the	





2. Routing of Documents

The City Vice-Mayor's Office receives requests from departments that require the signature or note of the Vice-Mayor for appropriate action.

Office or	Office of the City Vi	ce-Mayor			
Division:					
Classification:	Simple				
Type of	G2G – Government to Government				
Transaction:					
Who may avail:	Departments of the	City Governr	ment of San Pedro		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Receiving Copy	or Transmittal	Requesting	Client		
Letter (1 Original C	opy, 1 Photocopy)				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Submit	1. Receive the	None	3 minutes	Private	
transmittal letter	transmittal letter			Secretary I	
or receiving copy	and agenda			Office of the	
of letter that	documents.			Vice-Mayor	
require the				·	
signature of the	1.1 Review the	None	15 minutes		
Vice-Mayor.	submitted			Private	
	documents and			Secretary I	
	transmit to the			Office of the	
	City Vice-Mayor			Vice-Mayor	
	for endorsement.			1100 1110701	
	TOTAL:	None	18 Minutes		
	IUIAL.	INDITE	10 Millinie2	l l	



Office of the Vice-Mayor External Services





1. Receiving of correspondences, request letters, checks and other similar documents

Clerical and administrative functions of the City Vice-Mayor's Office that processes requests that require signature.

Office or	Office of the City Vice-Mayor			
Division:				
Classification:	Complex			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail: All				
	REQUIREMENTS		WHERE TO SEC	URE
1. Request Letter (1 original copy, 1	Requesting	Client	
Photocopy)				
2. Valid I.D. (1 Pho		Requesting	Client	
For medical assistance:				
Medical Certifica	te or Abstract (1	Hospital		
Photocopy)				
For burial assistar	nce:			
1. Death Certificate		Local Civil F	Registrar's Office	
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
CLILINI SILFS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit	1. Receive the	None	3 minutes	Local
correspondences,	correspondences,			Legislative Aide
request letters,	request letters,			Office of the
checks	checks and other			Vice-Mayor
and other similar	similar documents			
documents to the	and indicate the			
Office	date and time.			
of the Vice Mayor				
Secretariat				
2. Wait for the	2. Process and	None	15 days	Local
request to be	release the			Legislative Aide
processed	request.			Office of the
				Vice Mayor
	TOTAL:	None	15 Days and 3 Minutes	

Note:

• Processing time can also vary depending on the nature of the request and availability of resources.





2. Providing copies of Resolutions and Ordinances

The Office of the Vice-Mayor can furnish copies of resolutions and ordinances passed by the City Council to clients that need them.

Office or	Office of the City Vice-Mayor			
	Office of the City VI	CG-IVIAYOI		
Division:	_			
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Citizens of San Peo	lro		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Request Letter (1 Original copy, 1	Requesting	Client	
Photocopy)				
AGENCY		FFFC TO	DDOOFCOING	DEDOON
CLIENT STEDS	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit request				
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit request	ACTIONS 1.1 Receive	BE PAID	TIME	RESPONSIBLE Private
1. Submit request	ACTIONS 1.1 Receive	BE PAID	TIME	Private Secretary I Office of the
Submit request	ACTIONS 1.1 Receive request letter. 1.2 Endorse	BE PAID	TIME 1 minutes	RESPONSIBLE Private Secretary I
1. Submit request	ACTIONS 1.1 Receive request letter. 1.2 Endorse request to the	BE PAID	TIME 1 minutes	Private Secretary I Office of the
1. Submit request	ACTIONS 1.1 Receive request letter. 1.2 Endorse request to the Sangguniang	BE PAID	TIME 1 minutes	Private Secretary I Office of the
1. Submit request	ACTIONS 1.1 Receive request letter. 1.2 Endorse request to the Sangguniang Panlungsod	BE PAID	TIME 1 minutes	Private Secretary I Office of the
Submit request	ACTIONS 1.1 Receive request letter. 1.2 Endorse request to the Sangguniang	BE PAID	TIME 1 minutes	Private Secretary I Office of the





3. Scheduling of Appointments

The Office of the Vice-Mayor can schedule the City Vice-Mayor for appointments requested by the constituents of the City of San Pedro.

Office or	Office of the City Vi	Office of the City Vice-Mayor		
Division:				
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Citizens of San Pedro			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Letter of Invitatio	n (1 Original Copy,	Requesting	Client	
1 Photocopy)				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit letter of	1. Receive	None	1 day	Private
invitation.	request letter and		-	Secretary I
	advise client on			Office of the
	availability of the			Vice-Mayor
	Vice-Mayor.			
	TOTAL:	None	1 Day	





4. Availing of Various Assistance

The Office of the Vice-Mayor can provide and approve requests for assistance for requests of various natures. This includes Financial, Medical, Burial, and Motor Vehicle Assistance.

Office or	Office of the City Vice-Mayor			
Division:				
Classification:	Complex			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Citizens of San Pedro			
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE			
1. Letter of Invitatio	n (1 original copy,	Requesting	Client	
1 Photocopy)	, -			
For medical assistance:				
Medical Certification	ate or Abstract (1	Hospital		
Photocopy)				
For burial assistar	nce:			
1. Death Certificate	e (1 Photocopy)	Local Civil F	Registrar's Office	
For motor vehicle	assistance:		-	
1. Request slip (1	Original Copy, 1	Office of the	e Mayor	
Photocopy)			•	
OLIENT OTERO	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit request	1. Receive	None	5 days	Private
letter along with	request letter and			Secretary I
pertinent	process the	Office of the		
attachments.	request.			Vice-Mayor
	TOTAL:	None	5 Days	•



Office of the Sangguniang Panlungsod Secretariat External Services





1. Copy of Resolutions/City Ordinances and/or certifications.

Requesting/furnishing certified copy/copies of resolutions/city ordinances approved and enacted by the Sangguniang-Panlungsod Council and a certification to affirm the validity of the records requested.

Office or Division:	Sangguniang-Panlungsod Secretariat Office			
Classification:	Simple			
Type of Transaction:	Government to Citizen – G2C; Government to Government – G2G			
Who may avail:	All			
CHECKLIST C	F REQUIREMENTS	\	WHERE TO SE	CURE
Letter request Photocopy)	(1 Original Copy, 1	Requesting	Client	
2. Request Slip (1	1 Original Copy)	Sanggunian	g Panlungsod S	ecretariat Office
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit the letter-request or fill-out the Request Slip	1. Provide the requesting party the log book to log the request and endorse them to the record custodian. 1.1 Research/verify the records on file for the requested document and endorse the letter-request or Request Slip to the Board Secretary/SP Secretary for notation/review.	None	2 minutes 5 minutes	Clerk IV Or Senior Administrative Asst. I SP Secretariat Office Clerk IV SP Secretariat Office





(For Certified Copy)	documents requested (photocopied and/or certified copy of resolutions, ordinances and/or certification.) TOTAL:	Secretary' s Fee Php	21 Minutes	
3. Return to the Record Custodian and present the Original Receipt (O.R.)	3. The Record Custodian will get the O.R. Number only and the date issued for recording purposes before releasing the	None	3 minutes	Clerk IV SP Secretariat Office
2. Pay the required fees at the City Treasury Office (For Certified Copy)	2. Receive payment and issue Official Receipt.	Secretary's Fee Php 100.00 per page	5 minutes	Revenue Collection Clerk Treasury Office
	1.3 Ready the said documents requested. *If the requesting party is/or from a government office, no Secretary's Fee will be paid.	None	5 minutes	Clerk IV SP Secretariat Office
	1.2 Instruct Record Custodian for the document/s requested. * For Certified Copy – Sign and certify the document/s requested	None	3 minutes	SP Secretariat SP Secretariat Office





2. Filing of Complaint against Barangay Officials

Requiring the Complainant for a notarized sworn statement or affidavit on filing a complaint against Barangay Officials.

Office or Division:	Sangguniang-Panlungsod Secretariat Office			
Classification:	Simple			
Type of Transaction:	G2G – Governmen	t to Governn	nent; G2C – Gov	ernment to Citizen
Who may avail:	All			
CHECKLIST OF RI	EQUIREMENTS		WHERE TO S	ECURE
1. Notarized sworn sta (5 Original Copies, 10		Complaina	nt	
2. Certificate of Non-Fo Original Copy)	orum Shopping (1	Complaina	nt	
3. Evidences of the cor	mplaint	Complaina	nt	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit the documentary requirements.	1. Check the documents and have it received by the receiving person and to be docketed by the Record Custodian and issue Order of Payment.	None	7 minutes	SP Secretary or Clerk IV or Senior Admin. Asst. I SP Secretariat Office
2. Pay the required Filing Fee at the City Treasury Office showing the Order of Payment.	2. Receive payment and issue official receipt	Php 500.00	5 minutes	Revenue Collection Clerk Treasury Office
3. Present the Official Receipt	3. Photocopy Official Receipt for recording purposes.	None	2 minutes	Clerk IV SP Secretariat Office
	TOTAL:	Php 500.00	14 Minutes	



City Architect's Office External Services





1. Architectural Design Drawings and Specifications

An outline design drawing which is formed through an idea of the architect combining with the project scale, mass, governing principles and laws and the client requirements to derive the proposed appearance of the structure and other plans integrating relevant specifications which are the set of requirements recommended to meet and satisfied the objective of the design.

Office or	City Architect's Office	ne ne		
Division:				
Classification:	Highly Technical			
Type of	G2G – Government	to Governm	ent	
Transaction:				
Who may avail:	Departments and O	ffices in the (City Government	t of San Pedro
CHECKLIST OF F	REQUIREMENTS	WHERE TO SECURE		
1. Approved Letter of	f Request (1	Office of the	e Mayor	
Photocopy)				
2. Clear copy of TCT		Client		
Description (1 Photo	1 0 /			
3. Project Descriptio		Client		
address and client d				
printed on Letter or I	-olio sized paper			
(1Original Copy)	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit	1. Accessing of	None	3 minutes	Administrative
documentary	Documents and	110110	o minatoo	Officer
requirements	forward to the			City Architect's
10 4 1000	Head of Office/			Office
	Officer-In -Charge			
	for review.			
	1.1 Schedule and	None	2 days ²	Draftsman Or
	conduct field			Architect
	inspection and			City Architect's
	survey.			Office
	1.0 Dranara	None	E dovo	Draftsman Or
	1.2 Prepare	None	5 days	Architect
	conceptual design drawings and			City Architect's
	specifications.			Office
2. Attend office/site	2. Present	None	1 day ³	Draftsman Or
meeting	conceptual design	1,0110	i day	Architect
	drawings for client			City Architect's
	conformity.			Office
	,			
	2.1 Conduct	None	1 day⁴	Draftsman Or
	revisions, if any.		-	Architect
				City Architect's
				Office





2.3 Prepare detailed design drawings and specifications. ⁶	None	10 days	Officer-in-Charge City Architect's Office
2.4 Review and submit Design Drawings to the City Administrator and City Mayor.	None	1 day	Draftsman Or Architect City Architect's Office
TOTAL:	None	20 Days & 3 Minutes	

Notes:

- 1- May not require if the request is limited to interior design of the existing structure.
- 2- May require longer time depending on the actual site condition and topographic profile in which data may be prepared through outsourcing of required service/s.
- 3- Meeting date and location will be set and agreed by both parties.
- 4- Depends on their requirements and instructions. Processing time may vary.
- 5- Depends on the Mayor instructions. Processing time to deliver required activity may vary.
- 6- Design Drawings are limited to Architectural and Structural Design only. Other Allied Engineering Design will rest on the City Engineering Office.



City Procurement Office Internal Services





1. Request for Procurement of Goods and Services

The client, LGU-departments, units, offices and other government agency may request goods/services as may be approved by the Office of the Mayor.

Office or Division:	City Procurement Office
Classification:	Simple
Type of Transaction:	G2G – Government to Government G2C – Government to Client G2C – Government to Business
Who may avail:	End-user or Implementing Department/Offices / Units
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Approved Requisition Request or request letter.	Office of the Mayor
2. Purchase Request	End-userCity Procurement Office
3. Project Procurement Management Plan	End-user
4. Obligation Request	City Procurement OfficeCity Budget Office
5. Annual Procurement Plan (APP)	City Procurement Office
6. Additional documents if Alternative Method of Procurement:	End-user
a. Market Study/Three (3) Market Canvass, or b. Justification	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit request letter to the Office of the Mayor	Receive the approver request letter/Purchast Request (PR) with additional documents requirement attached applicable	Se None	10 minutes	Procurement Receiving Clerk (Job Order) CPO
2. Wait for the processing of	Validate request submitted	None	1 to 2 days	Staff CPO
request	2.1 Categorize project a assign project evaluator		(subject to variation based on procurement	
	2.2 Evaluate technical specification including		specifications, requirements, and request	





,		
design, and soft copy of the layout, etc., as well as budget availability and alignment with the Approved Procurement Plan (APP). Prepare a canvass per item as needed or assess price/s based on submitted canvass.	volume).	
2.3 Prepare Purchase Request (PR) and Requisition Issue Slip (RIS) in triplicate copy. 2.4 Route PR and RIS for signature to the authorized signatory	1 to 2 days	
2.5 Receive Approved PR and post to PhilGEPS website and to the three conspicuous places *If the specification is incomplete, not aligned with the APP, exceeds the budget, or does not fit the procurement timeline, return it to the client immediately using the acknowledgment in the logbook or the return slip form.	1 day	



2. Posting of Bid Notices and Requests for Quotations and Receipt and Evaluation thereof

The process of posting bid notices and requests for quotations, along with the receipt and evaluation of submissions, is essential for ensuring transparency, competition, and compliance with procurement laws and regulations. This procedure allows potential suppliers and contractors to participate in government procurement by submitting their bids or quotations.

Office or Division:	City Procurement Office		
Classification:	Simple		
Type of Transaction:	G2G – Government to Government G2C – Government to Citizen G2B - Government to Business		
Who may avail:	Bidders and Suppliers		
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE		
 Request for Quotations (RFQ) or Invitation to Bid (ITB), APP Bidding Documents or Abstract for Canvass BAC Recommendation through 	 Procurement Office / BAC Secretariat Head PhilGEPS website 3 conspicuous places Technical Working Group (TWG) 		

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Visit the PhilGEPS website and 3 conspicuous places for the posted ITB/RFQ for a duration of 3 to 7 calendar days.	1. Publish the Invitation to Bid or Request for Quotation on the PhilGEPS website and in the designated 3 conspicuous places	NONE	- If the ABC is below Phh50,000. 00, no posting is required	Staff CPO
2. Submit quotation /proposal (RFQ/P)	2.0 Receive, open, and evaluate submissions, then rank the offers and forward the results to the Bids and Awards Committee (BAC) for recommendation on the award and mode of procurement. Conduct an evaluation, as necessary, to assess the supplier's legal, technical, and	None	30 minutes	Staff CPO



3. Document the Award, Contract/Purchase Order (P.O.) implementation, and facilitate the payment process

Office or Division:	City Procurement Office		
Classification:	Simple		
Type of Transaction:	G2G – Government to Government G2C – Government to Citizen G2B - Government to Business		
Who may avail:	Winning Bidder/Supplier / Agency		
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE		
 Abstract for Canvass BAC Resolution Resolutions Approved Purchase Request / Purchase Letter Approved Purchase Order 	 BAC Secretariat Head City Procurement Office 		
 5. Mayor's/Business Permit 6. PhilGEPS Registration 7. Income and Business Tax Returns with proof of payment 8. Omnibus Sworn Statement 	Local Government UnitPhilGEPSBureau of Internal Revenue		

AGENCY ACTIONS			PERSON	
		_	RESPONSIBLE	
	None	3 days	BAC Members	
			BAC	
to HOPE and Abstract				
of Canvass				
1.1 Prepare the	None	10 minutes	Staff	
Purchase Order (P.O.)			CPO	
for the winning bidder.				
1.2 Approval of P.O /	None	1 to 3 days	Office of the	
Contract			Mayor	
2. Transmit a copy of				
the P.O along with all	None	10 minutes	Staff	
required documents to			CPO	
Commission of Audit				
(COA)				
3. Prepare and			Staff	
transmit Notice of	None	5 minutes	CPO	
Deliver (NOD) to				
` '				
` '				
· · · · · · · · · · · · · · · · · · ·				
	None	5 minutes	Staff	
Notice of Deliver			CPO	
,				
	1. BAC Resolution for the Recommendation to HOPE and Abstract of Canvass 1.1 Prepare the Purchase Order (P.O.) for the winning bidder. 1.2 Approval of P.O / Contract 2. Transmit a copy of the P.O along with all required documents to Commission of Audit (COA) 3. Prepare and transmit Notice of Deliver (NOD) to General Services Office (GSO) and Inspectorate Committee 3.1 Prepare and Issue	1. BAC Resolution for the Recommendation to HOPE and Abstract of Canvass 1.1 Prepare the Purchase Order (P.O.) for the winning bidder. 1.2 Approval of P.O / Contract 2. Transmit a copy of the P.O along with all required documents to Commission of Audit (COA) 3. Prepare and transmit Notice of Deliver (NOD) to General Services Office (GSO) and Inspectorate Committee 3.1 Prepare and Issue None Notice of Deliver (NOD) to General	1. BAC Resolution for the Recommendation to HOPE and Abstract of Canvass 1.1 Prepare the Purchase Order (P.O.) for the winning bidder. 1.2 Approval of P.O / Contract 2. Transmit a copy of the P.O along with all required documents to Commission of Audit (COA) 3. Prepare and transmit Notice of Deliver (NOD) to General Services Office (GSO) and Inspectorate Committee 3.1 Prepare and Issue None None Services None None None To minutes None 5 minutes 5 minutes	





	T		T	T
	and Inspectorate			
	Committee			
	3.2 Conduct an on-site		10 minutes	Staff
	inspection and sign the		to 20	CPO
	Joint Acceptance and		minutes	
	Inspection Report		(audalaat ta	
	(AIR) for common used		(subject to	
	supplies, services and		variation	
	equipment during and		based on	
	after the inspection		the volume	
	process.		and nature	
			of delivered	
			goods	
			and/or	
			services)	0, "
4. Receive	4. Receive duly signed	None	10 minutes	Staff
Acceptance and	AIR and the			CPO
Inspection Report	corresponding Sales			
(AIR) & RIS	Invoice/DR if any.			0. "
	4.1 Collate, review,	None	20 minutes	Staff
	and scan all required			CPO
	documents for			
	payment processing.			0. "
	4.2 Transmit all	None	10 minutes	Staff
	required documents to			CPO
	the Accounting Office			
	for payment			
	processing.			



City Budget Office Internal Services





1. Release of Obligation Request

Obligation requests from various sources like General Fund and Special Education Fund are being released to departments, offices, and units. The classification of services is considered highly technical since it requires the use of technical knowledge, skills, or training in the processing and/or evaluation thereof.

Office or	City Budget Office				
Division:					
Classification:	Highly Technical				
Type of	G2G – Government	t to Governm	ent		
Transaction:					
Who may avail:	Barangays and San	ngguniang Ka		•	
	REQUIREMENTS		WHERE TO SEC		
	egular Expenditures				
1. Obligation reques		Concerned	Office, Departmen	t, or Unit	
the end user (1 Orio	ginal Copy, 1				
Photocopy)					
2. Approved Activity		Concerned	Office, Departmen	t, or Unit	
copy), 1 Photocopy	,				
3. Duly signed payr		Concerned	Office, Departmen	t, or Unit	
copy), 1 Photocopy	<u> </u>		0///		
4. Medical Assessn	•	Concerned	Office, Departmen	it, or Unit	
supporting docume					
(1 original copy), 1				,	
	Request (varies with			/)	
1. Duly signed BAC		-	ement Office		
2. Duly signed Purc		City Procure	City Procurement Office		
(PO)/Purchase Rec	. , ,,				
other documentary	•				
specified in the CO					
2012-001 dated Jur	•				
original copy), 1 Ph	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Submit an	1. Receive the	None	1 minute per	Admin Aide II	
Obligation request	documents and	IVOIC	document	City Budget	
to the front desk	assess the		document	Office	
for assessment as	following:			Onice	
to the	Tollowing.				
completeness of	a. Appropriate				
the documents.	signature				
	b. Completeness	,			
	of documents				
	J. 3333				
	1.1 Evaluate the	None	3 minutes per	Budget Officer II	
	request and		document	Or	
	update the			Admin Aide II	
	corresponding			City Budget	
	Registry of			Office	





Appropriation Ledger in the respective expenditure class and offices.			
1.2 Review and certify the obligation request as to the existence of available appropriation.	None	2 minutes per document	Officer-in- Charge City Budget Office
1.3 Forward/transmit documents to the Accounting Office using the logbook.	None	1 minute per document	Admin Aide II City Budget Office
TOTAL:	None	7 Minutes per document	





2. Release of Certification on Appropriation Balances and Use of Savings for Augmentation of Deficient PPAs

The documents are being processed only upon the request of various department/units and offices. The classification of services is considered complex since it requires further evaluation in the processing thereof. All request must be duly approved by the Local Chief Executive prior to processing.

Office or	City Dudget Office					
Office or Division:	City Budget Office					
	Compley					
Classification:	Complex	1 to Cay (a way wa	o.m.t			
Type of	G2G – Government	t to Governm	ent			
Transaction:						
Who may avail:	Department, Offices	s, Unit Heads	s, Barangay Counc	and other		
CUECKLICT OF	NGAs	1	WHERE TO SEC	NIDE		
	REQUIREMENTS		WHERE TO SEC	UKE		
Request for Appro		Deguesting	Client			
1. Request Letter (1 Original Copy, 1	Requesting	Client			
Photocopy)	f Cardinara					
Request for Use o		Dannatian	Olimat			
1. BED No. 1 – Fina	•	Requesting	Client			
Original Copy, 1 Ph		Day "	Olimat			
2. BED No. 2 – Phy	•	Requesting	Client			
Original Copy, 1 Ph		D	Ol' t			
3. Certification on h		Requesting	Client			
generated pursuant						
Original Copy, 1 Ph						
4. Request letter wi		Requesting Client				
approved by the LC	` •					
Copy, 1 Photocopy)						
5. Details of Saving		Requesting	Client			
Augmentation of De						
Original Copy, 1 Ph						
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON		
	ACTIONS	BE PAID	TIME	RESPONSIBLE		
For Appropriation		1		D 1 1000 11		
1. Submit an	1. Evaluate the	None	1 day	Budget Officer II		
Obligation request	request and			Or		
to the front desk	prepare the			Budgeting		
for assessment as	Appropriation Slip			Assistant		
to the	Document.			City Budget		
completeness of		Office				
the documents.			4.5			
	TOTAL:	None	1 Day (or may			
			vary			
			depending on			
			the number of			
Fan Danis at 12	a of Condesses		PPAs)			
For Request on Us		NI	0 -1	0''		
1. Receive	1. Evaluate the	None	3 days	City		





acknowledgement	request and			Government
receipt on duly	update the			Department
approved request	corresponding			Head I (City
on use of savings.	Registry of			Budget Officer)
	Appropriation			Or
	Ledger in the			Budget Officer
	respective			III
	expenditure class			Or
	and office.			Budgeting
				Assistant
				City Budget
				Office
	TOTAL:	None	3 Days	



City Budget Office External Services





1. Review in the Approved Barangay and SK Annual/Supplemental Budget

This service provides technical assistance and advice to barangays and Sangguniang Kabataan (SKs) concerning their budgetary requirements and limitations for their annual budget preparations. Their respective supplemental budget is also evaluated for submission to the Sangguniang Panlungsod. Such complies with the regular procedure pursuant to section 318 of RA 7160.

Office or	City Budget Office				
Division:					
Classification:	Highly Technical				
Type of	G2G – Government to Government				
Transaction:					
Who may avail:	Barangays and Sangguniang Kabataan Federations of the City.				
	REQUIREMENTS	WHERE TO SECURE			
For Annual Budge					
1. Transmittal Lette	r (1 Original Copy,	Respective Barangay			
1 Photocopy)					
2. BBP Form No. 1					
Expenditure and So					
duly approved by C	ity Accountant and				
Barangay Officials	(1 Original Copy, 1				
Photocopy)					
3. BBP Form No. 2	to BBP Form No. 4				
(2 Original Copies,					
4. Appropriation Or	dinance (2 Original				
Copies, 20 Photoco					
5. Plantilla of Perso	nnel (2 Original				
Copies, 20 Photoco					
6. List of Projects cl	hargeable against				
20% Development	` •				
Copies, 20 Photoco					
7. Statement of inde	•				
Original Copies, 20	. ,				
8. Sangguniang Ap	•				
Investment Program	` , ` •				
Copies, 20 Photoco	1 /				
9. DILG-endorsed (
Budget (2 Original (Copies, 20				
Photocopies)					
10. Others as indicated in the DBM					
Local Budget Memorandum Circular					
for the budget year. (2 Original Copies,					
20 Photocopies)					
For SK Annual Bu					
1. Annual Barangay		Respective Sangguniang Kabataan			
Plan (ABYIP) (2 Ori	iginal Copies, 20				
Photocopies)					





	GRA PHILIPPE
2. ABYIP Resolution with complete	
official signatories (2 Original Copies,	
20 Photocopies)	
3. Letter Certification of 10% SK Fund	
from the Brgy. Treasurer(2 Original	
Copies, 20 Photocopies)	
4. Certificate of Review from DILG and	
LDYC (2 Original Copies, 20	
Photocopies)	
5. SK Annual Budget Plan (2 Original	
Copies, 20 Photocopies)	
6. SK Annual Budget Resolution with	
complete official signatories (2 Original	
Copies, 20 Photocopies)	
7. Other requirements as specified in	
the DBM Budget Call Memorandum	
applicable for the budget year (2	
Original Copies, 20 Photocopies)	
For supplemental budget	
1. Transmittal Letter (1 Original Copy,	Respective Sangguniang Kabataan

- 1 Photocopy)
- 2. Statement of Sources and Usage of Fund duly certified by the City Accountant (1 Original Copy, 1 Photocopy)
- 3. Appropriation Ordinance (1 Original Copy, 1 Photocopy)
- 4. Approved Supplemental AIP with Resolution(1 Original Copy, 1 Photocopy)
- 5. Council Resolution (if applicable) (1 Original Copy, 1 Photocopy)
- 6. Other documentary requirements as may be required by the Sangguniang Panlungsod. (1 Original Copy, 1 Photocopy)

CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Sign in the	1. Give the	None	1 minute	Admin Aide III
logbook.	logbook to the			City Budget
	client.			Office
2. Submit a copy	2. Check the	None	20 minutes	Budget Officer
of the Annual	completeness of			III
and/or	the required			City Budget
supplemental	supporting			Office
budget.	documents.			
	*If incomplete,			
	return immediately			
	to the client			





		PHILIP		
3. Receive the	through acknowledgement in the logbook or accomplish the return slip form. 3. Acknowledge	None	5 minutes	Budget Officer
Acknowledgement Receipt/Copy of the submitted Annual and/or Supplemental	the submission of the Annual and Supplemental Budget.			III City Budget Office
Budget with the stamp received.	3.1 Proceed with the technical review and ensure compliance with the mandatory requirements.	None	12 days per annual budget 5 days per supplemental budget	Budget Officer III City Budget Office
4. Receive the reviewed Barangay and SK Annual and/or Supplemental budget with the findings and review the action report, if any.	4. Return the reviewed Annual/ Supplemental to the concerned LGU with the findings and review the action report, if any.	None	1 day	Officer-in- Charge City Budget Office
5. Return the final Annual and/or Supplemental Budget.	5. Check the completeness of the required supporting documents. *If incomplete, return immediately to the client thru acknowledgment in the logbook or accomplish the return slip form	None	10 minutes	Budget Officer II Or Admin Aide III Budgeting Assistant City Budget Office
6. Receive the Acknowledgement receipt/copy for the final Annual and/or Supplemental budget.	6. Acknowledge the submission of the Annual and Supplemental Budget.	None	5 minutes	Admin Aide III City Budget Office
	6.1 Proceed with the technical	None	5 days per Annual Budget	Officer-in- Charge





review and ensure compliance with the mandatory requirements		1 day per supplemental budget	City Budget Office
6.2 Prepare and attach Review Letter to the Sangguniang Panlungsod.	None	1 day	Officer-in- Charge City Budget Office
TOTAL:	None	19 Days and 41 Minutes (for Annual Budget)	
		8 Days and 41 Minutes (for supplemental budget)	



City Legal Office External Services





1. Legal Documentation and Review Service

Legal Documents are reviewed by the City Legal Office to ensure its compliance and conformance to local laws and ordinances.

Office or	City Legal Office			
Division: Classification:	Simple Complex Highly Technical			
	Simple, Complex, Highly Technical			
Type of	G2C – Government to Citizen, G2B – Government to Business,			
Transaction:	G2G – Government to Government			
Who may avail:	All	T		
	REQUIREMENTS		WHERE TO SEC	URE
1. Request Form (1		City Legal C		
Legal document/ (Original Copy)	s to be reviewed	Requesting Party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out the request form and submit it along with the legal document/s to be	1. Receive and record the submitted form and document/s.	None	2 minutes	Legal Secretary Legal Office
reviewed.	1.1 Review the request form and the submitted requirements.	None	5 minutes	Legal Secretary Legal Office
	1.2 Forward the Request Form with the attached document/s to the City Legal Officer.	None	1 minute	Legal Secretary Legal Office
	1.3 Draft or review documents and issue drafted document or written comment.	None	Simple - 23 hours and 52 minutes Complex- 55 hours and 52 minutes Highly Technical - 159 hours and 52 minutes	City Legal Officer Legal Office
2. Receive reviewed document	2. Forward the Request Form with the attached drafted document or written comment.	None	1 minute	Legal Secretary Legal Office





2.1 Receive and record the CLO Request Form with the attached drafted document or written comment, and photocopy drafted document or written comment for file.	None	5 minutes	Legal Secretary Legal Office
2.2 Forwards the drafted document or written comment to the requesting party or unit	None	2 minutes	Legal Secretary Legal Office
TOTAL:	None	Simple - 1 Day and 8 Minutes Complex- 2 Days and 8 Minutes Highly Technical - 6 Days and 8 Minutes	





2. Legal Research, Counseling and Information Service

Legal Research, Counseling and Information Service can be done by the staff of the City Legal Office if needed.

Office or	City Legal Office				
Division:	City Legal Office				
Classification:	Simple, Complex, Highly Technical				
Type of	G2C – Government			to Rusiness	
Transaction:	G2G – Government			to Dusiness,	
Who may avail:	All	to Governin	GIIL		
	REQUIREMENTS		WHERE TO SEC	IIRE	
1. Request Form (1		City Legal C		JOIL	
2. Legal document/		Requesting			
(Original Copy)	3 to be reviewed	requesting	1 arty		
	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Fill-out the	1. Receive and	None	2 minutes	Legal Secretary	
request form and	record the			City Legal Office	
submit it along	submitted form				
with the legal	and document/s.				
document/s to be					
reviewed.	1.1 Review the	None	5 minutes	Legal Secretary	
	request form and			City Legal Office	
	the submitted				
	requirements.			_	
2. Wait to be	2. Forward or	None	2 minutes	Legal Secretary	
endorsed to the	refer to the City			City Legal Office	
City Legal Officer.	Legal Officer the				
	request or call the name of the client				
	on a first come				
	first served basis				
3. Receive legal	3. Provide legal	None	Simple- 23	City Legal	
advice, opinion	advice, opinion	140110	hours and 51	Officer	
and/or information	and/or information		minutes	Legal Office	
from the City			Complex- 55	g	
Legal Officer.			hours and 51		
			minutes		
			Highly		
			Technical - 159		
			hours and 51		
			minutes		
4. Receive the	4. Forward the	None	2 minutes	Legal Secretary	
written opinion or	CLO Request			City Legal Office	
research from the	Form with the				
City Legal Office.	attached written				
None	opinion or				
	research.	N.I.	.		
	4.1 Receive and	None	5 minutes	Legal Secretary	





record the Request Form with the attached written opinion or research and photocopy written opinion or research for file.			City Legal Office
4.2 Forward the written opinion or research.	None	2 minutes	Legal Secretary City Legal Office
TOTAL:	None	Simple- 1 Day and 9 minutes	
		Complex- 2 Days and 9 Minutes	
		Highly Technical – 6 Days and 6 Minutes	





3. Litigation and Case Management Service

Office or	City Legal Office				
Division:	Linkly Task size!				
Classification:	Highly Technical				
Type of Transaction:	G2C – Government to Citizen, G2B – Government to Business, G2G – Government to Government			. to business,	
Who may avail:	All				
	REQUIREMENTS		WHERE TO SEC	LIRE	
1. Request Form (1		City Legal C		JOILE	
2. Pleadings or Mot		City Legal C			
3. Pleadings,		City Legal C			
Order/Resolution/D	ecision				
4. Judgment		City Legal C	Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Fill-out request	1. Refer the case	None	2 minutes	Requesting	
form and submit case documents or communications	to City Legal Office after receipt of summon or complaint (in case	None	2 minutes	Party or Unit	
to the City Legal Office.	the City is the defendant or respondent), or refer a case for possible institution of a complaint (whether criminal, civil or administrative).				
	1.1 Receive and record the case documents or communications along with the request form.	None	5 minutes	Legal Secretary Legal Office	
	1.2 Forward the Request Form with the attached case document request and its requirements to the City Legal Officer.	None	2 minutes	Legal Secretary Legal Office	
2. Be interviewed by the City Legal Officer on the	2. Interview the concerned respondent and	None	15 minutes	City Legal Officer Legal Office	





	TOTAL:	None	50 Minutes (excluding the	
	2.7 Report the decision on the case to the City Mayor.	None	15 minutes	City Legal Officer City Legal Office
	2.6 Represent the City of San Pedro and attend to scheduled Mediation / Conciliation / Arbitration / Trial.	None	As required or as per schedule	City Legal Officer City Legal Office
	2.5 File records and registry receipts in case folder.	None	2 minutes	Legal Secretary Legal Office
	2.4 Files pleadings or motions personally or by registered mail.	None	5 minutes	Legal Secretary Legal Office
	2.3 Receive and record the Request Form with the attached pleadings or motions.	None	2 minutes	Legal Secretary Legal Office
	2.2 Forward the CLO Request Form with the attached pleading or motion.	None	2 minutes	Legal Secretary Legal Office
	2.1 Draft pleadings and motions.	None	As required or as per schedule set by the judicial or quasi-judicial body	City Legal Officer City Legal Office
details of the complaint or case.	evaluate the case for appropriate action.			





drafting of the pleadings and motions and
trial
representation)





4. Statutory Compliance

This service assists clients in ensuring that they conform to standards, regulations and laws of the industry to which they belong in.

	0: 1 10::			1	
Office or	City Legal Office				
Division:					
Classification:	Simple, Complex, Highly Technical				
Type of	G2C – Government to Citizen; G2B – Government to Business;				
Transaction:	G2G – Government	to Governm	ent		
Who may avail:	All				
	REQUIREMENTS		WHERE TO SEC	URE	
1. Request Form (1		City Legal C			
2. Document/s to be	e reviewed (1	Requesting	Party		
Original Copy)	T				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit request	1. Receive,	None	7 minutes	Legal Secretary	
form and	record, and review			City Legal Office	
document/s to be	the documents				
reviewed for	submitted.				
statutory					
compliance.	1.1 Forward	None	2 minutes	Legal Secretary	
	and/or refer to the			City Legal Office	
	City Legal Officer				
O. Do provided	the request.	None	Cimple 00	City Logical	
2. Be provided legal compliance	2. Provide legal compliance or	None	Simple- 23 hours and 51	City Legal Officer	
or opinion by the	opinion to the		minutes	City Legal Office	
City Legal Officer.	requesting party		Complex-55	City Legal Office	
Oity Legal Officer.	or unit.		hours and 51		
	or arm.		minutes		
			Highly		
			Technical-159		
			hours and 51		
			minutes		
3. Receive the	3. Forward the	None	2 minutes	Legal Secretary	
compliance notice	Request Form			City Legal Office	
or opinion.	with the				
	attachments.				
			_		
	3.1 Receive and	None	5 minutes	Legal Secretary	
	record the			City Legal Office	
	Request Form				
	with the attached				
	compliance notice				
	or opinion and file				
	written opinion or research.				
	160601011.				





3.2 Forward the compliance notice or opinion.	None	2 minutes	Legal Secretary City Legal Office
TOTAL:	None	Simple - 1 Day and 9 Minutes Complex- 2 Days and 9 Minutes Highly Technical - 6 Days and 9 Minutes	





5. Legal Representation

The City Legal Office can represent on behalf of the City Government or client during appointments or hearings.

	Ta				
Office or	City Legal Office				
Division:					
Classification:	Simple				
Type of	G2C – Government			to Business,	
Transaction:	G2G – Government	to Governm	ent		
Who may avail:	All				
	REQUIREMENTS		WHERE TO SEC	URE	
1. Request Form (1		City Legal C	Office	·	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Secure Request Form and fill-out the details of the request.	1. Receive request and check availability of City Legal Officer with the calendar.	None	2 minutes	Legal Secretary City Legal Office	
	1.1 Confirm availability with the City Legal Officer or inform the City Legal Officer of scheduled hearing.	None	5 minutes	Legal Secretary City Legal Office	
	1.2 Record the confirmed appointment in the Office Calendar and inform the requesting party or unit of the confirmed appointment.	None	2 minutes	Legal Secretary City Legal Office	
	1.3 Attend the scheduled appointment or hearing.	None	As per schedule	City Legal Officer City Legal Office	
	TOTAL:	None	9 Minutes (excluding attending the scheduled appointment or hearing).		





6. Notarial Services

Documents that require notarization can be done at the City Legal Office.

0.00	0'' 1 10"'			1	
Office or	City Legal Office				
Division:					
Classification:	Simple				
Type of	G2C – Government to Citizen; G2B – Government to Business;				
Transaction:	G2G – Government	to Governme	ent		
Who may avail:	All	<u> </u>			
	REQUIREMENTS WHERE TO SECURE			URE	
1. Document/s to be	e Notarized (1	Requesting	Party		
Original Copy)					
2. Valid ID (1 Origin		Requesting			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit the	1. Receive	None	5 minutes	Legal Secretary	
document/s to be	document/s and	110110	5 mmat66	City Legal Office	
notarized and	review the notarial			ony Logar omoc	
present a valid ID.	requirements				
	1				
	1.1 Forward the	None	2 minutes	Legal Secretary	
	document to the			City Legal Office	
	City Legal Officer.				
	1.2 Review the	None	5 minutes	City Legal	
	requested			Officer	
	document for			City Legal Office	
	notarization and				
	forward it to Legal				
	Secretary.				
2. Wait for your	2. Stamp the	None	2 minutes	Legal Secretary	
document/s to be	name and details			City Legal Office	
notarized	of the commission				
	and number the				
	document and				
	return the				
	document to the				
	City Legal Officer.				
	2.1 Attact to and	None	E minutos	City Local	
	2.1 Attest to and	None	5 minutes	City Legal Officer	
	sign the document and return it to the				
				City Legal Office	
3. Pay the	Legal Secretary. 3. Record the	Subject to	3 minutes	Legal Secretary	
required notarial	notarized	the table	ว เบเบนเฮอ	City Legal Office	
fees and receive	document in the	of Notarial		Only Legal Office	
the notarized	Notarial Book and	Fees			
document.	issue the same	1 553			
accument.	TOTAL:	Subject	22 Minutes		
	IOIAL.	Junject	LL WIIIIUIGS		



to the	
table of	
Notarial	
Fees	



City Planning and Development Coordinator's Office External Services





1. Assistance to Researchers (Face-to-Face or E-mail)

The office division concerned with the provision of statistical data is the Research and Statistics Division that files and maintains pertinent statistical data that are primarily socio-economic in nature. Request letters must be endorsed by the immediate supervisor of the Requesting Client.

Office or	City Planning and Development Coordinator's Office – Research &				
Division:	Statistics Section				
Classification:	Simple				
Type of	G2C – Government	•		to Business	
Transaction:	Entity, G2G – Gove	rnment to Go	overnment		
Who may avail:	All	T			
	LIST OF REQUIREMENTS WHERE TO SECURE			URE	
Letter request ad		Requesting	Client		
head of CPDCO (1	•				
Copy, 1 Receiving (
2. External storage		Requesting	Client		
copies of files (USE					
drive) or email addr					
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
F F (- F)	ACTIONS	BE PAID	TIME	RESPONSIBLE	
For Face-to-Face		Niere	4 mains et a	Olayle / Iak	
1. Submit request	1. Receive	None	1 minute	Clerk (Job	
letter to the front	request letter.			Order) CPDCO	
desk				CPDCO	
	1.1 Endorse	None	2 minutes	Clerk	
	request to the City	None	Z minutes	(Job Order)	
	Administrator's			CPDCO	
	Office for			01 000	
	approval.				
	αρριοναι.			City	
	1.2 Approve the	None	1 day	Administrator	
	request and			City	
	endorse the same			Administrator's	
	to the CPDCO			Office	
2. Claim the	1. Receive	None	5 minutes	Clerk (Job	
requested data in	endorsement from			Order)	
hard copy or	the City			CPDCO	
provide the	Administrator's				
external device for	Office and				
soft copy.	endorse the same				
	to the department				
	head for				
	assignment.				
				0.55	
	1.2 Assign	None	2 minutes	Officer-in-	
	request to staff			Charge	
	concerned.			CPDCO	





	T			1
	1.3 Process the request.	None	20 minutes	Statistician I Or Admin Asst. (Job Order) CPDCO
	1.4 Release request.	None	2 minutes	Clerk (Job Order) CPDCO
TOTAL:		None	1 day and 30 minutes	
For e-mail transac	tions:			
1. Send the request letter to the e-mail of the	Print out the request letter.	None	1 minute	Admin. Asst. CPDCO
CPDCO (cityplanningspl@gmail.com)	1.1 Endorse the request to the City Administrator's Office for approval.	None	2 minutes	Clerk (Job Order) CPDCO
	1.2 Approve the request and endorse the same to CPDCO.	None	1 day	City Administrator City Administrator's Office
2. Receive the requested data via e-mail.	2. Process the request.	None	10 minutes	Statistician I Or Admin Asst. (Job Order) CPDCO
	2.1 Release the requested data via e-mail.	None	10 minutes	Statistician I Or Admin Asst. (Job Order) CPDCO
	TOTAL:	None	1 day and 23 minutes	





2. Endorsement of Application for Accreditation of Civil Society Organizations (CSOs)/Non-Government Organizations (NGOs)

In order to become a member of special bodies under the local government units, one of the requirements is for Civil Society Organizations (CSOs)/Non-Government Organizations (NGOs) to be accredited to be recognized by the City Government. A template of the requirements can be secured from the City Planning and Development Coordinator's Office.

Office or Division:	City Planning and D	Ovolonmont	Coordinator's Of	ffice Sectoral
Office of Division.	Coordination and P			nice – Sectoral
Classification:	Simple	copic 3 i aiti	Sipation occion	
Type of		to Citizen G	28 – Governme	nt to Business Entity
Transaction:	O20 Government	i to Onizen, e	JZB GOVERNING	The to Dusiness Entity
Who may avail:	CSOs and NGOs			
CHECKLIST OF R			WHERE TO S	SECURE
1. Request Letter (1 Or	<u> </u>	Requesting		
Photocopy)	5 17,			
2. Duly accomplished a	application for	Requesting	Client	
accreditation of NGO (
3. Duly accomplished (CSO Profile Sheet	Requesting	Client	
(1 Original Copy)				
4. Duly approved Board		Requesting	Client	
signifying intention for a	accreditation (1			
Original Copy)			_	
5. Duly notarized Swor	•	Requesting	Client	
Original Copy, 1 Photo				
5. List of Current Office	ers and Members (1	Requesting	Client	
Original Copy)	B.A. (1. / A.			
6. Latest Minutes of the	e Meeting (1	Requesting Client		
Original Copy)	ant Danaut /1	Poguating Client		
7. Latest Accomplishm	eni Report (1	Requesting Client		
Original Copy) 8. Latest Financial Stat	oment (1 Original	Requesting Client		
Copy)	ement (1 Ongmai	Requesting Client		
9. Certificate of Registr	ation (1 Original	Registering or Accrediting Agency (i.e.		
Copy)	adon (1 Onginal	SEC, HLURB, etc.)		
1 2 /	AGENCY	FEES TO		PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit the	1. Check the	None	30 minutes	Clerk (Job Order)
required documents.	completeness of			CPDCO
	the requirements.			
	1.1 Receive	None	2 minutes	Clerk (Job Order)
	requirements if			CPDCO
	complete.			
	Otherwise, return			
	it to the client.			





	TOTAL:	None	1 Day, 1 Hour and 43 Minutes	
	endorsement letter and memo to the Sangguniang Panlungsod Secretariat Office	Mana		CPDCO
	letter. 2.4 Forward	None	5 minutes	Office Clerk (Job Order)
	signature. 2.3 Sign the endorsement	None	1 day	City Administrator City Administrator's
	2.2 Endorse memo to the City Administrator for	None	5 minutes	Clerk (Job Order) CPDCO
	endorsement memo to the Office of the Sangguniang Panlungsod Secretariat scan the submitted documents for filing purposes.			Or Clerk (Job Order) CPDCO
	Accreditation 2.1 Prepare	None	1 hour	Engineer I
2. Be advised when to pick up Certificate of Accreditation.	2. Advise client when to pick up Certificate of	None	1 minute	Clerk (Job Order) CPDCO





3. Endorsement of Barangay Development Plan (BDP)

A Certificate of Endorsement will be issued to the barangays for their development projects chargeable against the 20% component of the National Tax Allotment (NTA), in accordance with the Joint Memorandum Circular issued by the Department of Budget and Management (DBM)-Department of Finance (DOF)-Department of Interior and Local Government (DILG) No. 01 dated November 04, 2020 entitled "Revised Guidelines on the Appropriation and Utilization of the Twenty Percent (20%) of the Annual Internal Revenue Allotment (IRA) for Development Projects.

Office or Division:	City Planning and Development Coordinator's Office – Sectoral			
	Coordination and P			
Classification:	Simple	'	•	
Type of	G2G – Government	t to Governm	ent	
Transaction:				
Who may avail:	City Barangays			
CHECKLIST OF R	EQUIREMENTS		WHERE TO S	ECURE
1. Barangay Developm	ent Plan (1 Original	Requesting	Client	
Copy)				
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit the BDP to	1. Review the	None	30 minutes	Statistician I
CPDCO	BDP.			CPDCO
	1.1 Receive the	None	2 minutes	Statistician I
	BDP. Otherwise,			CPDCO
	return the BDP to			
	the client.			0.00
2. Receive the	2. Sign the	None	30 minutes	Officer-in-Charge
Certificate of	Certificate of			CPDCO
Endorsement.	Endorsement.			
	0.4 Dalagae the	Nama	4	Otatiatiaia n. l
	2.1 Release the	None	1 minute	Statistician I
	Certificate of CPDCO			
	Endorsement.	Nicos	4.11	
	TOTAL:	None	1 Hour and 3	
			Minutes	



4. Endorsement of Gender and Development (GAD) Plan and Budget (GPB)

The barangays submit their respective GAD Plan and Budget to the GAD Focal Person of the City Government, who checks the said plan if it is in compliance with the mandates of GAD.

Office or Division:	City Planning and Development Coordinator's Office – Sectoral			
	Coordination and P	eople's Partion	cipation Section	
Classification:	Simple			
Type of	G2G – Government	to Governm	ent	
Transaction:				
Who may avail:	City Barangays			
CHECKLIST OF R	EQUIREMENTS		WHERE TO S	SECURE
Gender and Develop and Budget (1 Original	,	Requesting	Client	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit the Gender and Development (GAD) Plan and	1. Review GPB.	None	30 minutes	, GAD Focal Person GAD Office
Budget to the GAD Focal Person.	1.1 Endorse the GAD Plan and Budget to the CPDCO	None	2 minutes	Clerk (Job Order) GAD Office
2. Pick-up the Certificate of Endorsement from the City DILG	2.1 Review the GAD Plan and Budget if it is aligned with the City's Programs/Projects /Activities	None	30 minutes	Statistician I CPDCO
	2.2 Endorse the GAD Plan and Budget to the City DILG.	None	1 minute	Statistician I CPDCO
	TOTAL:	None	1 Hour and 2 Minutes	



General Services Office Internal Services





1. Issuance of Property Acknowledgement Receipt

To identify the public officer responsible and accountable for a particular government-owned equipment or property, all Property, Plant and Equipment (PPE) issued to officials and government employees shall be covered by Property Acknowledgement Receipt (PAR) for equipment amounting to Php15,000.00 and above and an Inventory Custodian Slip (ICS) shall be used to issue tangible items amounting to less than Php15,000.00 to also establish accountability. As a general rule, the End User identified in the Requisition and Issue Slip shall be the Accountable Officer for the property concerned. In case of transfer of property accountability, the approval of the department head concerned or the City Mayor must be secured first by the employee requesting for such transfer and thereafter present the letter bearing the said approval to the GSO.

Office or Division:	General Services Office			
Classification:	Complex			
Type of	G2G – Governmer	nt to Governn	nent	
Transaction:	G2C – Government			
Who may avail:	Authorized end use		the Requisition ar	nd Issue Slip who
	may be from a gove			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Requisition and I	ssue Slip for newly-	To be provi	ded by the City Pro	ocurement Office
acquired PPE (3 Or	iginal Copies)	to the GSO	, or department he	ad concerned in
		case the red	quest for transfer o	of property
			ity will only affect t	•
			or City Mayor in ca	
	accountability involves two offices.			
	tter request for transfer of property accountability (1 Original epartment Head (if the request for transfer of property accountability will only affect the department concerned)			uest for transfer
of property account	ability (1 Original	department	concerned)	offiny affect the
Copy)			ne Mayor (if the re	
		of property accountability is from one office to		
		another)	,	
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
	<u>F PROPERTY ACKI</u>			PAR) FOR
	<u>D PROPERTY, PLAI</u>			
1. Submit a letter	1. Procure the	None	30 minutes	Office Staff
request to the	requested item/s			Procurement
Office of the	and provide three			Office
Mayor for	(3) original copies			
provision of PPE	of the Requisition			
	and Issue Slip to			
	the GSO upon			
	approval of the			
	request.			0.55
2. None	2. Prepare the	None	15 minutes	Office Staff
	Property			General
	Acknowledgment Receipt (PAR) or			Services Office
				l l





2. Cione the DAD	Inventory Custodian Slip (ICS) and present the same to the identified Accountable Officer for his/her signature upon receipt of newly- acquired PPE.	Nana		Office Otaff
3. Sign the PAR or ICS	3. Update Property Card (PC) of the equipment and the property accountability of the accountable officer. TOTAL:	None None	5 minutes 50 Minutes	Office Staff General Services Office
FOR REQUEST FO				V.
1. Submit to the GSO a letter request for transfer of property accountability duly approved by the department head, if the requested transfer is within the department concerned, or the City Mayor, if the request involves transfer of property accountability from one office to another.	1. Prepare the updated PAR based on the approved letter request together with the Property Transfer Report (PTR). The newly identified accountable officer must sign the PAR or ICS as proof of accountability for the property concerned	None	15 minutes	Office Staff General Services Office
2. None	2. Update the Property Card of the equipment and Property Accountability of the transferor and transferee of PPE	None	5 minutes	Office Staff General Services Office
	TOTAL:	None	20 Minutes	
		•		



2. Property Clearance

Property Clearance is a document that shows whether an employee or former employee has property accountability or none. It is part of the official clearance form emanating from the Human Resource s Management Office (HRMO). It is issued by the General Services Office (GSO) to applicants which may include an employee who is about to resign, retire or separate from the service, former city government employee/officials or any city government employee/officials who intends to use such clearance for any purpose. An applicant for Property Clearance who has existing property accountability shall not be cleared.

Office or Division:	General Services Office			
Classification:	Simple			
Type of	G2G – Government	to Governm	ent: G2C – Goverr	nment to Citizen
Transaction:			,	
Who may avail:	Any current city gov	ernment emp	oloyee or former er	mployee
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Duly-accomplish		CHRMO		
emanating from the	HRMO (1 Original			
Copy)	T			
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Present a duly-	Check property	None	30 minutes	General
accomplished	accountability			Services Officer
clearance form	records of the			General
issued by the	client. If there is			Services Office
HRMO	none, the client			
	will be cleared			
	from any property			
	accountability. Otherwise, a list of			
	property issued to			
	the client will be			
	provided.			
2. Present copy of	2. Verification of	None	30 minutes	General
Property Return	the records	TVOIC	Jo minutes	Services Officer
Slip or other proof	submitted			General
of extinguishment	Gubillitted			Services Office
of property				00111000 011100
accountability, if				
there is any.				
3. Receive duly	3. Issue Property	None	5 minutes	General
signed Property	Clearance.			Services Officer
Clearance from				General
the GSO				Services Office
	TOTAL:	None	1 Hour and 5	
			Minutes	





3. Request for Building Maintenance Work

Building Maintenance work is a service provided by the GSO to any government office occupying a space in a city government owned building or facility wherein the maintenance of which is covered by the functions of the GSO.

Office	0			
Office or	General Services O	писе		
Division:	0			
Classification:	Complex			
Type of	G2G – Government	to Governm	ent; G2C – Goverr	nment to Citizen
Transaction:				_
Who may avail:	Authorized end use		-	-
	may be from a gove	ernment office		
	REQUIREMENTS		WHERE TO SEC	URE
1. Maintenance Red	•	GSO		
Order Form (1 Orig				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
OLILIAI OILI O	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit a duly	1. Verify the	None	30 minutes	
accomplished	information			
Maintenance	indicated in the			
Request and Work	RIS, check the			
Order Form.	stock cards based			
	on the approved			
	Project			
	Procurement			
	Management Plan			
	(PPMP) and			
	prepare the item/s			
	to be issued.			
	1.1 Assess the	None	30 minutes	
	needed job to be			
	done. If it			
	requires major			
	maintenance			
	work, endorse to			
	the			
	Engineering			
	Department or			
	recommend for			
	outsourcing. If it			
	requires minor			
	works, estimate			
	the needed			
	materials to be			
	needed for the job.			
	1.2 If the	None	5 minutes	
	maintenance work	_	(for	





	requires procurement of goods, make the appropriate procurement request. Upon availability of needed materials, perform the requested maintenance job.		procurement request) 2 hours (for simple scope of works) 7 days (for complex scope of works)	
2. Acknowledge work accomplishment of building maintenance	2. Building maintenance personnel shall provide the Maintenance Request and Work Order Form to the client for his/her acknowledgement of the accomplished job.	None	1 minute	Building Maintenance Personnel General Services Office
	TOTAL:	None	2 Hours and 6 Minutes for simple scope of works; 7 Days, 1 Hour, and 6 Minutes for complex scope of works	





4. Processing of Property Return Slip for Unserviceable Equipment

Acceptance of unserviceable equipment through a duly accomplished Property Return Slip Form is a service provided by the GSO to any city government employee with property accountability whose equipment issued to them are beyond repair and due for disposal.

Office or	General Services Office			
Division:				
Classification:	Complex			
Type of	G2G – Government	to Governm	ent; G2C – Goverr	nment to Citizen
Transaction:				
Who may avail:	Authorized end use	r identified in	the Requisition ar	nd Issue Slip who
	may be from a gove	ernment office		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Properly Filled or	ut Property Return	GSO		
Slip (2 original)				
2. Properly Filled ou		GSO		
Inspection Report of				
Property (1 original)				
3. Property Acknowledgement Receipt GSO				
(1 copy)				
4. Unserviceable Ed		Requesting		I
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit duly accomplished Property Return Slip (PRS), Inventory and Inspection Report of Unserviceable Property (IIRUP) together with a copy of Property Acknowledgement Receipt (PAR) and the unserviceable equipment subject for return.	1. Check the details provided in the PRS, IIRUP and PAR forms and ensure that the specifications are the same with the unserviceable equipment to be returned. Upon verification of the details, a photo will be taken on the subject unserviceable equipment. The printout of the photograph shall be attached to the PRS,IIRUP and PAR.	None	30 minutes	Office Staff General Services Office
2. Receive a copy of the PRS Form from the GSO.	2. The GSO personnel who received the	None	5 minutes	Office Staff General Services Office





	TOTAL:	None	35 Minutes	
	equipment shall sign the PRS form and provide a copy to the accountable officer.			
	unserviceable			





5. Request for Repair of Property, Plant and Equipment

This service is provided by the General Services Office to maintain the working condition of Property, Plant and Equipment (PPE).

Office or	General Services Office			
Division:				
Classification:	Complex			
Type of	G2G – Government	to Governm	ent; G2C – Goveri	nment to Citizen
Transaction:				
Who may avail:	Authorized end use		•	<u>-</u>
	may be from a gove	ernment office		
	REQUIREMENTS		WHERE TO SEC	URE
For ICT Equipmen				
1. Request Letter (1	l Original, 1	Requesting	Client	
Photocopy)		14100		
2. MIS Recommendation Form MISD				
For Non-ICT Equip		l	Ol' 1	
1. Request Letter (1 Original, 1 Requesting Client				
Photocopy)	to be were the d	Doguestin	Client	
2. PPE that needs		Requesting FEES TO		DEDCON
CLIENT STEPS	AGENCY ACTIONS	BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For ICT Equipmen		521745	111112	ILLOI ONOIDEE
1. Submit the	1. Receive the	None	5 minutes	Offi
letter requesting	letter requesting	110.10	5 mm at 65	ce
for repair of ICT	for repair of ICT			Staf
Equipment	Equipment, MIS			f
together with MIS	Recommendation			General
Recommendation	Form and the			Services Office
Form and the	equipment that			
equipment that	needs to be			
needs to be	repaired.			
repaired.				
	TOTAL:	None	5 Minutes	
For Non-ICT Equip		,	,	
1. Submit the	1. Receive the	None	5 minutes	Offi
letter requesting	letter requesting			ce
for repair of PPE,	for repair of			Staf
and the subject	PPE and the			f
equipment that	subject equipment			General
needs to be	that needs to be			Services Office
repaired.	repaired.		-	
2. None	2. Submit a letter	None	5 minutes	
	to the Office of the			
	Mayor requesting			
	for procurement of			
	parts and labor for			
	the repair of			
	equipment.			





3. None	3. Process the purchase of parts and labor for the repair of equipment and provide a Notice of Delivery to the GSO.	None	1 month	Staf f Procurement Office
4. None	4. Acceptance of services to be rendered or parts to be delivered	None	30 minutes	
5. Client shall receive the equipment that has been repaired	5. The GSO shall forward to the client the equipment that has been repaired.	None	15 minutes	
	TOTAL:	None	1 Month and 55 Minutes	



General Services Office External Services





1. Acceptance of Delivery

Acceptance of delivery is carried out by the General Services Office by way of physically accepting the goods and services delivered by the supplier or contractor in accordance with the approved purchase order or contract, and documenting the outcome of the said function using an official form, the Acceptance and Inspection Report.

0111	10 10 10	· · ·		7
Office or	General Services Office			
Division:				
Classification:	Simple			
Type of	G2B – Government	to Business	Entity	
Transaction:				
Who may avail:	Supplier, Contracto	r		
	REQUIREMENTS	WHERE TO SECURE		
1. Approved Purch		c/o Office of the Mayor		
Contract (1 Certifie	d True Copy and			
Digital Copy)				
2. Requisition and I	ssue Slip (3	•	ded by the City Pro	
Original Copies)			e General Services	
3. Goods specified	d in the Purchase		ded by the City Pro	
Order or Services	•	Office to the	e General Services	Office
	as per approved			
Purchase Order or				
Services as per ap				
4. Sales or Service	Invoice for	Supplier or	Contractor	
complete delivery (1 Original Copy			
and 1 Duplicate Co				
	Receipt for partial delivery (1 Original			
and 1 Duplicate Co			T	
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. None	1. Provide a	None	5 minutes	Staff
	certified true copy			Procurement
	and a soft copy of			Office
	the approved			
	Purchase Order or			
	Contract together			
	with 3 original			
	copies of			
	Requisition and			
	Issue Slip to the			
	General Services			
	Office.			
2. None	2. Draft the	None	30 minutes	Staff
	Acceptance and		for small	General
	Inspection Report		number of	Services Office
	based on the soft		items;	
	copy provided by		4	
	the City		1 hour	
	tne City		hour	





			for	
	Procurement		for	
	Office.		voluminous	
			number of	
			items	
3. Deliver the	3. City	None	5 minutes	Staff
item/s in the	Procurement			Procurement
approved place of	Office shall issue a			Office
delivery specified	Notice of Delivery			
in the Purchase	to the General			
Order or Contract	Services Office to			
and informs the	inform the latter of			
City Procurement	the delivery			
Office of the	schedule.			
schedule of		212	_	
delivery.	3.1 Submit to the	None	5 minutes	Staff
	Human Resources			General
	Management			Services Office
	Office an			
	application for			
	Official Business			
	Form for deliveries			
	within the City, or			
	Travel Order Form			
	for deliveries			
	outside the City.			
4. Provide the	4. Make the	None	30 minutes	Staff
Delivery Receipt	acceptance using	140110	for small	General
(DR) for partial	the details		number of	Services Office
				Services Office
delivery, or	specified in the Purchase Order		items;	
Sales/Service			1	
Invoice (SI) for	or Contract as		hour	
complete delivery	reference in		for	
to the assigned	carrying out the		voluminous	
General Services	function		number of	
Office worker.			items	
5. Receive the	5. Sign of the	None	2 minutes	Staff
duplicate copy of	original copy of			General
signed DR or SI	Delivery Receipt			Services Office
from the GSO	for partial			
	delivery, or			
	original copy of			
	Sales/Service			
	Invoice for			
	complete delivery,			
	as proof of			
	acceptance of goods/services.			
	TOTAL:	None	1 Hour and 17	
	IOIAL:	MOHE	Minutes and	
			small number	





of items; 2
Hours and 17
Minutes for
voluminous
number of
items





2. Issuance of Goods and Services to End-User

Goods and services are issued by the General Services Office (GSO) to qualified recipients upon presentation and/or completion of the required documents and verification of data. This is carried out using the standard form, the Requisition and Issue Slip (RIS). The end user will be asked to sign the RIS as proof of receipt of the item/s being issued. Depending on the RIS provided to the General Services Office by the City Procurement Office, an end user may be a government employee or private individual.

Office or	General Services Office				
Division:	Control Convides Childs				
Classification:	Complex				
Type of	G2G – Government to Government; G2C – Government to Citizen				
Transaction:					
Who may avail:	Authorized end user identified in the Requisition and Issue Slip who				
	may be from a gove	ernment office	e or private sector.		
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE				
1. Requisition and I	ssue Slip (3	c/o Office of	f the Mayor		
Original Copies)					
If end-user is a pri	vate individual:				
2. Valid governmen	t-issued ID in case	Private end	-user		
the End User is a p	rivate individual				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
CLILINI SILFS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. If the End-User	1. Verify the	None	30 minutes	Office Staff	
is a city	information			General	
government	indicated in the			Services Office	
employee, submit	RIS, check the				
a properly filled	stock cards based				
out Requisition	on the approved				
and Issue Slip	Project				
(RIS) form duly	Procurement				
approved by the	Management Plan				
approving	(PPMP) and				
authority.	prepare the item/s				
	to be issued.				
2. If the End User	2. Verify the	None	1 minute	Office Staff	
is not a	identity of the End			General	
government	User using the			Services	
employee,	presented ID and			Office	
present a valid	the name				
government-	appearing on the				
issued I.D. to the	RIS. Scrutinize				
storekeeper. If	the authorization				
the claimant is	letter vis- à-vis the				
not the End User	name and				
identified in the	signature of the				
RIS, an	End User that				
authorization	appear on the				
letter stating the	Requisition Part of				





	TOTAL:	None	1 Hour and 31 Minutes for small number of items; 2 Hours and 1 Minute for voluminous number of items	
4. Accept the item/s and sign the Issuance Part of the RIS	4. Update Stock Cards	None	30 minutes for small number of items; 1 hour for voluminous number of items	Office Staff General Services Office
claimant 3. Receive and check the item/s specified in the RIS	3. Issue the item/s, and document such issuance	None	30 minutes	Office Staff General Services Office
name of the claimant, duly-signed by the End User must be presented together with a valid government-issued ID of the	the RIS as well as the ID presented by the claimant vis-à-vis the name of the claimant stated in the authorization letter			



Office of the City Administrator Internal Services





1. Preparation of Executive Order

An Executive Order is a directive issued by the Local Chief Executive stating mandatory requirements and/or for compliance of all the offices of the City Government. This has the effect of law. This is issued in relation to a law passed by Congress or based on certain directives of the Office of the President cascaded to the concerned National Agencies

Office or Division:	City Administrator's Office			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	Office of the City Ma	ayor		
CHECKLIST OF				
1.Instructional Note				
Mayor (1 Original o				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Instructional note to Admin Office.	Receive the Instructional Note	None	3 minutes	Admin Staff City Administrator's Office
	1.1 Submit the instructional note to City Administrator for appropriate action.	None	2 minutes	Admin Staff City Administrator's Office
	1.2 Read the note and instruct the concerned staff to draft the Executive Order (E.O.).	None	5 minutes	City Administrator City Administrator's Office
	1.3 Conduct research on enabling laws, policies/directives from the national agencies relative to the subject of the order and draft the same, and then submit to City Administrator for advice and/or comment.	None	1 hour	Admin Staff City Administrator's Office





1.4 Refer draft E.O. to the City Legal Office for further evaluation and/or editing and finalization.	None	1 hour	Admin Staff City Administrator's Office
1.5 If there are corrections and/or additional inputs, the edit the E.O.	None	15 minutes	Admin Staff City Administrator's Office
1.6 Forward the finalized E.O. is submitted to the Office of the City Mayor for signature.	None	10 minutes	Admin Staff City Administrator's Office
TOTAL:	None	2 Hours and 35 Minutes	



2. Preparation of Memorandum Circular

This document is an act of the Local Chief Executive on matters relating to internal administration desired to bring to the attention of all or some of the departments or offices of the City Government, for information or compliance.

	T				
Office or Division:	City Administrator's	Office			
Classification:	Simple				
Type of Transaction:	G2G – Government to Government				
Who may avail:	Office of the City Ma	avor			
	REQUIREMENTS WHERE TO SECURE				
1.Instructional Note	e from the City				
Mayor (1 Original o	r 1 Photocopy)	Office of the	e Mayor		
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
Submit Instructional note to Admin Office	1. Receive the Instructional Note	None	3 minutes	Admin Staff City Administrator's Office	
	1.1 Submit the instructional note to the City Administrator for appropriate action.	None	2 minutes	Admin Staff City Administrator's Office	
	1.2 Read the note and instruct the concerned staff to draft the circular	None	5 minutes	City Administrator City Administrator's Office	
	1.3 Conduct research on enabling policies/ directives from the national agencies related to the subject of the circular, and draft the same and then submit to the City Administrator for advice and/or finalization.	None	30 minutes	Admin Staff City Administrator's Office	
	1.4 If there are corrections and/or	None	10 minutes	Admin Staff City	



to the Office of the City Mayor for signature.	None	1 Hour	City Administrator's Office
1.5 Submit finalized Circular	None	10 minutes	Admin Staff
additional inputs, edit the Circular.			Administrator's Office





3. Preparation of Memorandum Order

This document is a simple instructional document for all the employees and heads of offices on particular issues and concerns that the Local Chief Executive wants to implement and/or attend to by the employees.

Office or					
Division:	City Administrator's	Office			
Classification:	Simple				
Type of Transaction:	G2G – Government	to Governm	ent		
Who may avail:	City Mayor, Executive Assistant and City Administrator				
	REQUIREMENTS		WHERE TO SEC		
1.Instructional Note					
	ministrator or Executive OM/CAO/OEA				
	riginal or 1 Photocopy)				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Submit Instructional note to Admin Office.	Receive the Instructional Note.	None	3 minutes	Admin Staff City Administrator's Office	
	1.1 Submit the instructional note to the City Administrator for appropriate action.	None	2 minutes	Admin Staff City Administrator's Office	
	1.2 Read the note and instruct the concerned staff to draft the memo.	None	5 minutes	City Administrator City Administrator's Office	
	1.3 Draft the memo and submit the same to the City Administrator for finalization.	None	20 minutes	Admin Staff City Administrator's Office	
	1.4 If there are corrections and/or additional inputs, edit the memo.	None	10 minutes	Admin Staff City Administrator's Office	
	1.5 Submit finalized memo to	None	10 minutes	Admin Staff City	



City Mayor for signature.	None	50 Minutes	Office
the Office of the			Administrator's



Office of the City Administrator External Services



1. Endorsement for Psychological Examination for Applicants of Polytechnic University of the Philippines (PUP) - San Pedro Campus Teaching Staff

This endorsement letter is necessary and required by the Polytechnic University of the Philippines Main Campus to ensure that all applicant(s) for Teaching Staff at PUP San Pedro Campus have the endorsement of the Office of the Mayor.

Office or Division:	City Administrator's Office				
Classification:	Simple				
Type of	G2C – Government	to Citizen			
Transaction:					
Who may avail:	Individuals whose q	ualifications			
	REQUIREMENTS		WHERE TO SEC	URE	
the Polytechnic Uni Philippines Main (Copy)	d to the President of versity of the Campus (1 Original	Applicant			
2. Endorsement Le the Mayor from the San Pedro Campus Copy)	Director of PUPs - (1 Original	Office of the PUP Campus Director			
such as Resumes, Records, Clearance Copy for every supp	3. Supporting papers of the Applicant such as Resumes, Transcript of Records, Clearances, etc. (1 Original Copy for every supporting paper, except TOR where a photocopy		Issuing government agencies such as DEPED, police Station, barangay, etc		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit all documents listed above to any staff of the City Administrator's office	1. Receive the Required Documents and review the same.	None	5 minutes for all documents	Admin Staff City Administrator's Office	
	1.1 Submit the Request Letter to the City Administrator for appropriate action.	None	2 minutes	Admin Staff City Administrator's Office	
	1.2 Approve or	None	3 minutes	City	





motion any appropriate action to be taken.			Office
1.3 Prepare the letter of endorsement.	None	10 minutes	Admin Staff City Administrator's Office
1.4 Sign the Endorsement.	None	3 minutes	City Administrator City Administrator's Office
TOTAL:	None	23 Minutes	





2. Endorsements for PUP College Entrance Test (PUPCET) Examinees who failed said exam

This endorsement letter is necessary and required by the Polytechnic University of the Philippines San Pedro Campus for the reconsideration and/or "Waiver" of PUPCET Examinees who failed said exam.

Office or Division:	City Administrator's Office			
Classification:	Simple			
Type of Transaction:	G2C – Government	to Citizen		
Who may avail:	PUPCET Examinee	s who failed	the exam	
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1.PUPCET Result/\$ Copy)	Score (1 Original	PUP San P	edro Registrar	
2.Junior and Senior (1 Original Copy ea	High School Cards ch)	School(s) w	here examinee gra	aduated
3. Letter Request of Original Copy)		Requesting	party	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all documents listed above to any employee of the City Administrator	Receive the Required Documents and review the same. Submit the	None None	5 minutes for all the documents 2 minutes	Admin Staff City Administrator's Office Admin Staff
	Request Letter to the City Administrator for appropriate action.			City Administrator's Office
	1.2 Prepare the letter.	None	5 minutes	Admin Staff City Administrator's Office
	1.3 Sign of the approved endorsement letter.	None	2 minutes	City Administrator City Administrator's Office
	TOTAL:	None	14 Minutes	





3. Endorsements for Financial Assistance from various Government Agencies

This endorsement letter is necessary and required by the concerned government agencies to ensure the validity and authenticity of the assistance requested by residents of the City.

Office or Division:	City Administrator's Office			
Classification:	Simple			
Type of Transaction:	G2C – Government	to Citizen		
Who may avail:	PUPCET Examined	s who failed	the exam	
	REQUIREMENTS WHERE TO SECURE			URE
Medical Certifica Certified True Copy	•	Hospital wh	ere patient is conf	ined
2. Hospital Bills/Que Protocol (1 Certified		Hospital wh	ere patient is conf	ined
3. Certificate of Indi		Barangay g	overnment where	patient resides
	dy (1 Original Copy)	CSWDO		
5. Letter Request o Member (1 Original		Patient's fai	mily	
6. Certificate of Vot (optional) (1 Origina True Copy)	er's Registration	Local COMELEC		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all documents listed above to any employee of the				
1. Submit all documents listed above to any	ACTIONS 1. Receive the Required Documents and	BE PAID	TIME 7 minutes for all	RESPONSIBLE Admin Staff City Administrator's
1. Submit all documents listed above to any employee of the	ACTIONS 1. Receive the Required Documents and review the same 1.1 Prepare the	None	7 minutes for all documents	RESPONSIBLE Admin Staff City Administrator's Office Admin Staff City Administrator's





4. Endorsement for Work Placement for Resident Applicants

This endorsement letter is necessary in the application for work in some companies to ensure that applicant is a resident of the City.

Office or Division:	City Administrator's Office			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Residents of San P	edro searchir	ng for work	
	REQUIREMENTS		WHERE TO SEC	URE
1.Resume of the Ap		Applicant		
2.Letter request for Original Copy)	endorsement (1	Applicant		
3. Clearances (Baraetc. (1 Original Cop	y)	Concerned	Government Agen	ncies
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all documents listed above to any employee of the City Administrator's Office	1. Receive the Required Documents and review the same. 1.1 Submit the Request Letter to the City Administrator for appropriate action.	None None	5 minutes for all documents 2 minutes	Admin Staff City Administrator's Office Admin Staff City Administrator's Office
	1.2 Prepare the letter.	None	5 minutes	Admin Staff City Administrator's Office
	1.3 Sign the Approved endorsement letter	None	2 minutes	City Administrator City Administrator's Offlice
	TOTAL:	None	14 Minutes	





5. Request for Data from students, business sectors, institutions

The data to be provided the students, business sector and other institutions would play vital role to complete the research and/or project being undertaken.

-				
Office or Division:	City Administrator's	Office		
Classification:	Simple			
Type of Transaction:	G2C – Government	to Citizen		
Who may avail:	Residents, students	and/or busi	ness owners, insti-	tutions in San
	Pedro who are requ	ired to under		
	REQUIREMENTS		WHERE TO SEC	URE
Original Copy)	r data/information (1	Applicant		
2. Endorsement fro Original Copy)	m the School (1	School whe	re applicant is enre	olled
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all documents listed above to any employee of the City Administrator's Office	1. The City Administrator's Office Staff shall receive the Required Documents, review the same. 1.1 Submit the	None None	3 minutes for all documents 2 minutes	Admin Staff City Administrator's Office Admin Staff
	Request Letter to the City Administrator for appropriate action.	None	2 minutes	City Administrator's Office
	1.2 Approve or disapprove the request.	None	5 minutes	City Administrator City Administrator's Office
	1.3 Refer the applicant to the concerned office(s) for the provision of data requested for upon approval.	None	5 minutes	Admin Staff City Administrator's Office
	TOTAL:	None	15 Minutes	





6. Endorsement for On-the-Job Training (OJT)

This endorsement letter is necessary in the application for On-the-Job Training work in some companies to ensure that applicant is a resident of the City and duly sanctioned by the school.

	1			
Office or Division:	City Administrator's Office			
Classification:	Simple			
Type of Transaction:	G2C – Government	to Citizen		
Who may avail:	Resident -students	of San Pedro	who are required	to undergo OJT.
	REQUIREMENTS		WHERE TO SEC	
1.Resume of the Ap	oplicant (1 Original	Applicant		
Copy)		' '		
2.Letter request for Original Copy)	endorsement (1	Applicant		
3. Endorsement fro Original Copy)	m the School (1	School whe	re applicant is enr	olled
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all documents listed above to any employee of the City Administrator's Office	1. Receive the Required Documents and review the same 1.1 Submit the Request Letter to the City Administrator for appropriate action.	None None	5 minutes for documents 2 minutes	Admin Staff City Administrator's Office Admin Staff City Administrator's Office
	1.2 Prepare the endorsement letter.	None	5 minutes	Admin Staff City Administrator's Office
	1.3 Sign the endorsement letter.	None	2 minutes	City Administrator City Administrator's Office
	TOTAL:	None	14 Minutes	





7. Endorsement for Work Permit for City Residents working in other Local Government Units

This endorsement letter is necessary as other Local Government Units (LGUs) require endorsement from the City Mayor where the applicant resides before they issue Work Permits.

Office or Division:	City Administrator's Office				
Classification:	Simple				
Type of Transaction:	G2C – Government	to Citizen			
Who may avail:	Residents of San F	Pedro who are			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1.Checklist of requ LGU where applica Original Copy)					
2. Proof that application the LGU (1 Original		Would-be e	mployer		
	3. Proof of residence of applicant (Clearance Certificate) (1 Original		Concerned Barangay Government		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit all documents listed above to any employee of the	1. Receive the Required Documents and review the same.	None	5 minutes for all documents	Admin Staff City Administrator's Office	
City Administrator's Office	1.1 Prepare the endorsement letter.	None	5 minutes	Admin Staff City Administrator's Offlice	
	1.2 Sign the endorsement letter.	None	2 minutes	City Administrator City Administrator's Office	
	TOTAL:	None	12 Minutes		



8. Issuance of Endorsement Letter for Philippine National Police (PNP), Bureau of Fire Protection (BFP) Bureau of Jail Management and Penology (BJMP), Armed Forces of the Philippines (AFP) Applicants

This endorsement letter is necessary as the Department of the Interior and Local Government (DILG) offices and/or Armed Forces of the Philippines (AFP) requires for the same to show the veracity of the residence of the applicant and his/her person, including probity.

Office or Division:	City Administrator's Office			
Classification:	Simple			
Type of Transaction:	G2C – Government			
Who may avail:	Residents of San F	edro applyin		
	REQUIREMENTS		WHERE TO SEC	URE
1. Barangay Cleara Copy)	nce (1 Original	Barangay G	overnment where	applicant resides
2. Police Clearance	(1 Original Copy)	San Pedro	City Police Station	
3. Nat'l Bureau of Ir Clearance (1 Origin	•	National Bu	reau of Investigation	on (NBI)
4. Court Clearances		Regional/M	unicipal Trial Cour	ts
5. Prosecutor's Clear Copy)	arance (1 Original	City Prosec	utor's Office	
6. Board/NAPOLCOM Result (For PNP) (1 Original Copy)		NAPOLCOM Board /Professional Regulations Commission (PRC)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all	1. Receive the	None	5 minutes in	Admin Staff
documents listed	Required		reviewing all	City
above to any	Documents and		documents	Administrator's
employee of the City	review the same.			Office
Administrator's	1.1 Staff of the	Php	5 minutes	Admin Staff
Office.	City Administrator	100.00 for		City
	prepares the	every		Administrator's
	letter.	endorsem		Office
	4.0.71	ent		
	1.2 The City	Nana	0	O:4.
	Administrator sign	None	2 minutes	City
	the endorsement letter.			Administrator City
	iellei.			Administrator's
				Office
	TOTAL:	Php	12 Minutes	
		100.00		





9. Issuance of Mayor's Clearance

This document is necessary in almost all transactions at the Department of the Interior and Local Government (DILG) offices and/or Armed Forces of the Philippines (AFP), Office of the Civil Record General requires for the same to show the veracity of the residence of the applicant and his/her person, including the probity.

Office or Division:	City Administrator's Office			
Classification:	Simple			
Type of Transaction:	G2C – Government	to Citizen		
Who may avail:	Residents of San F	Pedro applyin	a for enlistment at	PNP and/or AFP
	REQUIREMENTS		WHERE TO SEC	
Barangay Cleara				
Copy)			Sovernment where	• •
2. Police Clearance		San Pedro	City Police Station	
3. Nat'l Bureau of II Clearance(1 Origin		National Bu	reau of Investigati	on (NBI)
4. Court Clearance	s (1 Original Copy)	Regional/M	unicipal Trial Cour	ts
5. Prosecutor's Cle Copy)	arance (1 Original	City Prosec	utor's Office	
6. PRC Board Resu	ult/Napolcom Exam			
Result (For PNP) (1 Original Copy) Napolcom Board 7. Official Receipt (OR) for the				
payment (1 Origina				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit all	1. Receive the	None	7 minutes in	Admin Staff
documents listed	Required		reviewing all	City
above to any	Documents and		documents	Administrator's Office
employee of the City	review the same.			Office
Administrator's	1.1 Issue Order of	Php	2 minutes	Admin Staff
Office.	Payment and	100.00	Z minutes	City
Office.	direct the	per		Administrator's
	applicant to pay	clearance		Office
	the amount at the	olcaranoc		Onioc
	City Treasurers			
	Office.			
	Omoc.			
	1.2 Receive the	None	5 minutes	Admin Staff
	Official Receipt	_		City
	and prepare the			Administrator's
	clearance.			Office
	1.3 Sign the	None	2 minutes	City
	Mayor's	1,0110	2 1111110100	Administrator
	Clearance.			City



TOTAL:	None	16 Minutes	Office
			Administrator's





10. Conduct of Technical Conference/meeting with different organizations/sectors

Due to the many issues and concerns of different sectors that require the intervention and/or assistance of the City Government, the City Administrator's Office, being the alter-ego of the Office of the Mayor, calls and presides technical conferences/meetings to address and/or find solutions to problems raised and/or sought for by the many sectors of the City.

Office or Division:	City Administrator's Office			
Classification:	Simple			
Type of Transaction:	G2C – Government	to Citizen		
Who may avail:	All sectors in the cit	V		
	REQUIREMENTS WHERE TO SECURE			URE
1. Request Letter a	sking for assistance			
and/or complaints f		Affected se	ctors/Organization	S
sectors (1 Original	Copy)		· ·	
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit letter-	1. Receive the	None	2 minutes in	Admin Staff
request and/or	request letter and		receiving and	City
complaints on	log the same in		logging of letter	Administrator's
certain	the record book.			Office
issue/concern				
affecting them the	1.1 Submit the	None	2 minutes	Admin Staff
sector concerned	letter to the City			City
	Administrator for			Administrator's
	evaluation and			Office
	eventual courses			
	of action to be			
	undertaken.			0''
	1 O Dood the letter	None	E minutes	City
	1.2 Read the letter	None	5 minutes	Administrator
	& direct the staff to write letters of			City Administrator's
	invitation for the			Office
	Technical			Office
	Conference/meeti			
	ng.			Admin Staff
	1.3 Prepare the	None	5 minutes per	City
	letter.	140110	invite	Administrator's
	lottor.		IIIVICO	Office
				000
				Admin Staff
	1.4 Sign the letter	None	2 minutes per	City
	invitations.		invite	Administrator's
				Office
	TOTAL:	None	16 Minutes (or	





more
depending on
the number of
invitees)





11. Issuance of Mayor's Special Permit

Aside from the regular permits being issued by the Business Permits and Licensing Office (BPLO), the City Government, through the City Administrator, issues Special Permits for various promotional and/or business activities in the city which last for a short duration of time. This includes Motorcades, Ricordia, Tianggean/Perya, Promotional Activities, etc.

Office or	City Administrator's Office			
Division:				
Classification:	Simple			
Type of Transaction:	G2C – Government	to Citizen		
Who may avail:	Business establishr	ments and/or	residents having s	special events
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Barangay Busine Original Copy)	Barangay Business Clearance (1 Original Copy)		Sovernment where	the event is to
2. Letter request for event(1 Original Co		Applicant		
3. Authority/Contractions owner of the venue would be held (1 C	ct issued by the where the event original Copy)	Owner of ve	enue	
4. Official Receipt (payment (1 Origina	,	City Treasu	rer's Office	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all documents listed above to any employee of the City Administrator's Office .	1. Receive and review the Required Documents, and submit the same to the City Administrator for approval. 1.1 Issue Order of Payment and direct the	Varies depending on the	5 minutes in reviewing all documents 2 minutes	Admin Staff City Administrator's Office Admin Staff City Administrator's
	applicant to pay the amount at the City Treasurers Office.	event but not below Php 500.00		Office
	1.2 Receive the Official Receipt and prepare the Special Permit.	None	5 minutes	Admin Staff City Administrator's Office
	1.3 Sign the Special Permit.	None	2 minutes	City Administrator City Administrator's





			Office
TOTAL:	Not below PHP 500.00	14 Minutes	



Office of the City Administrator – City Information and Communication Technology Office Internal Services





1. Processing of IT Equipment Repair/Maintenance

The IT equipment of the City Government of San Pedro undergo regular maintenance to prevent damage to its software or hardware. However, should there be any problems, the City Information and Communications Technology Office (CICTO) looks into these damages and repairs it accordingly.

Office or Division:	City Information and Communications Technology Office			
Classification:	Complex			
Type of	G2G – Government	t to Governm	ent	
Transaction:	O20 Government	to Governin	Ont	
Who may avail:	Any current city gov	ernment em	plovee or former e	mplovee
	REQUIREMENTS		WHERE TO SEC	
1. IT Equipment Re		01070		
Request Form (1 O	•	CICTO		
2. IT Equipment Re		CICTO		
Form (1 Original Co	ру)	CICTO		
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Accomplish and	1. Receive and	None	5 minutes	Action Officer
submit the Repair	verify the request.			CICTO
and Maintenance				
Request Form	0.5:			A (' Off'
2. Wait for the	2. Diagnose the	None	3 days	Action Officer
resolution or	problem and inform the end-			CICTO
result of				
diagnosis.	user of the			
	findings.			
	Notes:			
	If serviceable			
	equipment, repair			
	the IT equipment.			
	the H equipment.			
	• If unserviceable,			
	draft a			
	recommendation			
	letter for disposal.			
3. Wait for the	3. Repair the	None	Simple – 3 days	Computer
serviceable	equipment.		Moderate – 7	Technician
equipment to			days	CICTO
undergo repair.			Complex –14	
			days	
4. Wait for IT	4. Release IT	None	10 minutes	Computer
equipment to be	equipment			Technician
released.				CICTO





	None		Computer Technician CICTO
TOTAL:	None	Simple – 6 Days and 15 Minutes Moderate – 16 Days and 15 Minutes Complex – 16 Days and 15 Minutes	





2. Processing of Local Area Network Cabling Setup

The CICTO can set-up a local area network at the various offices to establish internet connectivity, which has become essential to the overall productivity and efficiency of the departments, when it comes to performing their duties and responsibilities. In addition, CICTO also provides technical assistance for the installation of mobile devices such as multimedia projectors and printers.

Office or Division:	City Information and Communications Technology Office			
Classification:	Complex			
Type of	G2G – Government	t to Governm	ent	
Transaction:				
Who may avail:	Any current city gov	ernment em		
	REQUIREMENTS WHERE TO SECURE			URE
1. IT Equipment Re Request Form (1 or	•	CICTO		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish and submit the Repair and Maintenance Request Form.	Receive and verify the request.	None	5 minutes	Action Officer CICTO
2. Wait for action officer to assess the location/site	2. Receive and verify the request.	None	10 minute	Action Officer CICTO
	2.1 Assess the location/site	None	1 hour	Action Officer CICTO
4. Wait for staff-incharge to set up LAN Cables.	4. Install and configure LAN cables.	None	Simple – 4 hours Moderate – 3 days Complex – 7 days	Computer Technician CICTO
	Total:	None	Simple – 4 Hours and 20 Minutes Moderate – 3 Days, 3 Hours, and 20 Minutes Complex – 7 Days, 3 Hours, and 20 Minutes	





3. Processing of IT Equipment and Software Recommendation

CICTO provides the appropriate specifications for equipment and software based on the nature of work or function of requesting department/office/employee.

Office or	City Information on	d Communica	tiona Tachnalagu	Office
Division:	City Information and Communications Technology Office			
	Commission			
Classification:	Complex			
Type of	G2G – Government to Government			
Transaction:)			
Who may avail:	Various City Departments and Offices			
	REQUIREMENTS	<u> </u>	WHERE TO SEC	_
Approved letter r	equest (1 Original	City Departi	ment/Office Heads	5
Copy)	T			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit	1. Receive	None	1 day	Administrative
approved letter	approved letter			Staff
request for the	request.			CICTO
acquisition of IT	4.4.0	N1	4 1.	A . (Off
equipment/softwar	1.1 Conduct	None	1 day	Action Officer
e.	interview to the			CICTO
	requesting			
2. Wait for the	department/office	Niana	4 45.7	Antina Officer
	2. Draft	None	1 day	Action Officer CICTO
recommendation	comments/recom			CICTO
of CICTO	mendation letter			
	with appropriate			
	equipment/softwar e specifications.			
2 Pagaiya final	4. Release	None		Administrative
3, Receive final recommendation	comments/recom	None		Staff
from the CICTO.	mendation letter			CICTO
	with appropriate			CICTO
	technical			
	specifications.			
	•	None	2 Dave	
	Total:	None	3 Days	



4. Processing of Inspection for all delivered IT Equipment and Peripherals

The CICTO Inspector will be responding to inspect and verify if the delivered IT equipment and peripherals based on P.O or contract are compliant to the required quality and specifications. The CICTO Inspector will certify and secure a copy of the IT Equipment Inspection Certification and shall certify with the Acceptance and Inspection Report from the General Services Office.

Office or Division:	City Information and Communication Technology Office			
Classification:	Simple			
Type of	G2B – Government	to Business	Entity	
Transaction:			•	
Who may avail:	Supplier, Contracto	r		
CHECKLIST OF				
1. Purchase Order			rvices Office and F	Procurement
2. Acceptance and		Office		
3. Delivered equipm				
4. Technical Specif				
5. Notice of Deliver				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit Notice of Delivery.	1. Receive Notice of Delivery and inform the inspectorate of the schedule.	None	5 minutes	Administrative Staff CICTO
2. Inspect the delivered items together with CICTO Inspectorate.	2. Draft a certification for the delivered items.	None	1 day for less than 20 items and 3 days for more than 20 items	Action Officer CICTO
3. Receive final recommendation with technical specifications.	3. Release comments/recom mendation letter with technical specification.	None	5 minutes	Administrative Staff CICTO
	TOTAL:	None	1 Day and 10 Minutes for less than 20 items; 3 Days and 10 Minutes for more than 20 items	



Office of the City Mayor

Internal Services



1. Approval on All Requests/Communications from the Departments/Units Concerned

The City Government Departments can issue requests to the Office of the Mayor for various purposes to exercise their respective functions effectively.

Office or	Office of the City Mayor			
Division:				
Classification:	Simple			
Type of	G2G – Government to Government			
Transaction:				
Who may avail:	All Departments of t	the City Gove		
	REQUIREMENTS		WHERE TO SEC	URE
1. Letter Request (1 Photocopy)	l Original Copy, 1	Requesting Department/Unit		
2. All attachments to	a the letter (1	Requesting Department/Unit		
	otocopy depending	requesting	Department/Onit	
on the document)	lotocopy depending			
,	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Submit letter	1. Receive and	None	2 minutes	Clerk (Job
request for	encode the	None	Z minutes	Order)
approval of the	request letter.			OM
City Mayor.	Toquot lottor.			OW
ony mayor.				
	1.1 Segregate	None	3 minutes	Admin Aide (Job
	incoming			Order)
	documents and OM			
	prepare summary.			
	1.2 Review, sign	None	1 day	City Mayor
	and make the			OM
	appropriate			Or
	marginal note on			Executive
	the request and its			Assistant IV
	related			OM
	documents.			
	405			
	1.3 Encode the	None	3 minutes	Admin Aide (Job
	outgoing			Order)
	documents and			Or Clark (Jah
	forward it to the			Clerk (Job
	respective			Order)
	department or office.			ОМ
	onice.			
	TOTAL:	None	1 Day and 8	
	. •		Minutes	
	l	l		



2. Approval on Financial Assistance - Php 5,000 and above

The City Social Welfare and Development Office (CSWDO) handles various financial assistance. Requests (medical, burial and other kind of assistance) of the City amounting to Php 5,000.00 and above. Before releasing it to the beneficiary, they must first seek approval from the Office of the City Mayor.

	Office of the City Mayor				
Division: Classification:	Cimple				
	Simple G2G – Government to Government				
Type of Transaction:	G2G – Government	. to Governm	ent		
	All Departments of t	the City Cove			
Who may avail: CHECKLIST OF F	All Departments of t	ine City Gove		LIDE	
		llaanitalla	WHERE TO SECURE		
1. Medical Abstract/	Medicai Certificate	Hospital where the client is admitted			
(1 Original Copy)	anny (1 Original	Dorongov U	lall whara the alian	t rooidoo	
2. Certificate of Indig	gency (1 Original	Barangay H	lall where the clien	it resides	
Copy)	/1 Original or	Funeral Der			
3. Funeral Contract	•	Funeral Par	IOI		
Certified True Copy		City Civil Da	agiotror's Office (C	CBO)	
4. Death Certificate Copy) – in case of E	•	City Civil Re	egistrar's Office (C	UKU)	
		COMELEC	San Dadra		
5. Voter's Certification	on (1 Ongmai	COMELEC	San Feuro		
Copy) 6. Valid Governmen	t leaved LD /1	Any govern	mont aganov that i	oouoo volid	
Photocopy)	t issued i.D. (i	Any government agency that issues valid identification.			
	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Submit financial assistance request with the attached case study signed by the CSWDO Head and other supporting documents.	 Check, receive and encode the Financial, Medical or Burial Assistance and endorse to the City Mayor for approval. Review, approve and indicate the amount of financial assistance to be given. 	None	5 minutes 1 day	Admin Aide (Job Order) OM City Mayor OM Or Aran Jay G. Sicat Executive Assistant IV	





1.3 Encode the approved Financial Assistance and forward to the City Budget Office for Obligation Request (OBR)	None	3 minutes	Clerk City Mayor's Office
preparation.			
TOTAL:	None	1 Day and 8 Minutes	



Office of the City Mayor

External Services





1. Free Use of Monobloc Chairs, Tables and Tents

Clients may request for logistical assistance from the Office of the Mayor, such as borrowing of monobloc chairs, tables, tents, parachute tents, steel barriers and stage for their events.

Office or	Office of the City Ma	ayor		
Division:	, ,			
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Citizens of San Ped	lro		
	REQUIREMENTS		WHERE TO SEC	
1. Letter Request (* Photocopy)	1 Original Copy, 1	Requesting	Client/Organization	on
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter request for approval of the City Mayor.	1. Receive the request letter and hand the Client Borrower's Information Slip to be filled-out. (Note: Only request letter submitted Ten (10) working days prior to the event for outside requests and five (5) working days prior to the LGU/Department event will be received)	None	3 minutes	Clerk (Job Order) OM Or Admin Aide (Job Order) OM
	1.1 Forward request letter to the City Mayor or Executive Assistant IV for approval.	None	2 minutes	Private Secretary I OM
	1.2 Affix note for approval and endorsement to concerned personnel.	None	1 day	City Mayor OM Or Executive Assistant IV OM
	1.3 Schedule the delivery of said items upon the approval of the City Mayor or Executive	None	5 minutes	Private Secretary I OM





Assistant IV a day before the event or occasion.			
TOTAL:	None	1 Day and 10 Minutes	



2. Transportation Services for Official Business/Travels and Other Social Services (Funeral)

Transport can be availed of from the Office of the Mayor for use in official travels for mobility of the constituents of the City of San Pedro

Office or Division:	Office of the City Mayor			
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:	O20 Government	to Ottizeri		
Who may avail:	Citizens of San Ped	Iro		
	REQUIREMENTS		WHERE TO SEC	URE
1. Letter Request (1 Original Copy, 1	Requesting	Client	
Photocopy)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter request for approval of the City Mayor.	1. Receive the request letter for vehicle. (Note: Only request letter submitted Fifteen (15) working days prior to the event for outside event duly endorsed by the barangay and ten (10) working days prior to the LGU and Barangay event will be received)	None	2 minutes	Clerk (Job Order) OM
	1.1 Forward the letter to the City Mayor/Private Secretary for approval.	None	3 minutes	Administrative Officer OM
	1.2 Affix note for approval and endorsement to the concerned personnel.	None	1 day	City Mayor Or Executive Assistant IV OM
	1.3 Endorse the approved letter to General Services Office for dispatch.	None	5 minutes per request	Administrative Officer OM
	TOTAL:	None	1 Day and 10 Minutes	





3. Provision of Food for Events

In events conducted by groups of the City of San Pedro, food can be requested which will be served to the participants.

Office or Division:	Office of the City Mayor				
Classification:	Simple				
Type of	G2C – Government to Citizen				
Transaction:	020 00000000000000000000000000000000000	G2C - Government to Chizen			
Who may avail:	Citizens of San Ped	lro			
	REQUIREMENTS		WHERE TO SEC	URE	
1. Letter Request (1 Original Copy, 1	Requesting	Client		
Photocopy)			-		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
	1. Receive and	None	5 minutes	Clerk (Job	
1. Submit letter	encode the			Order)	
request for	request.			OM	
approval of the	(Note: Only request letter submitted Ten				
City Mayor.	(10) working days				
	prior to the event				
	Barangay event will be received)				
	be received)				
	1.1 Forward the	None	5 minutes	Clerk (Job	
	request to the City			Order)	
	Mayor/Executive OM				
	Assistant IV for				
	approval.				
	1.2 Review, sign	None	1 day	City Mayor	
	and make the		·	Or	
	appropriate			Executive	
	marginal note on			Assistant IV	
	the request and its			ОМ	
	related				
	documents.				
	1.4 Coordinate	None	5 minutes	Private	
	and endorse with	140110	O mindeo	Secretary II	
	the procurement			OM OM	
	office as to the				
	details of the food				
	request.				
	TOTAL:	None	1 Day and 20		
			Minutes		





4. Scheduling of Local Chief Executive (LCE) Activities

For those who wish to request for the LCE to make an appearance, a request can be made with the Office of the Mayor. This includes

Office or	Office of the City Mayor				
Division:	and any may a				
Classification:	Simple	Simple			
Type of	G2C – Government	to Citizen			
Transaction:					
Who may avail:	Citizens of San Pec	Iro			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Letter Request (1 Photocopy)	l Original Copy, 1	Requesting	Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit letter request for	1. Receive and encode the request letter.	None	5 minutes	Clerk (Job Order) OM	
approval of the City Mayor.	1.1 Forward the request letter to the clerk assigned and Executive Assistant IV for inclusion to the schedule.	None	5 minutes	Clerk (Job Order) OM	
	1.2 Prepare the appropriate schedule based on the availability and approval of the LCE.	None	1 day	Private Secretary I OM	
	TOTAL:	None	1 Day and 10 Minutes		





5. Scheduling and Approval of Events Place

For those who wish to request for the LCE to make an appearance, a request can be made with the Office of the Mayor. This includes San Pedro Astrodome and Rosario Complex Evacuation Center.

Office or Division:	Office of the City Mayor			
Classificat ion:	Simple			
Type of Transaction:	G2C – Government to Citize	n		
Who may avail:	Citizens of San Pedro			
CHECKL	IST OF REQUIREMENTS		WHERE TO SEC	CURE
1. Letter Red Photocopy)	quest (1 Original Copy, 1	Requestin	g Client	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter request for approval of	Receive and encode the request letter. The request letter is a second of the letter. The receive and encode the request letter.	None	5 minutes	Clerk (Job Order) OM
the City Mayor.	request for approval.	None	5 minutes	Public Relations Officer I Or Admin Aide (Job Order)
	1.2 Review, sign and make the appropriate marginal note on the request and endorse it to the respective secretary.	None	1 day	OM City Mayor Or Executive Assistant IV OM
	1.3 Prepare the appropriate schedule based on the availability of the events place.	None	5 minutes	Admin Aide (Job Order) OM
	1.4 Inform the requestor/groups as to the confirmed schedule of their usage of the events place.	None	5 minutes	Public Relations Officer I OM
	TOTAL:	None	1 Day and 30 Minutes	



6. Approval of Financial Assistance (Araw ng Mamamayan) - Php 4,000 and Below

The City Social Welfare and Development Office (CSWDO) handles various financial assistance requests (medical, burial and other kind of assistance) of the City amounting to Php 4,000.00 and below.

Office or	Office of the City Mayor			
Division:	Cimala			
Classification:	Simple	to Citizon		
Type of	G2C – Government		.m4	
Transaction:	G2G - Government		ent	
Who may avail:	Citizens of San Peo	iro	WILEDE TO OFG	NIDE.
	REQUIREMENTS	11 24 1 1	WHERE TO SEC	
1. Medical Abstract		Hospital wh	ere the client is ad	Imitted
Certificate (1 Certifi				
2. Certificate of Indi	gency (1 Original	Barangay h	all where the clien	t resides
Copy)				
3. Funeral Contract	` -	Funeral par	lor	
Certified True Copy				
4. Death Certificate	(1 Certified True	City Civil Re	egistrar's Office (C	CRO)
Copy)				
5. Voter's Certificat	ion (1 Original	COMELEC	San Pedro	
Copy)				
6. Valid I.D. (1 Phot		Requesting		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. CSWDO endorsed the batches of Financial Assistance with Case Study and Complete Documents attached	1. Receive the batches of Financial Assistance Documents from the City Social Welfare and Development Office (CSWDO) 1.1 Review and assess the FA documents and indicate the amount of financial assistance to be given.	None	5 minutes 1 Day	CAA Or Private Secretary II OM City Mayor Or Executive Assistant IV OM
	1.2 Prepare the	None	5 minutes	Private





	Ob Bara Cara			0-5
	Obligation Requests with the attached batches for signature of the Mayor.			Secretary II OM
	1.3 Approve and sign the Obligation Requests and the batches of FA documents.	None	1 day	Executive Assistant IV OM
	1.4 Endorse the Obligation Request to the City Budget for signature and encoding in the system.	None	5 minutes	Private Secretary II Or Admin Aide (Job Order) OM
	1.5 Process the OBR and DV for signature of Budget, Accounting and Check Preparation for Treasury.	None	1 day	City Accounting Office City Treasury Office
	1.6 Sign the financial check and its DV.	None	1 day	City Mayor OM
	1.7 Record signed check and forward to the City Accounting Office.	None	5 minutes	Admin Aide (Job Order) OM
	1.8 Inform/contact client through text or call for the date and time of release for the Araw ng Mamamayan.	None	5 minutes	Alfred Malate Jr. Admin Aide (Job Order) OM
2. Proceed to the	2. Release the	None	5 minutes	CAA
	I		l .	l .





City Hall Building on the given time and date as per the batch of Araw ng Mamamayan	client.			Or Disbursing Clerk City Treasurer's Office
	TOTAL:	None	4 Days and 30 Minutes	



City Disaster Risk Reduction and Management Office

External Services





1. Request for Conduct of Disaster Awareness and Preparedness Trainings/Drills/Lectures/Seminars

The City Disaster Risk Reduction and Management Office's (CDRRMO) Disaster Awareness and Preparedness Trainings/Drills/Lectures/Seminars are being conducted as requested by citizens and stakeholders in order to have knowledge and preparedness with regard to the different hazards the city may face as well as the conduct of simulation drills in order to be familiarize with the things and actions to be considered when a disaster strike.

Office or Division:	City Disaster Risk Reduction and Management Office (CDRRMO) - Administration and Training Division			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	All			
CHECKLIST OF F	REQUIREMENTS		WHERE TO S	SECURE
1. Request Letter (1 C	Original)	Client		
CLIENT STEPS	AGENC Y ACTION S	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Approved Request Letter from the Local Chief Executive / City Administrators Office to the CDRRMO, detailing the type/topic of seminar/lecture/ training/ hazard/s for drill as well as the suggested date, time, and venue. The requester/ client should also indicate his/her contact information	1. Review the completeness of the submitted requirements. * Inform the requester if there is/are deficiency. 1.1 Receive the requirements by signing to the receiving copy with the date and time. 1.2 Scan and encode the received document to the Incoming Files. 1.3 Submit the request letter together with the training design	None None None	2 minutes 2 minutes 3 minutes	LDRRM Assistant Or Clerk CDRRMO LDRRM Assistant Or Clerk CDRRMO LDRRM Assistant Or Clerk CDRRMO LDRRM Assistant Or Clerk CDRRMO





		PH.	
of Disaster			CDRRMO
Awareness and Preparedness			
Trainings/Drills/L ectures/Seminar			
to the Local			
Disaster Risk Reduction and			
Management	None	2 minutes	
Officer.			
1.4 Approve and endorse the			Local Disaster
request to the			Risk Reduction and Management
Administration and Training	None	10 minutes	Officer CDRRMO
Division for			ODITION
action.			
1.5 Verify the schedule and			LDRRMO II Or
availability of the			Administration
personnel/team to be deployed			and Training Officer
as well as the program for the	None	5 minutes	Or
activity.			Administration and Training
			Staff CDRRMO
1,6 Final assessment,			
review and	None	3 minutes	L <i>DRRMO II</i> Or
scheduling of the approved			Administration
1.7 Final			and Training Officer
approval of the			CDRRMO
program, schedule, and			Local Disaster
deployment of			Risk Reduction and Management
Local Disaster Risk Reduction	None	5 minutes	Officer
and Management			CDRRMO
Officer for the			
request.			
1.8 Coordinate with the			LDRRM
requester/client			<i>Assistant</i> Or
for the final schedule and			Clerk
program of the			CDRRMO





requested Disaster Awareness and Preparedness Trainings/Drills/L ectures/Seminar s to be conducted.			
TOTAL:	None	42 Minutes	





2. Request for accreditation of Accredited Community Disaster Volunteers (ACDV) of City of San Pedro

The City Disaster Risk Reduction and Management Office's (CDRRMO) accredited different volunteers to an Accredited Community Disaster Volunteers (ACDV) to have a harmonious coordination and communication towards efficient and effective response management during disaster and emergencies.

	T			
Office or Division:	City Disaster Risk (CDRRMO) - Adm			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	All			
CHECKLIST OF	REQUIREMENTS		WHERE TO S	SECURE
1. Accomplished Volume Form (CDRRMO For		Requested	d Client	
Certification from S DOLE, DSWD or any agency.		Requested	Client	
3. Signed financial st preceding year	atement of the	Requested	Client	
4. Documentation / Certification or proof that DRRM is one of the primary activities of the organization		Requested Client		
5. Documentation / C proof of at least (2) ye experience.		Requested	Client	
6. Proof of physical o with basic furniture a		Requested	Client	
CLIENT STEPS	AGENC Y ACTION S	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Receiving of pertinent transaction documents	1. Review the completeness of the submitted requirements.	None	5 minutes	LDRRM Assistant Or Clerk CDRRMO
	1.1 Receive the requirements by signing to the receiving	None	1 minute	LDRRM Assistant Or Clerk CDRRMO
	copy with the date and time.	None	2 minutes	LDRRM Assistant





1.2 Scan and encode the received documents to the Incoming			Or <i>Clerk</i> CDRRMO
Files.	None	15 minutes	LDRRM Assistant
1.3 Submit all pertinent documents by the requestee to the Local Disaster Risk Reduction and Management Officer for verification and recommendati			Or Clerk CDRRMO
on. 1.4 Endorse all pertinent documents for further review and evaluation to the CDRRMC chairperson for approval and disapproval of application.	None	15 minutes	Local Disaster Risk Reduction and Management Officer CDRRMO
TOTAL:	None	38 Minutes	





3. Request for DRRM-related data and/ or materials

The City Disaster Risk Reduction and Management Office's (CDRRMO) Research and Planning Services - Request for DRRM-related data and/or materials are being conducted as requested by citizens and stakeholders in order to provide them with the necessary DRRM-related data and/or materials necessary for their needs, mostly for research, study and academe requirement. Also, it provides our citizens the knowledge as regards to the hazard/s and risk/s a certain geographical location is into.

Office or Division:	City Disaster Risk Reduction and Management Office (CDRRMO) - Research and Planning Division			
Classification:	Simple			
Type of Transaction:	G2C - Government	to Citizen		
Who may avail:	All			
CHECKLIST O	F REQUIREMENTS		WHERE TO S	SECURE
1. Request Letter (1 original)	Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit Request Letter to the CDRRMO, detailing the requested DRRM-related data, purpose, and details of the requester (complete name and contact details).	1. Review the completeness of the submitted requirements. * Inform the requester if there is/are deficiency. 1.1 Stamp and receive the requirements by signing to the receiving copy with the date and time.	None	2 minutes 2 minutes	LDRRM Assistant Or Clerk CDRRMO LDRRM Assistant Or Clerk CDRRMO
	1.2 Scan and encode the received document to the Incoming Files.	None	3 minutes	LDRRM Assistant Or Clerk CDRRMO
	1.3 Submit the request to the Local Disaster Risk Reduction and Management Officer.	None	2 minutes	LDRRM Assistant Or Clerk CDRRMO Local Disaster





	TOTAL:	None	46 Minutes	
2. Receive the Certification by signing the receiving copy with the date and time.	2. Release the requested document/material and have it received by the requester/client through signing the receiving copy with date and time.	None	2 minutes	LDRRM Assistant Or Clerk CDRRMO
	requested document/ material. *If not available, the request will be endorsed to the concerned office/ division and inform the requester/ client.	INOLIG	50 minutes	Clerk CDRRMO
	1.4 Approve and endorse the request to the Research and Planning Division for action. 1.5 Prepare	None None	2 minutes 30 minutes	Risk Reduction and Management Officer LDRRMO LDRRM Assistant Or





4. Issuance of Faultline Information

The City Disaster Risk Reduction and Management Office's (CDRRMO), as part of the mitigation measure for earthquake, issues a Faultline Information address to the Office of Building Official (OBO) in order to assess if a certain development is within or without the five (5) meter buffer zone of a nearest active fault line. Research and Planning Services - Issuance of Faultline Information is also being conducted as requested by citizens and stakeholders in order to provide them with the distance of a certain property and/or development wherein they will be provided with knowledge as regards to the risk/s it faces and will help them to implement the necessary mitigation measures needed.

City Disaster Rick Reduction and Management Office

Office or Division:	City Disaster Risk Reduction and Management Office (CDRRMO) - Research and Planning Division			
Classification:	Simple			
Type of Transaction:	G2C - Governme	nt to Citizen		
Who may avail:	All			
CHECKLIST OF	REQUIREMENTS		WHERE TO S	ECURE
Any proof of ownership Photocopy of Land Title (1 Copy) Photocopy of Tax Declaration (1 Copy)		Client		
2. Site Development	Plan (if available)	Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide details such as name of owner, name of requester/ representative, complete address/ location of the property using the log book, and submit the requirements.	1. Review the details provided in the log book and verify the information as well as the submitted requirements.	None	5 minutes	LDRRM Assistant Or Clerk CDRRMO
2. Pin point the exact location in the Fault Finder Map of DOST- PHIVOLCS Site.	2.Verify the exact location pin- pointed by the requester/ representative in the Fault Finder Map of DOST-PHIVOLCS Site.	None	3 minutes	LDRRM Assistant Or Clerk CDRRMO





2 Mait familia		NI	0	I DDDM Assistant
3. Wait for the signed Faultline Information Form together with the attached map generated from the Fault Finder Map of DOST-PHIVOLCS Site.	3. Accomplish and prepare the Faultline Information Form and generated the map with the exact location pin- pointed by the requester/ representative from the Fault Finder Map of DOST-PHIVOLCS Site.	None	2 minutes	Clerk CDRRMO
	3.1 Print the Faultline Information and map generated from the Fault Finder Map of DOST-PHIVOLCS Site.	None	1 minute	LDRRM Assistant Or Clerk CDRRMO
	3.2 Submit the Faultline Information and map generated from the Fault Finder Map of DOST-PHIVOLCS Site to the Immediate Supervisor.	None	2 minutes	LDRRM Assistant Or Clerk CDRRMO
	3.3 Review and sign the Faultline Information and map generated from the Fault Finder Map of DOST-PHIVOLCS Site to the Immediate	None	5 minutes	Local Disaster Risk Reduction and Management Officer CDRRMO





	Supervisor.			
4. Receive the requested document.	4. Release the original copy of the signed Faultline Information and Fault Finder Map and have it received by the requester/representative through signing the receiving copy with date and time.	None	2 minutes	LDRRM Assistant Or Clerk CDRRMO
	TOTAL:	None	20 Minutes	





5. Disaster Response Services

The City Disaster Risk Reduction and Management Office's (CDRRMO) Operations and Warning Services - Disaster Response Services are being conducted in order to address the different emergency, incident or disaster in the city in order to preserve life and property of the city's citizens.

Office or Division:	City Disaster Risk	Poduction a	und Managaman	at Office
Office of Division.	(CDRRMO) - Ope		•	
Classification:	Simple	Simple		
Type of Transaction:	G2C - Governmer	G2C - Government to Citizen		
Who may avail:	All			
CHECKLIST OF R	EQUIREMENTS		WHERE TO S	ECURE
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call the emergency hotline of the city and provide the following details: Details: Incident/ Emergency Complete Address or location of the emergency Contact information of the requester/ caller.	1. Receive the call and ask for the details of the untoward incident or emergency. Details: - Incident/ Emergency - Complete Address or location of the emergency - Contact information of the requester/ caller. 1.1 Provide the information about the reported untoward incident or emergency	None	2 minutes 2 minutes	Call Taker Or Radio Operator CDRRMO Call Taker Or Radio Operator CDRRMO
	1.2 Respond to	None	20 minutes	





within the 20- minute response time.	None	24 Minutes	assigned response team
the reported untoward incident or emergency			San Pedro Aktibo Rescue Crew (SPARC) or



City Youth and Sports Development Office

External Services





1. Youth Organization Registration Program

Registration program for the eligibility on subsidy/grants/ assistance and partnership with the youth development program of city government.

Office or Division:	City Youth & Sports Development Office			
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Community Based `	Youth Organi	zation	
CHECKLIST OF F	REQUIREMENTS	CHEC	KLIST OF REQ	UIREMENTS
1. Identification Card	d (1 Original Copy,	President of	f Community Ba	sed Youth
2 Photocopies)		Organizatio		
2. Registration Form			& Sports Develor	
3. List of Officers (2			Based Youth O	
4. List of Members (2			Based Youth O	
Organization By-L Copies)		Community	Based Youth O	rganization
6. Endorsement fron				rman or Office of
Chairman or Sanggu		the Sanggu	niang Kabataan	Council
Council Resolution F				
existence of the you	` `			
Original Copy, 1 Pho		FFFC TO	DDOCESSIN	DEDCON
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit all	1. Accept the	None	3 minutes	Youth
requirements to	requirements.			Development
the City Youth &				Staff
Sports				CYSDO
Development	4.0.06 1.46 -	Nissa	F minutes	Valida
Office	1.2 Check the	None	5 minutes	Youth
	requirements.			Development Staff
				CYSDO
				01000
	1.3 Verify the	None	3 days	Youth
	submitted		0 0.0.70	Development
	documents.			Staff
				CYSDO
	1.4 Encode the	None	1 hour	Youth
	submitted			Development
	requirements to			Staff
	the Database.			CYSDO
	1.5 Approve the	None	1 hour	Officer-in-Charge
	Registration	INOILE	i noui	CYSDO
	Application.			01000
				Youth





1.6 Prepare and print the Certificate of Registration.	None	1 hour	Development Staff CYSDO
1.7 Sign the Certificate of Registration.	None	2 Days	Youth Development Staff CYSDO
1.8 Update the Applicant about the releasing of the Certificate of Registration.	None	10 minutes	Youth Development Staff CYSDO
1.9 Release the Certificate of Registration.	None	10 minutes	Youth Development Staff CYSDO
TOTAL:	None	5 Days, 3 Hours and 28 Minutes	





2. Sports Club/Association Registration Program

Registration program for the eligibility on subsidy/grants/ assistance and partnership on the sports development program of city government.

Office or Division:	City Youth & Sports Development Office			
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:		to Onizen		
Who may avail:	Community Based S	Sports Club /	Association	
CHECKLIST OF F			WHERE TO SE	CURF
1. Identification Card		President o	f Community Ba	
2 Photocopies)	i (1 Original Copy,	Organizatio		oca routii
2. Registration Form	(2 Original Copies)		& Sports Develo	oment Office
3. List of Officer (2 C			Based Youth O	
4. List of Members (2			Based Youth O	
5. Organization By-L			Based Youth O	
Copies)	` •			
6. Endorsement fron	n the Barangay	Office of the	e Barangay Chai	rman or Office of
Chairman or Sanggu	ıniang Kabataan	the Sanggu	niang Kabataan	Council
Council Resolution F				
existence of the you	` `			
Original Copy, 1 Pho		_		_
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit all	1. Accept the	None	3 minutes	Youth
requirements to	requirements.			Development
the City Youth &				Staff
Sports				CYSDO
Development				
Office	1.1 Check the	None	5 minutes	Youth
	requirements.			Development
				Staff
				CYSDO
	1.2 Verify the	None	3 days	Youth
	submitted	INOITE	3 days	Development
	documents.			Staff
	documents.			CYSDO
				01000
	1.2 Encode the	Nana	1 ha	Vouth
	1.3 Encode the submitted	None	1 hour	Youth
	requirements to			Development Staff
	the Database.			CYSDO
	נווס שמומשמש.			01300
	1.4 Approve the	None	1 hour	Officer-in-Charge
	Registration			CYSDO
	Application.			_





1.5 Prepare and print the Certificate of Registration.	None	1 hour	Youth Development Staff CYSDO
1.6 Sign the Certificate of Registration.	None	2 Days	Youth Development Staff CYSDO
1.7 Update the Applicant about the releasing of the Certificate of Registration.	None	10 minutes	Youth Development Staff CYSDO
1.8 Release the Certificate of Registration.	None	10 minutes	Youth Development Staff CYSDO
TOTAL:	None	5 Days, 3 Hours and 28 Minutes	





3. Financial Assistance Request Processing

Rendering the necessary assistance to Competing Individuals or teams, Registered Youth Organizations and Registered Sports Clubs/Associations.

Office or	City Youth & Sports Development Office				
Division:					
Classification:	Simple				
Type of	G2C – Government	to Citizen			
Transaction:					
Who may avail:	Registered Youth O			sociation,	
		Competing Teams, Competing Individual EQUIREMENTS WHERE TO SECURE			
CHECKLIST OF I		D		CURE	
1. Request Letter an		Requesting	Party		
documents (1 Origin	ai and i				
Photocopy)	AGENCY	FEES TO	PROCESSIN	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Submit a	1. Receive	None	5 minutes	Secretariat	
Request Letter	Request Letter			City Mayor's	
with supporting	and Supporting			Office	
documents to the Office of the Mayor	Documents.				
Office of the Mayor	1.1 Receive	None	3 minutes	Youth	
	request with	INOTIC	3 minutes	Development	
	Action Slip.			Staff	
	/ tourstreampt			CYSDO	
	1.2 Request letter	None	2 minutes	Youth	
	and Supporting			Development	
	Documents			Staff	
	verification and			CYSDO	
	recommendation.				
	1.3 Prepare office	None	10 minutes	Youth	
	recommendation.	INOTIE	10 minutes	Development	
	1000mmondation.			Staff	
				CYSDO	
	1.4 Review and			- 3	
	sign office	None	5 minutes	Officer-in-Charge	
	recommendation.			CSYDO	
	1.5 Doord the				
	1.5 Record the office	None	5 minutes	Youth	
	recommendation.	INOLIC	J minutes	Development	
	1 Joon Million addon.			Staff	
	1.6 Forward the			CYSDO	
	recommendation	None	30 minutes		
	letter to the Office			Youth	
	of the Mayor.			Development	





1.7 Approve the recommendation	None	2 Days	Staff CYSDO
letter. 1.8 Forward the approved recommendation	None	1 Day	City Mayor City Mayor's Office
to respective offices for the releasing process.			Secretariat City Mayor's Office
TOTAL:	None	3 Days and 1 Hour	





4. Availment of Youth Programs

Rendering the necessary assistance to Youth Organizations and Students who might want to avail of the Youth Programs.

Office or	City Youth & Sports Development Office			
Division:				
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:	5 1 1 1 1 1 1 1		<u> </u>	
Who may avail:	Registered Youth O Other Youth Groups			rganizations,
CHECKLIST OF I		Within Carri	WHERE TO SE	CURE
1. Request Letter an	d supporting	Requesting	Party	
documents (1 Origin	al and 1			
Photocopy)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit a	1. Receive	None	5 Minutes	Secretariat
Request Letter	Request Letter			City Mayor's
with supporting	and Supporting			Office
documents to the	Documents.			
Office of the Mayor				
	1.1 Receive	None	3 Minutes	Youth
	Request letter			Development
	with Action Slip			Staff
	from the Office of			CYSDO
	the Mayor			
	1.2 Verify and	None	2 Minutes	Youth
	recommend	INOTIC	2 Milliates	Development
	Request letter			Staff
	and Supporting			CYSDO
	Documents.			01020
	1.3 Prepare office	None	10 Minutes	Youth
	recommendation.			Development
				Staff
				CYSDO
	1.4 Review and	None	5 Minutes	Officer-in-Charge
	sign office	140110	O WIII IGIGG	CYSDO
	recommendation.			31000
	1000mmondation.			
	1.5 Record the	None	5 Minutes	Youth
	office			Development
	recommendation.			Staff
				CYSDO





1.6 Forward recommendation letter to the Office of the Mayor.	None	30 Minute	Youth Development Staff CYSDO
1.7 Approve recommendation letter.	None	2 Days	City Mayor City Mayor's Office
1.8 Notify client of approval.	None	1 Hour	Youth Development Staff CYSDO
TOTAL:	None	2 Days and 2 Hours	





5. Conduct of Sports Clinic /Talent and Special Skills Workshop

Rendering the necessary assistance to Youth Organizations, Sports Clubs, Sangguniang Kabataan and Students who might want to avail of the Sports Clinic / Talent and Special Skills Workshop

Office or	City Vouth & Sports	Developmen	nt Office	
Division:	City Youth & Sports Development Office			
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	Registered Youth Organization, School-Based Organizations,			
	Sports Clubs, Sangguniang Kabataan, Students and Other Youth			
	Groups within San F		,	
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE
1. Request letter and	d supporting	Requesting	Party	
documents (1 Origin				
Photocopy)				
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit	1. Receive	None	5 Minutes	Youth
accomplished	Requirements.			Development
Registration Form				Staff
with corresponding				CYSDO
requirements	1.1 Consolidate	None	3 Days	Youth
	Registrant's Info.	NOHE	3 Days	Development
	rtegistiant's inio.			Staff
				CYSDO
				01020
	1.2 Prepare	None	1 Day	Youth
	Project Proposal.		,	Development
				Staff
				CYSDO
	1.3 Forward the	None	15 Minutes	Youth
	Project Proposal			Development
	to the Office of the			Staff
	Mayor.			CYSDO
	1 / Approve the	None	2 Days	City Mayor
	1.4 Approve the	None	2 Days	City Mayor
	Project Proposal.			City Mayor's Office
				Onice
	1.5 Implement the	None	30 Days	Youth
	Workshop.		20 24,0	Development
				Staff
				CYSDO





TOTAL:	None	38 Days and 35 Minutes	CTSDO
1.7 Issue Certificate to participants.	None	15 Minutes	Youth Development Staff CYSDO
1.6 Assess Participants.	None	2 Days	Sports/Workshop Coordinator





6. Issuance of Sports Equipments

Rendering the necessary assistance to Youth Organizations and Sports Clubs who might want to avail of the free sports equipments for their community sports events.

Office or Division:	City Youth & Sports Development Office			
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	Registered Youth Organization, School-Based Organizations,			rganizations,
CHECKLIST OF I	Other Youth Groups	s within San i		CUDE
CHECKLIST OF I		WHERE TO SECURE		
Request letter and documents (1 Origin		Requesting	Party	
2. Valid I.D. for claim		Requesting	Party	
equipment (1 Origina		requesting	T arty	
	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit a Request Letter with supporting documents to the Office of the Mayor	1. Receive Request Letter and Supporting Documents.	None	5 Minutes	Secretariat City Mayor's Office
Office of the Mayor	1.1 Receive Request letter with Action Slip from the Office of the Mayor.	None	3 Minutes	Youth Development Staff CYSDO
	1.2 Verify Documents and prepare recommendation.	None	2 Minutes	Youth Development Staff CYSDO
	1.3 Prepare office recommendation.	None	10 Minutes	Youth Development Staff CYSDO
	1.4 Review and sign office recommendation.	None	5 Minutes	Officer-in-Charge CYSDO
	1.5 Record the office recommendation.	None	5 Minutes	Youth Development Staff CYSDO
	1.6 Forward the	None	30 Minutes	Youth





recommendation letter to the Office of the Mayor			Development Staff CYSDO
1.7 Approve recommendation letters.	None	2 days	City Mayor City Mayor's Office
1.8 Notify Client of approval.	None	1 hour	Youth Development Staff CYSDO
1.9 Release	None	15 minutes	
Sports Equipment			Youth
to the Requesting			Development
Party.			Staff
			CYSDO
TOTAL:	None	2 Days, 2	
		hours and 15	
		Minutes	





7. Use of San Pedro Sports Complex

Clients may use the San Pedro Sports Complex for their community sports events and other community assemblies.

Office or	City Vouth & Sports	Developmen	nt Office	
Division:	City Youth & Sports Development Office			
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:	S26 Covernment to Chilzen			
Who may avail:	Registered Youth Organization, School-Based Organizations,			
Trie may avam	Other Youth Groups within San Pedro, Other organizations within			
	San Pedro			jamzanono mami
CHECKLIST OF I	REQUIREMENTS WHERE TO SECURE			CURE
1. Request letter and	d supporting	Requesting	Party	
documents (1 Origin			,	
Photocopy)				
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit a	1. Receive of	None	5 Minutes	Secretariat
Request Letter	Request Letter			City Mayor's
with supporting	and Supporting			Office
documents to the	Documents.			
Office of the Mayor			0.14	V 4
	1.1 Receive	None	2 Minutes	Youth
	request form and			Development
	verify schedule.			Staff CYSDO
				CYSDO
	1.2 Endorse	None	2 Minutes	Youth
	request form with	INOTIC	2 Williates	Development
	the recommended			Staff
	and verified			CYSDO
	available date(s).			0.020
			1 Minutes	Officer-in-Charge
	1.3 Approve	None		CYSDO
	request form			
	1.4 Record the	None	5 Minutes	Youth
	approved			Development
	schedule at the			Staff
	Sports Complex			CYSDO
	Calendar.			
	1.5 lecue	None	5 Minutos	Vouth
	1.5 Issue	None	5 Minutes	Youth
	approved request slip.			Development Staff
	onp.			CYSDO
	TOTAL:	None	25 Minutes	01000
	I OTAL.	140116	25 millates	



Gavino Alvarez Lying-In Center

External Services





1. Request for Medical Records: Birth Certificate

A process which covers the period of interviewing the mother to register for the birth certificate.

Office or Division:	Medical Record Section			
Classification:	Simple			
Type of Transaction:	G2C -Government to Citizen			
Who may avail:	In-Patients and Out	-Patients		
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
1. Request form (1	Original Copy)	Record sec	tion	
2. Patient chart (1 C	Original Copy)	OB ward		
3. Authorization Let Copy)	ter (1 Original	Authorizing	Party	
4. Valid I.D. (1 Orig	inal Copy)	Authorizing	Party and Represe	entative
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure Request for Application of Live Birth (Only parent allowed)	1. Provide the client the Application Request Form and instruct them how to fill it out.	None	15 Minutes	Administrative Clerk GALIC
If claimed through a representative: 2. Present authorization letter and ID	2. Check the authorization letter and valid id for verification purposes.	None	5 minutes	Administrative Clerk GALIC
3. Accomplish the form by providing the data Information as required and check the correctness of the Birth Certificate.	3. Checking and validate data fillout.3.1 Prepare the Birth Certificate and forward to the Resident on Duty for Signature.	None None	5 Minutes 5 minutes	Administrative Clerk GALIC Administrative Clerk GALIC





4. Pay the amount	4. Issuance of the	Php 75.00	5 Minutes	Administrative
at the Cashier and	Official Receipt,			Clerk
Present the Proof	Documents			GALIC
of payment	Claimant's			
(Issued Official	Signature at the			
Receipt), and	Birth Certificate			
claim birth	Logbook and			
certificate.	Issue Birth			
	Certificate			
	TOTAL	DI 75 00	05 Minorton	
	TOTAL:	Php 75.00	35 Minutes	





2. Request for Medical Records: Death Certificate

The process to which covers the period of filling out a form until the releasing of a death certificate to the relative of the patient.

Office or	Madical Board Co.	ation		1
Office or Division:	Medical Record Section			
Classification:	Simple			
Type of Transaction:	G2C-Government to Citizen			
Who may avail:	In-Patients and Out	-Patients		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Request form (1	Original Copy)	Record Sec	tion	
2. Patient chart (1	Original Copy)	OB Ward, L	Jrgent Care	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Secure Request for Application of Death Certificate.	1. Provide the client the Application Request Form and instruct them how to fill it out.	None	8 minutes	Administrative Clerk GALIC
	1.1 Check the correctness of data provided.	None	5 minutes	Administrative Clerk GALIC
2. Accomplish the form by providing the data	2. Checking and validate data fillout	None	5 Minute	Administrative Clerk GALIC
Information and check the correctness of the Death Certificate.	2.1 Prepare the Death Certificate and have it signed by the Medical Officer.	None	8 minutes	Administrative Clerk GALIC
	2.2 Issuance of Order of payment.	None	1 Minute	Administrative Clerk GALIC
3. Pay the amount at the Cashier and	3. Validate official receipt and	Php 75.00	5 minutes	Administrative Clerk





secure the official receipt as proof of payment.	release Death Certificate to the relative and have them sign in the logbook			GALIC
	TOTAL:	Php 75.00	32 Minutes	





3. Request for Medical Records: Confinement Certificate

A process covers the period from the receipt of the request up to the issuance of a medical record certificate.

Office or Division:	Medical Record Section			
Classification:	Simple			
Type of Transaction:	G2C-Government to Citizen			
Who may avail:	In-Patients and Out	-Patients		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Request form (1	orm (1 Original Copy) Record section			
CLIENT STEPS	AGENCY ACTIONS			
Fill-up request slip	Retrieve and prepared patient's records.	None	10 Minutes	Administrative Clerk GALIC
2. Wait for confinement certificate	2. Prepare the confinement certificate.	None	5 Minutes	Administrative Clerk GALIC
	2.1 Issue order of payment.	None	3 Minutes	Administrative Clerk GALIC
3. Pay the amount at the Cashier and present the proof of payment (Issued Official Receipt.).	3. Release the Certificate Php 150.00 Solution in the Solution of the Solution is a second of the Solution in the Solution in the Solution is a second of the Solution in the Solution in the Solution is a second of the Solution in the So			
	TOTAL:	Php 150.00	23 Minutes	





4. Admission of Patients

Admission process in the OB-Ward.

Office or Division:	Admitting Section			
Classification:	Simple	Simple		
Type of Transaction:	G2C			
Who may avail:	In-Patients and Out-Patients			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Patients Chart (1	Original Copy)	Urgent Care	e Department	
2. UC/OPD Record	(1 Original Copy)	UC/OPD		
3. Eligibility Form (formation of Member) (1 Original		Benefits Se	ction	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Seek Consultation in the Urgent Care/Out- Patient Department	1. Check the condition of the patient & necessity for admission.	None	10 Minutes	Physician, Nurse, Midwife, Nursing Attendant GALIC
	1.1 Assist the patient/relative to the Admission Area.	None	1 Minute	Physician, Nurse, Midwife, Nursing Attendant GALIC
2. Go to the Admission Unit for interview.	Check for the availability of beds.	None	2 Minutes	Admission Staff GALIC
	2.1 Interview the patient/relative, explain the Lying-In Policies and assign room and bed.	None	5 Minutes	Admission Staff GALIC Admission Staff
	2.2 Fill-out the data sheet, chart and other documents for	None	5 Minutes	GALIC





	admission. Put-up patient's bracelet for proper identification.			
3. The patient returned to the ER for admission proper.	3. Endorse the patient to the ER Nurse on duty together with the chart.	None	2 Minutes	Admission Staff, Nurse, Midwife, Nursing Attendant GALIC
	3.1 Accompany patient to the assigned ward and endorse the chart to the Nurse on duty.	None	5 Minutes	Admission Staff, Nurse, Midwife, Nursing Attendant GALIC
	TOTAL:	None	30 Minutes (or more depending on the condition of patients)	





5. Discharge of Patients

Discharge process in the OB- Ward.

Office or Division:	OB-Ward			
Classification:	Simple			
Type of Transaction:	Government-to-Citize	en		
Who may avail:	All Patients for disch	arge		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Clinical Abstrac	t (1 Original Copy)	Attached to	patient's chart	
2. Discharge Sum Copy)	mary (1 Original	Attached to	patient's chart	
3. Prescription form	m (1 Original Copy)	Ward Nurse	es Station	
4. Philhealth form	(1 Original Copy)	Philhealth E	Benefit Section	
CLIENT STEPS	AGENCY ACTIONS	FEES TO PROCESSING PERSON BE PAID TIME RESPONSIBLE		
1. Undergo the discharge process.	Order discharge plans on the patient's chart Issue and	Nurse, Mid Administra		Physician, Nurse, Midwife, Administrative Clerk
	accomplish Philhealth forms and Clinical Abstract	None	5 minutes	Physician, Nurse, Midwife, Administrative Clerk
	1.2 Submit the patient's chart and clearance to billing section and issue a Statement of Account (SOA).	None	5 minutes	Physician, Nurse, Midwife, Administrative Clerk
	1.3 Provide SOA to the patient's representative and advise them to proceed to the cashier.	None	5 minutes	Physician, Nurse, Midwife, Administrative Clerk





2. Present the SOA and pay the bill.	2. Check and validate the official receipt	None	5 minutes	Administrative Clerk GALIC
3. Receive discharge summary, laboratory requests, and prescription for take home medications.	3. Instruct the patient and/or representative on discharge plans including health teaching, follow-up schedule and takehome medication/s	Refer to City Revenue Code	10 minutes	Nurse, Midwife GALIC
	3.1. Issue fully accomplished discharge summary and prescription for take home medication/s	None	10 minutes	
	TOTAL:	Refer to City Revenue Code	45 Minutes	





6. Payment of Bills/Order of Payment

This explains the process of the payment of hospital-related expenses to the hospital.

Office or Division:	Business Office			
Classification:	Simple			
Type of Transaction:	G2C – Governme	ent to Citizen		
Who may avail:	In-Patients/Out-P	atients		
CHECKLIST OF RE	QUIREMENTS	\	WHERE TO S	ECURE
1. Patient Chart (1 Or	iginal Copy)	Nursing Stati	on	
2. Charges/Order Of I Original Copy)	Payment (1	X-Ray, Labor	atory, Cashie	r
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE
Request Order of Payment/Statement of Account	1. Give order of payment/statem ent of account to patient	None	5 minutes	Medical Technician Or Nurse GALIC
2. Present statement of account/order of payment to the cashier	2. Issue official receipt and discharge slip/clearance	Refer to City Revenue Code	5 minutes	Cashier GALIC
For in-patients: Present the SOA to the cashier for payment of hospital charges.				
For out-patients: Get an order of payment from X- Ray and Laboratory and present it to the Cashier				
	TOTAL:	Refer to City Revenue Code	10 Minutes	





7. Billing Process

Process of issuance and settlement of bill.

Office or Division:	Administrative Office			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Patients/Relative of Patients			
CHECKLIST O	F REQUIREMENTS		WHERE TO SE	ECURE
1. Patient Chart (1 Original Copy)	Nurse Station	on	
2. Order of Paym Original Copy)	ent/Charges (1	Nurse Station	on	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
Request for statement of account	1. Forward to administrative office patient charts with order of	None	5 minutes	Nurse Or Midwife Or Administrative Clerk GALIC
	payment/charges. 1.1 Prepare statement of account.	None	5 minutes	Nurse Or Midwife Or Administrative Clerk GALIC
	1.2 Return the Patient Chart with the Statement of Account to the Nurse Station to give the same to the patient for settlement of Lying- In charges at the cashiers, or charged to the patient's PhilHealth.	Refer to City Revenue Code	15 minutes	Nurse Or Midwife Or Administrative Clerk GALIC
	TOTAL:	Refer to City Revenue Code	25 Minutes	





8. Philhealth Services

Process of availing Philhealth benefits for admitted patients and outpatients.

Office or Division:	Philhealth Benefit Section			
Classification:	Simple			
Type of Transaction:	G2C – Governmen	G2C – Government to Citizen		
Who may avail:	Member/Immediate	Family Member of Patients		
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
1. Patient Chart (1 0	Original Copy)	Nurse Station		
2. Eligibility Form (1	Original Copy)	Admission Section		
3. Valid ID (1 Origin	al Copy)	Philhealth member		
4. Philhealth membrorm (PMRF) (1 Ori		Philhealth section		
5. Authorization letter Copy)	er (1 Original	Philhealth section		
6. Birth certificate or Original Copy)	f dependent (1	Records section/philhealth member		
7. Claim signature f Copy)	orm (1 Original	Philhealth section/patient's chart		
8. Claim Form 2 (1	Original Copy)	Philhealth section/patient's chart		
9. Blue Form Regis Copy)	try Card (1 Original	Patient's chart		
10. Hearing test res Copy)	sult (1 Original	Patient's chart		
11. Operative recor	d (1 Original Copy)	Patient's chart		
12. Urgent Care red Copy)	cord (1 Original	UC station		
13. Philhealth contr Original Copy)	ibution receipt (1	Philhealth member		
14. Claim form 4 (1	Original Copy)	Patient's chart		
15 Newborn screer Original Copy)	ning sticker (1	Laboratory section		





CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Avail of your Philhealth benefits.	1. Check the status of Philhealth.	None	5 minutes	Philhealth Officer Or Administrative Clerk GALIC
	1.1 Receive requirements 1.2 Generate	None	5 minutes	Philhealth Officer Or Administrative Clerk GALIC
	PBEF Along With The Required Forms Before SOA Will Be Returned To Nurse Station And Will Be Given To Patient For Settlement Of Hospital Charges At Philhealth Station	None	15 minutes	Philhealth Officer Or Administrative Clerk GALIC
	TOTAL:	None	25 Minutes	





9. Outpatient Consultation

This service involves the patient in processing for availment of out-patient department consultation from the time the client went for consultation until the time receives clinical consultation and appointment date for follow-up checkup (if necessary).

Office or Division:	Outpatient Department/ Prenatal consultation				
Classification:	Simple				
Type of Transaction:	G2C – Government	G2C – Government to Citizen			
Who may avail:	All Patients				
CHECKLIST OF	REQUIREMENTS		WHERE TO SECU	JRE	
Individual Treatm (1 Original Copy)	nent Record (ITR)	OPD Records	: Clerk		
2. OPD Card (1 Ori Photocopy)	ginal Copy, 1	OPD Records	: Clerk		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Present OPD number.	1. Prepare (ITR).	pare (ITR). None 3 minu		Nursing Attendant GALIC	
	1.1 New patient – fill out New ITR and give OPD number.	None	3 minutes	Encoder GALIC	
	1.2 Old patient – Present OPD number and retrieved ITR	None	2 minutes	Encoder GALIC	
	1.3 Interview and record the patient's vital signs.	None	2 minutes	Nursing Attendant GALIC	
2. Proceed to Physician for Consultation or request of medical certificate.	2. Assist physician during conduct of consultation	Non San Pedro PHP 150.00	10 minutes	Physician GALIC	





3. Complete discharge process.	3. Schedule the patient for follow-up, procedures and issue referral slip (if applicable).	None	2 minutes	<i>Physician</i> GALIC
	3.1 Provide health Education.	None	4 minutes	<i>Nur</i> se GALIC
	TOTAL:	PHP 150.00	26 Minutes	





10. Urgent Care Department Consultation

This service involves processing patient's triaging from the time that the client submits self for assessment until transfer to the urgent care department for post-triage assessment and disposition.

Office or Division:	URGENT CARE DEPARTMENT			
Classification:	Simple			
Type of Transaction:	G2C – Government	to Citizen		
Who may avail:	All Patients who nee	ed urgent care se	ervices	
CHECKLIST OF	F REQUIREMENTS WHERE TO SECURE			URE
Individual Treatm (1 Original Copy)	nent Record (ITR)	Urgent Care De	epartment	
2. UC-Card (1 Original	inal Copy)	Urgent Care De	epartment	
3. Medico-legal forr	m (1 Original Copy)	Urgent Care De	epartment	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Fill-out Health Declaration Checklist	Issue health declaration checklist.	None	1 minute	Nursing Attendant GALIC
2. Proceed to the Triage Area of the Urgent Care Department for	2. Receive and Categorize patients (Urgent and Non-Urgent).	None	3 minutes	Nurse GALIC
consultation	2.1 Interview and records vital signs	None	4 minutes	<i>Nur</i> se GALIC
	2.2 Referral to physician	None	2 minutes	<i>Nurse</i> GALIC
3. Proceed to the Physician for Consultation and Management	3. Assess the patient and provide immediate urgent care management.	Refer to City Revenue Code	10 minutes	Physician GALIC
	3.1 Advise the patient's significant others on the status /	None	10 minutes	<i>Physician</i> GALIC





		PHILIP	
condition of the patient.			
3.2 If for Admission, inform the patient's significant others for possible Transfer to Hospital of Choice, issue referral, coordinate and transfer the patient.	None	10 minutes	<i>Physician</i> GALIC
3.3 If for Discharge, schedule patients for follow up and/or procedures and provide health education.	None	10 minutes	<i>Nur</i> se GALIC
3.4 If for Medico- legal, record the data to Medico legal form and refer to physician	Medico Legal Certificate – P350.00	3 minutes	<i>Nurse</i> GALIC
3.5 If for Medical or Medico-legal Certificate retrieves the record of the patient, refer to the physician.	None	5 minutes	<i>Nurse</i> GALIC
3.6 If for Animal Bite Cases; record the client to the Animal Bite Logbook and encode to the Urgent care record and refer to the Physician. Issues prescription and	None	10 Minutes	<i>Nurse</i> GALIC





instructs the patient for referral to Animal Bite Center with consent signed in the logbook.			
TOTAL:	Refer to Revenue Code Medico-Legal Certificate Php 350.00	1 Hour and 8 Minutes (or more depending on the patient's condition)	





11. URGENT CARE- Minor Laceration Repair

Performing a minor surgical procedure under local anesthesia inside the urgent care room.

Office or Division:	Urgent Care Department			
Classification:	Simple			
Type of Transaction:	Government -to-Cit	izen		
Who may avail:	Patients advised to	minor surgica	al management as	out patient
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Consent Form		Patients Ch	art	
2. Diagnostic work	up	Laboratory,	Radiology departr	ment
3. Operation Scheo	lule	Resident Ph	nysician on Duty	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at the Urgent Care Room	Assess the patient for minor laceration repair	None	10 minutes	Physicain, Nurse, Nursing Attendant GALIC
2. Wait for name to be called and enter the Urgent Care Department	2. Refer the patient to the Physician 2.1 Secure Consent and take the vital signs	None None	2 minutes 5 minutes	Nurse GALIC Nurse GALIC
	(VS) 2.2 Perform Minor Surgery	Refer to City Revenue Code	1 hour (or more depending on the procedure)	<i>Physician</i> GALIC
3. Listen to post- operative wound care instructions prior to discharge	3. Give post - operative instructions, home meds prescribed and advice for follow-up checkup.	Medical supplies and medicines Refer to City Revenue Code	10 minutes	Nurse





	City Ordinanc e No. 2023-38		
TOTAL :	Refer to City Revenue Code City Ordinanc e No. 2023-38	1 hour and 27 Minutes (or more depending on the procedure).	





12. Normal Spontaneous Delivery

Process of admission of patients to Delivery Room.

Office or Division:	Delivery Room				
Classification:	Simple				
Type of Transaction:	G2C – Government	G2C – Government to Citizen			
Who may avail:	Pregnant Patients				
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE			URE	
1. Patients Chart (1	Original Copy)	Admission U	Jnit		
2. OB Record (1 Or	riginal Copy)	ОВ			
3. Eligibility Form (F Members) (1 Origin		Benefits Section			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Seek consultation in the lying-in	1. Check the condition of the patient and necessity for admission. 1.1 Assist the patient to the Admission Staff	None None	15 Minutes 5 Minutes	Physician Or Midwife Or Nurse GALIC Physician Or Midwife Or Nurse GALIC	
2. Go the Admitting section for interview	2. Look for the availability of beds for admission.	None	1 Minutes	Admission Staff GALIC	
	2.1 Interview the patient/relative and explain the Hospital Policies, give room/bed assignment of the patient.	None	5 minutes	Admission Staff GALIC	
	2.2 Fill-out the Chart, and other documents for	None	5 minutes	Admission Staff GALIC	





	admission, secure consent for admission then put-up patients' bracelets for proper identification.			
3. Patient will be transfer to the delivery room	3. Prepare the Delivery Room, perform Normal spontaneous delivery, and monitor the patient (s).	None	1 hour or more depends to the patient's condition	Physician Or Midwife Or Nurse GALIC
	TOTAL:	None for Philhealth members Refer to City Revenue Code City Ordinanc e No. 2023-38	1 Hour (or more depending on the case of the patients)	





13. Newborn Hearing Screening Test

Screening Test while on a 24-hour admission.

Office or Division:	OB-Ward			
Classification:	Simple			
Type of Transaction:	Government-to-Citi:	zen		
Who may avail:	All newborn patient	S		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Registry Card (1	Original Copy)	Newborn He	earing Screener	
2. DPOAE Result (1 Original Copy)	Newborn He	earing Screener	
3. MAICO ERO·SC	AN	Newborn He	earing Screener	
4. Newborn Data (1	Original Copy)	Nurse or Midwife		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Registration of Newborn for Hearing Test.	1. Re-write all the data of the newborn to the registry card and logbook. 1.1 Perform	None	5 minutes	Nurse Or Midwife Or Screener GALIC Screener
	Hearing Test on both ears.	None	5 minutes	GALIC
2. Present the Statement of Account and pay bill to cashier.	2. For In-patient: Inform the Billing Station-Cashier on Hearing Test.	Phil health Newborn Care Package	10 minutes	Nurse Or Midwife Or Billing Clerk GALIC
	2.1 For Outpatient: Referral slip from the referring unit.	PHP 350.00	5 minutes	Billing Clerk GALIC
3. Releasing of Result	3. Both for Inpatient and Outpatient releasing of Newborn Hearing Screening Test Result within the	None	3 minutes	Screener GALIC





day.			
TOTAL:	PHP 350.00	28 Minutes	





14. Newborn Screening Test

Screening Test while on a 24-hour admission.

Office or Division:	OB-Ward			
Classification:	Simple			
Type of Transaction:	Government-to-Citiz	zen		
Who may avail:	All newborn patient			
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE			
1. Filter Card (1 Ori	ginal Copy)	NBS Coord	inator	
2. NBS Result (1 O	riginal Copy)	NBS Coord	inator	
3. Master lists of Ne	ewborn Logbook	NBS Coord	inator	
4. Releasing Logbo	ook	NBS Coord	inator; Midwives	
5. Pickup Logbook		NBS Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO PROCESSING PERSON BE PAID TIME RESPONSIBL		
Registration of Newborn for Newborn Screening Test.	1. Re-write all the data of the newborn to the filter card and logbook.	None	2 minutes	NBS Coordinator Or Midwife GALIC
	1.1 Perform blood sample extraction.	None	2 minutes	NBS Coordinator Or Midwife GALIC
	1.2 Drying of specimen.	None	4 minutes	<i>Midwife</i> GALIC
	1.3 Ready for pickup of blood sample by courier.	None	5 minutes	NBS Coordinator GALIC
2. Present the Statement of Account and pay bill to cashier.	2. For In-patient: Inform the Billing Station-Cashier on NBS Test.	PHP 1800.00	5 minutes	Nurse Or Midwife Or Billing Clerk





	2.1 For Out- patient: Referral slip from the referring unit.	None	5 minutes	Billing Clerk GALIC
3. Releasing of Result	3. Both for Inpatient and Outpatient releasing of Newborn Screening Test Result within 2 weeks.	None	3 minutes	NBS Coordinator Or Midwife GALIC
	TOTAL:	PHP 1800.00	26 minutes	





15. Family Planning

All females are considered of reproductive age when they are between 18-45 years old.

Office or Division:	OB (Prenatal Room)				
Classification:	Simple	Simple			
Type of Transaction:	Government-to-Citizen				
Who may avail:	All female within rep	oroductive ag	je		
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE			URE	
1. FP Form 1 (1 Ph	otocopy)	FP Coordin	ator		
2. Contraceptive Su	ıpplies	FP Coordin	ator		
3 Family Planning (Copy)	Card (Original	FP Coordin	ator and Midwife		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Collate data using FP Form 1.	1. Checking of data if the patient is qualified for FP Acceptor.	None	3 minutes	Midwives GALIC	
	1.1 Counselling of patients with FP method of choice (Oral pills, Injectable, IUD)	None	10 minutes	FP Coordinator GALIC	
2. Sign FP Form 1	2. Give preferred choice of FP method.	None	3 minutes	Midwives ,FP coordinator	
3. FP Card / FP Acceptors Card	3. Inform the patient for follow-up checkup and/or for another dose of contraceptive.	None	3 minutes	Midwives; FP Coordinator	
	TOTAL:	None	19 Minutes		





16. Laboratory Services

Laboratory Services must be consistent and dependable to correctly assess and manage patients with various illnesses. We offer services that can be availed by the Out Patients. The process of laboratory services run from the time of presenting the original copy of request by the physician to the receiving of results by the patients or relatives of the patient.

Office or Division:	LABORATORY UN	LABORATORY UNIT			
Classification:	SIMPLE				
Type of Transaction:	G2C				
Who may avail:	All patients				
CHECKLIST OF	REQUIREMENTS	V	WHERE TO SEC	URE	
1. Laboratory reque Copy)	est form (1 Original	OPD Physicia department	an and requestin	g agency or	
2. Order of Paymer	nt (1 Original Copy)	Laboratory			
3. Official Receipt of the DSWD official of personnel (1 Origin		t by Cashier/DSWD			
For releasing of re	esult:				
4. Claim stub or Off Original Copy)	ficial Receipt (1	Laboratory or	Cashier		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE	
1. Present Physician's Laboratory request form/s.	1. Verify and check the request.	None	3 minutes	Medical Technologist GALIC	
* For SARS-Cov2 Antigen Test, present 1 Original Copy request form, completely	1.1 Out Patient will be instructed to fill up request form with patient's complete details,	None	3 minutes	Medical Technologist GALIC	
filled up Case Investigation Form (CIF) and work sheet.	following the format provided.				
*If patient will asked for medical	1.2 For patient	None	2 minutes	Medical	





			PHILI	
assistance	with Fasting Procedure, they will be given a Number Card for the first Come First Serve basis for blood extraction.	None	5 minutes	Technologist GALIC
	1.3 Instruct the patient to isolate in the swab collection area and wait for the laboratory personnel.			Medical Technologist GALIC
	1.5 Issue Order of Payment and instruct to proceed to the cashier.	Refer to order of payment and City Ordinance 2023-38	10 minutes	Medical Technologist GALIC
	1.6 Instruct the patient to proceed to DSWD for categorization of indigence and signing of officer.	None	10 minutes	Medical Technologist GALIC
2. After payment or approved assistance of indigency present the Official Receipt or	2. Provide specimen container for urinalysis, fecalysis and other body fluids.	None	10 minutes	Medical Technologist GALIC
Original Copy request signed by DSWD Officer or Authorized	2.1 Check the specimen volume and proper label.	None	5 minutes	Medical Technologist GALIC
*Patient will collect urine or stool specimen	2.2 Perform extraction or collection of specimen.	None	TEST: 20 minutes after collection of sample	Medical Technologist GALIC
and submit it to the reception window and wait			Routine	Medical Technologist





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their name to be called for blood			Chemistry:	GALIC
extraction and other body fluid specimen collection.			8 hours upon blood extraction.	
3. Wait for the release of results and present claim stub or Official receipt and sign	3.1 Process and analyze specimen according to the procedure requested.	None	5 minutes	Medical Technologist GALIC Medical
the releasing log book upon claiming the same.	3.2 Check and Verify results for final interpretation and releasing.	None	2 minutes	Technologist GALIC
	3.2 Provide Releasing log book for claimant signature.	None	2 minutes	Medical Technologist GALIC
	TOTAL:	Refer to order of payment	Routine and Special test : 2 hours	
		and City Ordinance 2023-38	*SARSCOV-2 ANTIGEN TEST: 1 hour	
		*patient with	Routine Blood Test: 8 hours	
		medical assistance depends on the availability of test requested	*Specimen to be transported to other laboratories: Depends on the Turn- around time of referring lab.	





LABORATORY SERVICE FEES

1	Laboratory Service Fees:	San Pedro	Non-		
•	Ref: Resolution No. 2023-233	Residents	San Pedro	PROCESS	SING TIME
	City Ordinance No. 2023-38		Resident s		
	A. Clinical Microscopy			IN-PATIENT	OUT
					PATIENT
	Urinalysis	50.00	60.00	30-45 minutes	1-2 hours
	Fecalysis	50.00	60.00	30-45 minutes	1-2 hours
	Pregnancy Test	190.00	240.00	30-45 minutes	1-2 hours
	B. Hematology				
	CBC	95.00	120.00	30-45 minutes	1-2 hours
	Platelet Count	55.00	70.00	30-45 minutes	1-2 hours
	Hgb/Hct	75.00	95.00	30-45 minutes	1-2 hours
	Diff Count	75.00	95.00	30-45 minutes	1-2 hours
	Clotting Time	75.00	95.00	30-45 minutes	1-2 hours
	Bleeding Time	75.00	95.00	30-45 minutes	1-2 hours
	Toxic Granules	95.00	120.00	30-45 minutes	1-2 hours
	C. Clinical Chemistry				
	FBS/GLUCOSE	115.00	145.00	2 hours	8 hours
	BUN	115.00	145.00	2 hours	8 hours
	CREA	115.00	145.00	2 hours	8 hours
	URIC	115.00	145.00	2 hours	8 hours
	CHOLESTEROL	145.00	180.00	2 hours	8 hours





			PHIL	
TRIGLYCERIDE	240.00	300.00	2 hours	8 hours
HDL	190.00	240.00	2 hours	8 hours
LDL/VLDL	190.00	240.00	2 hours	8 hours
SGPT/ALT	190.00	240.00	2 hours	8 hours
SGOT/AST	190.00	240.00	2 hours	8 hours
OGCT	230.00	280.00	2 hours	8 hours
OGTT	530.00	670.00	2 hours	8 hours
(Na)	190.00	240.00	1 hour	2 hours
(K)	190.00	240.00	1 hour	2 hours
(CL)	190.00	240.00	1 hour	2 hours
HGT/RBS	115.00	145.00	30 minutes	1 hour
D. Serology/Immunology				
HBs Ag	190.00	240.00	1 hour	1 hour
Syphilis ICT/RPR	190.00	240.00	1 hour	1 hour
Dengue NSI Ag	665.00	840.00	1 hour	1 hour
Dengue Blot	760.00	960.00	1 hour	1 hour
Dengue Duo	1,380.00	1,680.00	1 hour	1 hour
Typhidot	665.00	840.00	1 hour	1 hour
HIV Test	475.00	475.00	1 hour	1 hour
Covid 19 Antigen Test	660.00	660.00	1 hour	1 hour
F. Blood Station				
Blood Typing (ABO)	95.00	120.00	30-45 minutes	1 hour
Blood Typing (RH)	95.00	120.00	30- 45 minutes	1 hour
G.Blood Chemistry (Package)				
Electrolytes (Na, K, CL)	475.00	600.00	2 hours	8 hours
Lipid Profile	620.00	790.00	2 hours	8 hours
Chem 5 (FBS, BUN, CREA, URIC, CHOLE)	475.00	600.00	2 hours	8 hours





Chem 6 (FBS, BUN, CREA, URIC, CHOLE, Trigly)	665.00	840.00	2 hours	8 hours
Chem 8 (Chem6 + HDL, LDL/VLDL	1,010.00	1,270.00	2 hours	8 hours
Chem 10 (Chem 8 + SGPT + SGOT	1,350.00	1,700.00	2 hours	8 hours
Chem 12 (Chem 10 + Na + K)	1,635.00	2,060.00	2 hours	8 hours





17. Drug Testing Service

To Detect promptly the illegal use of dangerous drugs, maintaining a safe and sound environment to promote the National advocacy of a "Drug Free Country".

Office or Division:	DRUG TESTING LABORATORY UNIT			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All clients/donors/subjects			
CHECKLIST OF F	REQUIREMENTS WHERE TO SECURE			RE
Drug Testing La form (1 Original Co	• •	OPD Physician and requesting agency or department		
2. Order of Payme Copy)	nt (1 Original	Drug Testing Laboratory		
3. Official Receipt (1 Original Copy)		Cashier/Billing		
For releasing of r	esult:			
4. Official Receipt (1 Original Copy)		Drug Testing Laboratory		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSI BLE





	I		Ι	
Present drug testing laboratory request form/s and government issued valid ID. 1.1 After	1. Verify and check the request and ID of Client/Donor/Subject	None	2 minutes	Authorized Specimen Collector (ASC)
payment, Official Receipt /Sales Invoice must be presented to Drug Testing Laboratory	- Issue Order of Payment and instruct the client/donor to proceed to the cashier. Copy the Official Receipt/Sales Invoice No.	P250.00	10 minutes	Authorized Specimen Collector
1.2 Submit the filled out Custody and Control Form (CCF) to Drug Testing Laboratory	1.1 Instruct the client/donor to fill up Custody and control Form (CCF) steps 1 to 5 following guides provided.	None	5 minutes	Authorized Specimen Collector
	1.2 Check and verify all the details of the client/donor written on the Custody and Control Form.	None	5 minutes	Authorized Specimen Collector
	urine collection procedure before giving the specimen bottle.			
	-observe the client/donor while collecting urine samples.			





2. Submit urine specimen, affix signature to the specimen bottle, and register biometrics	2. Check the specimen volume, temperature and physical characteristics of the urine. and Seal over the lid of the specimen bottle in front of the client/donor. Affixed signature and Instruct the client/donor to affix his/her signature over the seal of the bottle and indicate the date/time.	None	3 minutes	Authorized Specimen Collector
	2.1 Prepare and give instructions to the client/donor the registration/bio metrics in IDTOMIS	None	5 minutes	Authorized Specimen Collector





3. Wait for the release of the result, and present OR/sales invoice to the Drug Testing Laboratory.	3. Process the drug testing examination and release the result to the client/donor. -Provide Releasing log book for claimant signature.	None	TEST: 30 minutes after submission of sample and biometrics. Drug Testing Examination: 1 HOUR	Drug Analyst
	TOTAL:	Php 250.00	2 hours & 30 minutes (Testing and Examination)	





18. Radiology Services

This service is a diagnostic procedure that involves a quick, painless test that produces images of the structures inside the body.

Office or Division:	Radiology Unit				
Classification:	Simple				
Type of Transaction:	Government to Citiz	ren			
Who may avail:	All patients				
CHECKLIST OF	REQUIREMENTS	QUIREMENTS WHERE TO SECURE			
Patients/Physicial Original Copy)	an's Request (1	Urgent Care	e/ OPD / OB-Ward		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Present the Physician' Radiologic Request Form and receive order of payment	1. Issue order of payment to patient and advice to proceed to cashier for payment.	Refer to City Revenue Code	5 minutes	Radiologic Technologist / Cashier Radiology Unit / Business Office	
2. Present official receipt to the radiology unit and undergo the procedure.	2. Perform procedure on patient. 2.1 Develop the exposed X-Ray films	None None	7 minutes 5 minutes	Radiologic Technologist GALIC Radiologic Technologist GALIC	
	2.2 Submit to the radiologist for issuance of official reading	None	2 days	Radiologic Technologist GALIC	
3. Pick-up results of your X-Ray	3. Release of results.	None	3 Minutes	Radiologic Technologist Radiology Unit	
	TOTAL:	Refer to City Revenue Code	2 Days and 20 Minutes upon released of the official reading		





RADIOLOGY FEES

Radiology Unit Fees:	Non -San	San Pedro
Ref: Resolution No. 2023-233	Pedro Patients	
City Ordinance No. 2023-38		
LUNGS		
Chest Pa	240.00	190.00
Chest PAL	480.00	380.00
Apico-Lordotic View	240.00	190.00
Baby Gram APL	360.00	190.00
Spot Film (Chest)	240.00	190.00
UPPER EXTREMITIES		
Skull APL	420.00	330.00
Townes View	240.00	190.00
Waters View	240.00	190.00
Temporo-Mandibular Joint	480.00	380.00
Sun-Mento Vertical View	240.00	190.00
Caldwells View	240.00	190.00
PNS	660.00	520.00
STL	420.00	330.00
Cervical APL	420.00	330.00
Shoulder AP	240.00	190.00
Shoulder (In-Out) Rotation	420.00	330.00
Clavicle AP	240.00	190.00
Arm APL	240.00	190.00
Elbow Joint	240.00	190.00
Forearm APL	240.00	190.00
Wrist APL	240.00	190.00
Hand APL	240.00	190.00
LOWER EXTREMITIES		
Thigh APL	240.00	190.00





Knee Joint	240.00	190.00
Leg APL	240.00	190.00
Ankle APL	240.00	190.00
Foot APO	240.00	190.00
Pelvis AP	240.00	190.00
Thoraco-Lumbar APL	420.00	330.00
Lumbo-Sacral APL	420.00	330.00
T-Cage	240.00	190.00



Jose L. Amante Emergency Hospital

External Services





1. Out-Patient Department (OPD) Consultation

This service involves process of out-patient department consultation from the time the client was interview by the OPD staff until the time he/she receives medical consultation and appointment date for follow-up checkup (if necessary).

Office or Division:	Out Patient Departr	nent		
Classification:	Simple			
Type of	G2C-Government-to	o-Citizen		
Transaction:				
Who may avail:	All Patients			
CHECKLIST OF R	EQUIREMENTS		WHERE TO S	SECURE
1. (1) Original - Individu	ual Treatment	OPD		
Record (ITR)		000		
2. (1) Original - OPD C		OPD	DD 00F00IN	DEDOON
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
Patient registration and interview	1.1 New patient – fill-up and encode New ITR and give OPD-Card number	None	3 minutes	Nurse, Midwife, Nursing Attendant, Encoder Out Patient Department
	1.2 Old patient – Present OPD-Card number and retrieved ITR	None	2 minutes	Nurse / Midwife / Nursing Attendant Out Patient Department
*If patient needs emergency treatment and management	1.3 Refer and endorse to the emergency room	None	5 minutes	Nurse / Midwife / Nursing Attendant Out Patient Department
	1.4 Interview the patient and records vital signs	None	5 minutes	Nurse / Midwife / Nursing Attendant Out Patient Department
Proceed to Physician for consultation or request for medical certificate	2.1 Assess, treats, and manage patient, schedule patient for follow up and/or procedures and Issue referral slip (if applicable).	Medical Certificate - P180.00 (Non-San Pedro Resident) - P140.00 (San Pedro Resident)	10 minutes	Physician Out Patient Department





2.2 Provide health education.	None	3 minutes	Nurse / Midwife / Nursing Attendant Out Patient Department
TOTAL:	Medical Certificate		23 minutes
	Pedro PHP 140.0	.00 (Non-San Resident) 00 (San Pedro sidents)	
		Ordinance 2023- spital Service fee	





2. Specialty Clinic Consultation

Consultation for Patients at the Specialty Clinic under the following services: Genera In Surgery, Internal Medicine (Adult Cardiology and Diabetology), Nephrology, Obstetrics and Gynecology. Ophthalmology, Orthopedic Surgery, Otolaryngology (Ears, Nose, Throat), Pediatrics and Urology.

Office or Division:	Specialty Clinic			
Classification:	Simple			
Type of	Government to Citizen			
Transaction:				
Who may avail:	All Patients			
CHECKLIST OF RE		WHERE	TO SECURE	
1. (1) original copy		Specialty	/ Clinic	
Consultation Re	,			
2. (1) original copy year and file nu	y - Specialty Clinic Card (with mber)	Specialty	/ Clinic	
3. (1) Original cop	y - Accomplished Specialty	Triage A	rea (Ground F	loor)
Clinic Patient S	creening Form.			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE
1. Patients/Clients Registration	1.1 Write the patient's name and contact number on the provided Specialty Clinic Patients Listing Form.	None	1 minute	Civil Security Personnel Security unit
	1.2 Secure accomplished health declaration checklist from the Civil Security Staff on Duty.	None	2 minutes	Nurse/ Midwife/Nursing Attendant Specialty Clinic
2. Present Specialty Clinic Card together with accomplished Specialty Clinic	2.1 Collect the accomplished health declaration checklist from the patients screened from Triage Area.	None	1 minute	Nurse/ Midwife/Nursing Attendant Specialty Clinic
Patient Screening Form.	2.2 New Patient – Filled up New SCCR and Card.	None	3 minutes	Nurse/ Midwife/Nursing Attendant
	2.3 Old Patient – Secure Specialty Clinic Card and retrieved from the files.	None	2 minutes	Specialty Clinic
	2.3. Interview the client,	None	4 minutes	Nurse/ Midwife/Nursing





	take and record the patient's vital signs.			Attendant Specialty Clinic
3. Proceed to assigned physician for consultation or request of medical certificate. Complete discharge process	3.1 Assess, treats, and manage patient/ Schedule patient for follow up and/or procedures and Issue referral slip (if applicable).	Medical Certificate - P180.00 (Non-San Pedro Resident) - P140.00 (San Pedro Resident)	8 minutes	Medical Specialist Specialty Clinic
	3.2. Provide health education.	None	2 minutes	Nurse/ Midwife/Nursing Attendant Specialty Clinic
	Total:	Medica	l Certificate	23 minutes
		PHP 180.00 (Non-San Pedro Resident)		
			40.00 (San Residents)	
		Refer to City Ordinance 2023-38 - City Hospital Service fee		





3. Emergency Room (ER) treatment and management

This service involves processing patient's post triage disposition from the time that the client receives post triage advice until the client a.) Transfers from ER to ward/room if for Admission, transferred to referral hospital if for Referral, and receives discharge instruction as treated and sent home if Non-Admissible. In order for the patient to avail the service, the following steps are to be followed:

Office or Division	on:	Emergency Room				
Classification:		Simple				
Type of						
Transaction:						
Who may avail:		All Patients who need				
		REQUIREMENTS		WHERE TO SEC	CURE	
1. (1) original - Ir (ITR)	ndivid	ual Treatment Record	Emergency	Room		
2. (1) original - E			Emergency	Room		
3. (1) original - M	<u>ledic</u>	o-legal form	Emergency			
CLIENT STEPS	Δ	GENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE	
1. Fill-out Health Declaration Checklist		Issue health Iaration checklist	None	1 minute	Nurse / Midwife / Nursing Attendant Emergency Room	
2. Proceed to the Triage Area of the Emergency Room for consultation	Cate (Em	Receive and egorize patients ergency, Urgent and i-Urgent).	Medical Certificate – P180.00 (Non-San Pedro Resident) – P140.00 (San Pedro Resident)	3 minutes	Nurse / Midwife / Nursing Attendant Emergency Room	
		Interview and record signs	Medico- Legal Certificate – P420.00 (non-San Pedro Resident	4 minutes	Nurse / Midwife / Nursing Attendant Emergency Room	
	2.3	Referral to physician	P330.00 (San Pedro Residents)	2 minutes	Nurse / Midwife / Nursing Attendant Emergency Room	





	1	7		
3. Proceed to the Physician for	3.1 Provide immediate emergency management	None	10 minutes	Physician Emergency Room
Consultation and Management	 3.2 Advice the patient's watcher/ representative on the ITR: If for Admission, direct the patient representative to the admitting section If for Discharge, schedule patient for follow up and/or procedures and provide health education If for Medico-legal, record the data to Medico legal form and refer to physician 	None	10 minutes	Physician / Nurse / Midwife
Patients for Ref	ferral/ Transfer to Hospital	of Choice (T	HOC)	
1. Patient significant other signs consent for THOC	1.3 Explains the process of proper coordination and endorsement of patient's case to the receiving facility.	None	2 minutes	Physician / Nurse Emergency Room
	1.4 Gives instructions for the settlement of charges and issuance of official receipts.	Dependin g on SOA/char ge slips and based on City Ordinance No. 2023- 38	3 minutes	Nurse / Cashier Emergency Room / Business office
	1.5 Stabilize patient and coordinates to the receiving health facility.	None	Depends on availability and vacancy of receiving facility	Nurse / Physician Emergency Room
	1.6 Arranges and conducts patient transport.	None	10 minutes	Nurse / Midwife Ambulance Driver Emergency





	THE PRICE OF THE P				
Datianta Dia da		- (DAMA)		Room	
1. Patient or significant	rge Against Medical Advice 1.1 Informs resident physician on duty/	None	2 minutes	Nurse/Midwife/ Resident	
other signs consent for DAMA.	Medical specialist regarding DAMA of patient.			Physician/ Medical Specialist.	
(Note: for minor patients the	•			Emergency Room	
patient next of kin will sign the	1.2 Secures waiver written by patient or	None	3 minutes	Nurse	
consent)	significant other. Explains the risks and consequence of DAMA.			Emergency Room	
2. Proceed to	2.1 Gives instructions for	Dependin	5 minutes	Nurse / Cashier	
billing section then to cashier for issuance of official receipts for payment of charges.	the settlement of charges and issuance of official receipts.	g on SOA/char ge slips and based on City Ordinance No. 2023-		Emergency Room / Business office	
		38			
3. Presents official receipts / proof of	3. Checks official receipts and/ or proof of replaced medical supplies and	None	5 minutes	Physician / Nurse	
replaced medical supplies or medicines and receives final	medicines used and give discharge instructions			Emergency Room	
discharge instructions.					
			_		
Total:	Refer to City Ordinance Article III- City Hospital \$		Patients Manage and Discharge		
	Medical Certificate - P180.00 (Non-San Pedro Resident) - P140.00 (San Pedro Resident)		30 minutes or more depends of		
			the case o	of the patient	
			Patients for	Referral/THOC	
			45 minutes or more depends on		
	Medico-Legal Certificate			nd vacancy of	
	- P420(non-(San Pedro		receivir	ng facility	
	Residents) - P330.00-(San Pedro)	DAMA		
	Residents)	- 		ninutes	





4. Admission of Patients (Admission process in the Medical-Surgical Ward)

This service involves the Admission process in the Emergency Room to the Medical-Surgical Ward

Office or Division:		A desitting Coation			
Classification:		Admitting Section			
		Simple			
Type of Transactio	n:	G2C			
Who may avail:	<u> </u>	All patients		WILEDE TO OF	OUDE
		EQUIREMENTS		WHERE TO SE	CURE
1. (1) original copy -			Emergency I	Room	
2. (1) original copy -			ER/OPD		
3. (1) original copy - Philhealth Member)		•	Benefits Sec		
4. (1) original copy –	· Valid	d ID		fice, DFA, PSA, S TO, COMELEC	SS, GSIS,
CLIENT STEPS	Α	GENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Seek Consultation in the Emergency Room/Out- Patient	the	Check the condition of patient & necessity for nission.	None	8 Minutes	<i>Physician</i> Emergency Room
Department	pati Adn	Assist the ent/relative to the nission Area.	None	1 Minute	Nurse / Midwife / Nursing Attendant Emergency Room
2. Patient significant other will proceed to the Admitting section	dut	The admitting staff on y look for availability of thru iHOMIS system.	None	2 Minutes	Admitting Staff Admitting Section
for interview.	the give	Interview the ent/relative and explain Hospital Policies and room/bed assignment the patient	None	5 Minutes	Admitting Staff Admitting Section
	and iHO pati	Filled-up the data et, chart and other uments for admission counter check it to the MIS system. Put-up ent's bracelet for per identification.	None	5 Minutes	Admitting Staff Admitting Section
3. The patient returned to the ER for admission proper.	will the	Admitting staff on duty endorse the patient to ER Nurse on duty ether with the chart.	None	2 Minutes	Admission Staff / Nurse Admitting Section / Emergency Room
	to t end	Accompany the patient he assigned ward and orse the chart to the se on duty.	None	5 Minutes	<i>Nurse</i> Emergency Room
		TOTAL :	None	25 minutes	





5. Discharge of Patients

This service involves processing of patients for discharge, patients for Transfer to Hospital of Choice and patients for Discharge against Medical Advice. In order for the client/patient to avail the service, the following steps are to be followed:

the service, the following	g steps are to be followe	u.			
Office or Division:	OB-Surgical Ward	OB-Surgical Ward			
Classification:	Simple				
Type of	Government-to-Citizen				
Transaction:					
Who may avail:	All Patients for Discharge, Patients for referral/Transfer to Hospital of Choice (THOC), Patients for Discharge Against Medical Advice(DAMA)				
CHECKLIST OF REQU	JIREMENTS	WHERE T	O SECURE		
Clinical Abstract	(1 Original Copy)	Attached t	o patient's chart		
2. Discharge Sumr	mary (1 Original Copy)	Ward Nurs	se's Station		
Prescription form	n (1 Original Copy)	Ward Nurs	se's Station		
4. PhilHealth Eligib Copy)	oility Form (1 Original	Ward Nurs	se's Station		
5. Referral Form (1	Original Copy)	Ward Nurse's Station			
6. Statement of Ac Copies)	count (2 Original	Billing Department			
7. Discharge Slip/C Original Copy)	Clearance Slip (1	Billing Department			
8. Waiver for DAMA and/or representation	A (written by Patient) (1 Original Copy)	Ward Nurse's Station			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Undergo the discharge process	Discharge plans ordered by attending physician on the	None	10 minutes	Resident Physician/Medical Specialist	
	patient's chart			OB-Surgical Ward	
	1.1 Issue and accomplish PhilHealth forms and clinical abstract	None	10 minutes	Resident Physician/Medical Specialist	
	abstract			OB-Surgical Ward	
	1.2 Submits the				





patient's chart and clearance to billing section for issuance of Statement of Account. 1.3 Statement of Account will be given to patient's representative and advice to proceed to cashier. 2. Proceed to Philhealth Benefit Section for issuance of Philhealth Benefit Sligibility form and proceed to billing/cashier for issuance of Official receipt for payment and charges. Philhealth is secured, patient's chart together with the charge slips will be given to the cashier/billing department for Statement of Account. 2.3 Instruct patient's relative to proceed for payment once with SOA. Patient's chart together with the charge slips and base on City Ordinan ce No. 2023-38					
section for issuance of Statement of Account. 1.3 Statement of Account will be given to patient's representative and advice to proceed to cashier. 2. Proceed to Philhealth Benefit Section for issuance of Philhealth Benefit Eligibility form and proceed to billing/cashier for issuance of Official receipt for payment and charges. 2.2 Once patient's approval. 2.2 Once patient's approval from Philhealth is secured, patient's chart together with the charge slips will be given to the cashier/billing department for Statement of Account. 2.3 Instruct the patient and/or representation to wait for the Philhealth is secured, patient's chart together with the charge slips will be given to the cashier/billing department for Statement of Account. 2.3 Instruct tapatient's relative to proceed for payment once with SOA. Depending on SOA/ch arge slips and base on City Ordinan ce No.		-			Nurse/Midwife
2. Proceed to Philhealth Benefit Section for issuance of Philhealth Benefit Eligibility form and proceed to billing/cashier for issuance of Official receipt for payment and charges. 2. 2 Once patient's representation to wait for the Philhealth is secured, patient's chart together with the charge slips will be given to the cashier/billing department for Statement of Account. 2. 3 Instruct patient's relative to proceed for payment once with SOA. None 10 minutes Nurse/Midwife (OB/Medical-Surgical Ward) OB-Surgical Ward OB-Surgical Ward None 5 minutes None 5 minutes OB-Surgical Ward OB-Surgical Ward OB-Surgical Ward OB-Surgical Ward None 10 minutes Solo/Ach arge slips and base on City Ordinan ce No.			None	8 minutes	•
2. Proceed to Philhealth Benefit Section for issuance of Philhealth Benefit Eligibility form and proceed to issuance of Official receipt for payment and charges. 2.2 Once patient's approval. 2.3 Instruct patient's approval. 2.4 Once patient's approval. 2.5 Mone 10 minutes None 10 minutes Nurse/Midwife (OB/Medical-Surgical Ward) OB-Surgical Ward OB-Surgical Ward) OB-Surgical Ward					,
Account will be given to patient's representative and advice to proceed to cashier. 2. Proceed to Philhealth Benefit Section for issuance of Philhealth Benefit Eligibility form and proceed to billing/cashier for issuance of Official receipt for payment and charges. 2.2 Once patient's approval from Philhealth is secured, patient's chart together with the charge slips will be given to the cashier/billing department of Account. 2.3 Instruct patient's relative to proceed for payment once with SOA. Account will be given to the patient to patient and/or representation to wait for the Philhealth approval. None 5 minutes None 6 minutes OB-Surgical Ward OB-Surgical Ward		Account.			OB-Surgical Ward
to patient's representative and advice to proceed to cashier. 2. Proceed to Philhealth Benefit Section for issuance of Philhealth Benefit Eligibility form and proceed to billing/cashier for issuance of Official receipt for payment and charges. 2.2 Once patient's approval from PhilHealth is secured, patient's chart together with the charge slips will be given to the cashier/billing department of Account. 2.3 Instruct patient's relative to proceed for payment once with SOA. Depending on SOA/ch arge slips and base on City Ordinan ce No.			None	10 minutes	Nurse/Midwife
2. Proceed to Philhealth Benefit Section for issuance of Philhealth Benefit Eligibility form and proceed to billing/cashier for issuance of Official receipt for payment and charges. 2.1 Instruct the patient and/or representation to wait for the Philhealth approval. 2.2 Once patient's approval from PhilHealth is secured, patient's chart together with the charge slips will be given to the cashier/billing department for Statement of Account. 2.3 Instruct patient's relative to proceed for payment once with SOA. Depending on SOA/ch arge slips and base on City Ordinan ce No.		to patient's			,
Philhealth Benefit Section for issuance of Philhealth Benefit Eligibility form and proceed to billing/cashier for issuance of Official receipt for payment and charges. 2.2 Once patient's approval from Philhealth is secured, patient's chart together with the charge slips will be given to the cashier/billing department for Statement of Account. 2.3 Instruct patient's relative to proceed for payment once with SOA. Depending on SOA/ch arge slips and base on City Ordinan ce No. OB/Medical-Surgical Ward		•			OB-Surgical Ward
Section for issuance of Philhealth Benefit Eligibility form and proceed to billing/cashier for issuance of Official receipt for payment and charges. 2.2 Once patient's approval from PhilHealth is secured, patient's chart together with the charge slips will be given to the cashier/billing department for Statement of Account. 2.3 Instruct patient's relative to proceed for payment once with SOA. Depending on SOA/ch arge slips and base on City Ordinan ce No.			None	5 minutes	Nurse/Midwife
Eligibility form and proceed to billing/cashier for issuance of Official receipt for payment and charges. 2.2 Once patient's approval from PhilHealth is secured, patient's chart together with the charge slips will be given to the cashier/billing department for Statement of Account. 2.3 Instruct patient's relative to proceed for payment once with SOA. Depending on SOA/ch arge slips and base on City Ordinan ce No. Debug of the payment once with Soa. Depending on SOA/ch arge slips and base on City Ordinan ce No.	Section for issuance	representation to wait			•
billing/cashier for issuance of Official receipt for payment and charges. 2.2 Once patient's approval from PhilHealth is secured, patient's chart together with the charge slips will be given to the cashier/billing department for Statement of Account. 2.3 Instruct patient's relative to proceed for payment once with SOA. Depending on SOA/ch arge slips and base on City Ordinan ce No.	Eligibility form and	2.2 Once patient's approval from PhilHealth is secured, patient's chart together with the charge slips will be given to the cashier/billing department for	None		OB-Surgical Ward
issuance of Official receipt for payment and charges. PhilHealth is secured, patient's chart together with the charge slips will be given to the cashier/billing department for Statement of Account. 2.3 Instruct patient's relative to proceed for payment once with SOA. Depending on SOA/ch arge slips and base on City Ordinan ce No. CoB/Medical-Surgical Ward	•			5 minutes	Nurse/Midwife
together with the charge slips will be given to the cashier/billing department for Statement of Account. 2.3 Instruct patient's relative to proceed for payment once with SOA. Depending on SOA/ch arge slips and base on City Ordinan ce No. OB-Surgical Ward Billing Clerk, Nurse/Midwife OB-Surgical Ward OB-Surgical Ward	issuance of Official receipt for payment			3 minutes	•
2.3 Instruct patient's relative to proceed for payment once with SOA. SOA/ch arge slips and base on City Ordinan ce No.	and charges.				OB-Surgical Ward
relative to proceed for payment once with SOA. SOA/ch arge slips and base on City Ordinan ce No.		2.3 Instruct patient's	•	10 minutes	Billing Clerk,
SOA. SOA. SIps and base on City Ordinan ce No.		-	_		Nurse/Midwife
base on City Ordinan ce No.		' '	_		OB-Surgical Ward
Ordinan ce No.			-		
ce No.			•		
2023-38					
			2023-38		





3. Receive discharge	3. Instruct the patient	None	5 minutes	Nurse/Midwife
summary, laboratory results, prescription for take home medications and present discharge slip at admitting section or	and/or representation on discharge plans including health teaching, follow up schedule and take home medication/s			OB-Surgical Ward
CSU staff	3.1 Issue fully	None	10 minutes	Nurse/Midwife
	accomplished discharge summary and prescription for take home medication/s.			OB-Surgical Ward
	3.2 instruct the patient and/or representation	None	2 minutes	Admitting staff/CSU on duty
	to give the signed discharge slip to admitting Section and CSU staff to return the watchers ID in exchange of their ID.			Admitting section / Security unit
Patients for Referral/	Transfer to Hospital of	Choice (Ti	HOC)	
Patient or significant other signs consent for THOC	1. Secures accomplish THOC form	None	15 minutes	Resident Physician/ Medical Specialist
				OB-Surgical Ward
	1.1 Explain reasons and needs for transfer to higher facility	None	5 minutes	Nurse/Midwife
	a mgmm mm,			OB-Surgical Ward
	1.2 Explains the process of proper	None	3 minutes	Nurse/Midwife
	coordination and endorsement of patient's case to the receiving facility.			OB-Surgical Ward
	1.3 Gives instructions for the settlement of charges and issuance	Dependi ng on SOA/ch arge	2 minutes	Resident Physician/Nurse/ Midwife





			PHILIT	
	of official receipts.	slips and base on City Ordinan ce No. 2023-38		OB-Surgical Ward
	1.4 Stabilize patient and coordinates to the receiving health facility.	None	It depends on availability and vacancy of the receiving	Nurse/Midwife OB-Surgical Ward
	1.5 Arranges and conducts patient transport.	None	facility 15 minutes	Nurse/Midwife/Am bulance Driver OB-Surgical Ward
Patients Discharge Ag	gainst Medical Advice (DAMA)		
Patient or significant other signs consent for DAMA. Note: for minor patients the patient next of kin will sign the consent)	1. Informs resident physician on duty/ Medical specialist regarding DAMA of patient. 1.1 Secures waiver written by patient or significant other. Explains the risks and consequence of DAMA.	None	15 minutes 5 minutes	Nurse/Midwife/Res ident Physician/Medical Specialist. OB-Surgical Ward Nurse/Midwife OB-Surgical Ward
2. Proceed to billing section then to cashier for issuance of official receipts for payment of charges.	2. Prepares charge slips forward services/ supplies used.2.1 Gives instructions for settlement of	None	5 minutes 26 minutes	Nurse/Midwife OB-Surgical Ward Nurse/Midwife
	charges and directs client to go to the billing section.			OB-Surgical Ward
3. Presents official receipts / proof of replaced medical supplies or medicines	3. Checks official receipts and/ or proof of replaced medical supplies and	Dependi ng on SOA/ch arge	5 minutes	Nurse/Midwife OB-Surgical Ward





	T	1	,	
and receives final	medicines used.	slips and		
discharge		base on		
instructions.		City		
		Ordinan		
		ce No.		
		2023-38	4 minutes	
	3.1 Gives discharge	None	4 minutes	Nurse/Midwife
	instructions	INOTIE		OD Commissel World
				OB-Surgical Ward
		Dependi	Patients to be	
		-		
	TOTAL	ng on SOA/ch	Discharge	
			1 hour and 15	
		arge	minutes	
		slips and	DAMA	
		base on	DAIVIA	
		City	1 hour	
		Ordinan	Patients for	
		ce No.	Referral/THOC	
		2023-38		
			40 minutes	
			*Note: THOC	
			Depends on	
			availability and	
			vacancy of	
			receiving	
			facility	
			_	





6. Hemodialysis treatment and management

This service involves the treatment and management of dialysis patient from arrival of patient to the hemodialysis unit to discharge.

Office or Divis	sion:	Homodialysis unit					
Classification		Hemodialysis unit					
Type of	l.	G2C – Governme	ent to Citizen				
Transaction:		G2C - Governine	SHE to OldZell				
Who may ava	il·	All Patients who n	need hemodialysis treatment				
		QUIREMENTS	WHERE TO SECURE				
		th Requirements	Hemodialysis unit				
		copy - Laboratory	Hemodialysis				
Results	or priotoc	opy Laboratory	Tierriodiaryois	anit			
3. (1) original of	or photoc	opy - Medical	Hemodialysis	unit			
history and tre			Tromodiaryor	or inc			
Nephrologist							
CLIENT STEPS	AGE	NCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Fill-out	1. Rece	ived health	None	1 minute	Nurse		
Health		tion check list			Hemodialysis		
Declaration					unit		
Checklist							
and interview	1.1 Pre	pare Individual	None	4 minutes	Nurse		
	Treatme	ent Record (ITR)			Hemodialysis		
					unit		
		e medical history	None	10 minutes	Nurse		
	and rec	ord vital signs			Hemodialysis		
					unit		
	400-	int a calcada aint		A.E. mains at a a	Namburala silat /		
		ist nephrologist	None	15 minutes	Nephrologist /		
	consulta	conduct of	None		Nurse		
	Consult	alion			Hemodialysis unit		
					unit		
2. Get	2 Secu	re Consent form,	None	1 hour	Nephrologist /		
measured for		ut Doctors order,	140110	i iloui	Physician /		
pre-dialysis	_	Hemodialysis			Nurse		
weight upon	•	ent Sheet.			Hemodialysis		
entering the	- Troutin				unit		
treatment					Q		
room and	2.1 Pre	paration of	None	1 hour	Nurse / Dialysis		
proceed to		and priming of			Technician		
the assigned	dialysis				Hemodialysis		
station	machin	e.			unit		
		ess patient	None	45 minutes	Nutritionist-		
	nutrition	nal status			Dietician		





				Hemodialysis
				unit
	2.4 Hemodialysis	None	1 hour	Nurse
	treatment and vital signs			Hemodialysis
	monitoring.			unit
3. Post- dialysis weighing of patient	3.1 Termination of dialysis.	None	15 minutes	Nurse / Dialysis Technician Hemodialysis unit
	3.2 Weigh patient, record	None	15 minutes	Nurse / Dialysis
	discharge note, and sign off dialysis treatment			<i>Technician</i> Hemodialysis
	sheet.			unit
	TOTAL:	Refer to	4 hours and 45	
		City Ordinance	minutes	
		2023-38		
		Article III- City		
		Hospital		
		Service fee		





7. Laboratory Services for OUT PATIENTS

Laboratory Services must be consistent and dependable to correctly assess and manage patients with various illnesses. As a Secondary Laboratory we offer services that can be availed by the Out Patients. The process of laboratory services run from the time of presenting original request of the physician to the receiving of results by the patients or patient's relative.

ROUTINE TESTS INCLUDE:

- Complete Blood Count w/wo Platelet count
- Urinalysis
- Fecalysis/stool exam
- Blood Typing

ROUTINE BLOOD CHEMISTRY:

- Glucose Test (FBS/RBS)
- > BUN
- Creatinine
- Blood Uric Acid (BUA)
- Lipid Profile
- ➤ SGPT
- > SGOT
- ➤ Electrolytes (Sodium, Potassium, Chloride)

SPECIAL TESTS INCLUDE:

- > HIV TESTING
- COAGULATION TEST
- > SEROLOGY/IMMUNOLOGY TEST (HBs Ag, Syphilis, Anti-HCV, Anti-HAV IgG,IgM, SARS COV-2 Antigen test)
- GramStaining
- ➤ KOH

- ➤ NEW BORN SCREENING (Specimen Collection)
- COVID-19 RTPCR Swab Collection

Office or Division:	SAN PEDRO JOSE L. AMANTE EMERGENCY HOSPITAL-LABORATORY DEPARTMENT			
Classification:	SIMPLE			
Type of Transaction:	G2C and G2G			
Who may avail:	OUT PATIENTS			
CHECKLIST OF REQUIR	REMENTS	WHERE TO SECURE		
For conduct of Procedu	ire			
(1) original copy-Lagrange request form	aboratory	 OPD Physician and requesting agency or department 		
2. (1) original copy -C	Order of Payment	- Laboratory		
(1) original copy- 0 signed request by or authorized pers	the DWD official			
For releasing of result:				

^{*}Specimen to be transported to other Laboratories:





(1) original copy - claim stub or Official receipt		- Laboratory or Cashier		
,				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSI BLE
Present Physician's Laboratory request form/s	1. Verify and check the request.	None	3 minutes	Medical Technologi st Laboratory Department
	1.1 Out Patient will be instructed to fill up request form with patient's complete details, following the format provided.	None	3 minutes	Medical Technologi st Laboratory Department
* For SARS-Cov2	1.2 For patient with Fasting Procedure, they will be given a Number Card for the first Come First Serve basis for blood extraction.	None	2 minutes	Medical Technologi st Laboratory Department
Antigen Test, present 1 original request form, completely filled up Case Investigation Form (CIF) and work sheet.	1.3 Instruct the patient to isolate in the swab collection area and wait for the laboratory personnel.	None	5 minutes	Medical Technologi st Laboratory Department
*For SARS COV-2 RTPCR specimen collection, submit complete documents consisting of CIF, MDR, Cert. of	1.4 Issue Order of Payment and instruct to proceed to the cashier.	Refer to order of payment and City Ordinance 2023-38	8 minutes	Medical Technologi st Laboratory Department
Classification and	1.5 Instruct the	None	10 minutes	Medical





	T		Ι	
authorization letter	patient to			Technologi
	proceed to			st
*If patient will asked	DSWD for			Laboratory
for medical assistance	categorization of			Department
	indigence and			
	signing of officer.			
2. After payment or	2. Provide	None	7 minutes	Medical
approved assistance	specimen			Technologi
of indigence present	container for			st
the Official Receipt or	urinalysis,			Laboratory
original request signed	fecalysis and			Department
by DSWD Officer or	other body fluids.			•
Authorized personnel.				Medical
'	2.1 Checked the			Technologi
*Patient will collect	specimen	None	5 minutes	st
urine or stool	volume and			Laboratory
specimen	proper label,			Department
and submit it to the	proportabol,			Dopartinont
reception window and	2.2 Blood	None	5 minutes	Medical
wait their Name to be	extraction and	140110	o minutes	Technologi
called for blood	other body fluid			st
extraction and other	specimen			
	collection.			Laboratory
body fluid specimen collection.	collection.			Department
3. Wait for the	3. Process and		Routine and	Medical
released of results.		None	Special Test :	Technologi
released of results.	analyzes specimen	None	1 hour upon	st
*Presents claim stub	•		•	Pathologist
or Official receipt and	according to the		receiving of	
signs releasing log	procedure		samples.	Laboratory
book upon claiming	requested.		*SARS COV-	Department
the laboratory results			2 ANTIGEN	
the laboratory results			TEST: 20	
			minutes after	
			collection of	
			sample	
			.	
			Routine	
			Chemistry:	
			6 hours and	
			30 mins.	
			upon blood	
			extraction.	
	3.2 Checking			Medical
	and Verifying of			Technologi
	results for final	None	5 minutes	st
	interpretation			Laboratory
	and releasing.			Department





	3.3 Provide Releasing log book for claimant signature	None	2 minute	es Medical Technologi st Laboratory Department
TOTAL		Refer to order of payment and City Ordinance 2023-38 *patient with medical assistance depends on the availability of test requested	Routine and Special test 1 hour and 55 minutes *SARSCOV-2 ANTIGEN TEST: 30 minutes Routine Blood Test: 7 hours and 30 minutes *Specimen to be transported to other laboratories: Depends of the Turn- around time of	
				-19 RTPCR Test: - 2 days
LABORATORY TEST		PRICE LIST		
Clinical Microscopy				San Pedro
		Reside	1	
 				Residents
Urinalysis		Php 60.00	F	Php 50.00
Urinalysis Fecalysis			F	
		Php 60.00	F	Php 50.00
Fecalysis		Php 60.00 Php 60.00	F F	Php 50.00 Php 50.00
Fecalysis Pregnancy Test		Php 60.00 Php 60.00 Php 240.00	F F	Php 50.00 Php 50.00 Php 190.00
Fecalysis Pregnancy Test Semen Analysis		Php 60.00 Php 60.00 Php 240.00 Php 120.00	F F F edro S	Php 50.00 Php 50.00 Php 190.00 Php 95.00
Fecalysis Pregnancy Test Semen Analysis Scotch Tape Swab		Php 60.00 Php 60.00 Php 240.00 Php 120.00 Php 240.00 Non-San Pe	F F F Sedro S F	Php 50.00 Php 50.00 Php 190.00 Php 95.00 Php 190.00 Php 190.00
Fecalysis Pregnancy Test Semen Analysis Scotch Tape Swab Hematology		Php 60.00 Php 60.00 Php 240.00 Php 120.00 Php 240.00 Non-San Per Residents	F F F edro S F	Php 50.00 Php 50.00 Php 190.00 Php 95.00 Php 190.00 San Pedro Residents
Fecalysis Pregnancy Test Semen Analysis Scotch Tape Swab Hematology CBC		Php 60.00 Php 60.00 Php 240.00 Php 120.00 Php 240.00 Non-San Peresidents Php 120.00	F F F F F	Php 50.00 Php 50.00 Php 190.00 Php 95.00 Php 190.00 Php 190.00 San Pedro Residents Php 95.00
Fecalysis Pregnancy Test Semen Analysis Scotch Tape Swab Hematology CBC Platelet Count		Php 60.00 Php 60.00 Php 240.00 Php 120.00 Php 240.00 Non-San Peresidents Php 120.00 Php 70.00	F F F F	Php 50.00 Php 50.00 Php 190.00 Php 95.00 Php 190.00 Php 190.00 Php 190.00 Php 190.00 Php 55.00 Php 55.00
Fecalysis Pregnancy Test Semen Analysis Scotch Tape Swab Hematology CBC Platelet Count Hgb/ Hct		Php 60.00 Php 60.00 Php 240.00 Php 120.00 Php 240.00 Non-San Peresidents Php 120.00 Php 70.00 Php 95.00	F F F F	Php 50.00 Php 50.00 Php 190.00 Php 95.00 Php 190.00 Php 190.00 Php 190.00 Php 55.00 Php 55.00 Php 75.00
Fecalysis Pregnancy Test Semen Analysis Scotch Tape Swab Hematology CBC Platelet Count Hgb/ Hct Differential Count		Php 60.00 Php 60.00 Php 240.00 Php 120.00 Php 240.00 Non-San Peresidents Php 120.00 Php 70.00 Php 95.00 Php 95.00	F F F F F F	Php 50.00 Php 50.00 Php 190.00 Php 95.00 Php 190.00 Php 190.00 Php 190.00 Php 55.00 Php 55.00 Php 75.00 Php 75.00
Fecalysis Pregnancy Test Semen Analysis Scotch Tape Swab Hematology CBC Platelet Count Hgb/ Hct Differential Count Clotting Time		Php 60.00 Php 60.00 Php 240.00 Php 120.00 Php 240.00 Non-San Peresidents Php 120.00 Php 70.00 Php 95.00 Php 95.00 Php 95.00	F F F F F F F	Php 50.00 Php 50.00 Php 190.00 Php 95.00 Php 190.00 Php 190.00 Php 190.00 Php 55.00 Php 75.00 Php 75.00 Php 75.00





	T	PHILI
Coagulation Test	Non-San Pedro Residents	San Pedro Residents
Prothrombin Time	Php 720.00	Php 570.00
APTT	Php 990.00	Php 785.00
CLINICAL CHEMISTRY	Non-San Pedro Residents	San Pedro Residents
FBS/GLUCOSE	Php 145.00	Php 115.00
BUN	Php 145.00	Php 115.00
CREATININE	Php 145.00	Php 115.00
URIC ACID	Php 145.00	Php 115.00
CHOLESTEROL	Php 180.00	Php 145.00
TRIGLYCERIDE	Php 300.00	Php 240.00
HDL	Php 240.00	Php 190.00
LDL/VLDL	Php 240.00	Php 190.00
SGPT/ALT	Php 240.00	Php 190.00
SGOT/AST	Php 240.00	Php 190.00
OGCT	Php 280.00	Php 230.00
OGTT	Php 670.00	Php 530.00
SODIUM (Na)	Php 240.00	Php 190.00
POTASSIUM (K)	Php 240.00	Php 190.00
CHLORIDE (CL)	Php 240.00	Php 190.00
HGT/CBG/RBS	Php 145.00	Php 115.00
PACKAGE FOR CLINICAL CHEMISTRY EXAMINATION	Non-San Pedro Residents	San Pedro Residents
Electrolytes (Na, K, Cl)	Php 600.00	Php 475.00
Lipid Profile	Php 790.00	Php 620.00
CHEM 5 (FBS, BUNA, CREA, URIC, CHOLE)	Php 600.00	Php 475.00
CHEM 6 (CHEM 5+ TRIGLY)	Php 840.00	Php 665.00
CHEM 8 (CHEM 6 + HDL,LDL/VLDL)	Php 1,270.00	Php 1,010.00
CHEM 10 (CHEM 8 + SGPT + SGOT)	Php 1,700.00	Php 1,350.00
CHEM 12 (CHEM 10+ Na + K)	Php 2,060.00	Php 1,635.00





0ED01 00V (0	Non Con Dodge	Care Daylor
SEROLOGY (Screening Test)	Non-San Pedro Residents	San Pedro Residents
HBs Ag	Php 240.00	Php 190.00
Anti-HCV	Php 720.00	Php 570.00
Anti-HAV IgG	Php 900.00	Php 715.00
Anti-HAV IgM	Php 900.00	Php 715.00
Syphilis ICT/RPR	Php 240.00	Php 190.00
Dengue NS1 Ag	Php 840.00	Php 665.00
Dengue Blot	Php 960.00	Php 760.00
Dengue Duo	Php 1,680.00	Php 1330.00
Typhi Dot	Php 840.00	Php 665.00
HIV Test	Php 600.00	Php 475.00
SARS COV-2 Antigen Test	Php 660.00	Php660.00
Flourescence Immuno Assay TEST (FIA)	Non-San Pedro Residents	San Pedro Residents
HBA1C	Php 660.00	Php 525.00
Troponin I	Php 1,140.00	Php 905.00
CK-MB	Php 1,140.00	Php 905.00
PSA	Php 1,170.00	Php 930.00
TSH	Php 840.00	Php 665.00
CHEMILUMINESCENCE MICROPARTICLE ASSAY (CMIA/CLIA)	Non-San Pedro Residents	San Pedro Residents
SACRS-COV2 IgG	Php 1 7	760.00
SACRS-COV2 IgM	Php 1 7	760.00
PACKAGE: SARSCOVE2-DUO	Php 20	00.00
New Born Screening Test	Non-San Pedro Residents	San Pedro Residents
Expanded New Born Screening	Php 2,160.00	Php 1,800.00
New Born Hearing Test	Php 420.00	Php 335.00
BLOOD STATION	Non-San Pedro	San Pedro
Blood Typing (ABO)	Residents Php 120.00	Residents Php 95.00
,	•	·
Blood Typing (RH)	Php 120.00	Php 95.00
Cross Matching	Php 420.00	Php 335.00





Blood Units: All Blood Types	Non-San Pedro Residents	San Pedro Residents
Whole Blood	Php 2,160.00	Php 1,710.00
Pack RBC	Php 1,800.00	Php 1,425.00
Platelet Concentrate	Php 1,200.00	Php 950.00
Fresh Frozen Plasma (FFP)	Php 1,200.00	Php 950.00



8. Laboratory Services for IN-PATIENTS AND EMERGENCY ROOM (ER)

As a Secondary Laboratory we offer services that can be availed by the IN- Patients. The process of laboratory services run from the time of presenting original request of the physician to the Releasing of results to WARD and Emergency Room.

Office or Division:	SAN PEDRO JOSE L. AMANTE EMERGENCY HOSPITAL-					
	LABORATORY DEPARTMENT					
Classification:	SIMPLE					
Type of Transaction:	G2G					
Who may avail:	Nurse on duty o	r Nurse attend	lant for the reque	est of ER and IN		
	PATIENTS					
CHECKLIST OF REQUIREMENTS WHERE TO SECURE						
1. (1) Original copy- comp	oletely filled up	Ward				
laboratory request form						
2 (1) Original convert con	anlataly filled up	Emergency	Doom			
2. (1) Original copy of con Case Investigation Form	•	Emergency I	KOOIII			
	AGENCY	FEES TO	PROCESSIN	PERSON		
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE		
	110110110		2 11111			
1.1 Input the Physicians	1. Verify and	None	2 minutes	Medical		
order of iHOMIS the	check if the			Technologist		
requested laboratory	patient is			Laboratory		
test.	registered to			Department		
	the iHOMIS					
1.2Present 1 original						
completely filled up	1.1 Review the	None	2 minutes	Medical		
Laboratory request	laboratory test			Technologist		
form.	requested and check if it was			Laboratory		
*Request for SARS	entered in the			Department		
COV-2 ANTIGEN test	Physician's					
and RTPCR specimen	order of					
collection must submit 1	iHOMIS.					
original copy of						
completely filled up CIF.						
2. Acknowledge the	2. Inform the	Refer to	15 minutes	Medical		
blood extraction or	Nurse on duty	City		Technologist		
specimen collection of	about the	Ordinance		Laboratory		
the patient.	collection of	Service fee		Department		
	the patient,	2023-38				
	then proceed	Article III-				
	blood	City				
	extraction or	Hospital				
	specimen					





	1	1	· · · · · · · · · · · · · · · · · · ·	
	2.1 After the specimen collection, input charges of laboratory test in the iHOMIS.	None	3 minutes	Medical Technologist Laboratory Department
3.Wait for the test result to be forwarded by laboratory personnel and received laboratory report	3. Process and analyzes specimen according to the procedure requested.	None	Routine exam: Within 30 minutes upon receiving of samples.	Medical Technologist Laboratory Department
	3.1 Checking and Verifying of results for final interpretation and releasing.	None	Chemistry and special examination: 1 hour and 45 minutes upon blood extraction.	Medical Technologist Pathologist Laboratory Department
	3.2 Provide Releasing log book for Nurse on duty's signature.	None	5 minutes	Medical Technologist Laboratory Department
	TOTAL	Refer to City Ordinance 2023-38 Article III- City Hospital Service fee	ROOM (ER) RoutineTest at ANTIGEN TES Blood Chem. a hours and 15 rescribed to the laborator of the laborator series of the lab	and Special Test: 2 minutes be transported to ries: ne Turn- around erring lab.
			days	CK Test: 1 - Z





9. In-Patient Elective Major Surgery

This service involves processing of patient requiring any direct and elective surgical operation. The procedure started upon patient transfer from ward to OR Complex until completion of surgical procedure.

Office or Division:	Operating Room /Delivery Room			
Classification:	Simple	,		
Type of	G2C - Government –to	-Citizen		
Transaction:				
Who may avail:	All patients needing ele	ective major	surgical procedu	ıre.
CHECKLIST OF REQU	JIREMENTS	WHERE T	O SECURE	
1. (1) original copy order	- Written physician's	Attending S	Surgeon	
2. (1) original copy	- Procedure Consent	Attending S	Surgeon / Patier	t Chart
3. (1) original copy	- Anesthesia Consent	Attending /	Anesthesiologist	/ Patient Chart
	- Medical Clearance ary, and Pediatric) if	Attending F (OPD, Clin	•	vant medical field
5. (1) original copy	or photocopy -	Hospital/A	ccredited labora	tory/diagnostic
Completed upda diagnostic work	ited laboratory and up	Facility/Patient Chart		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Arrive at OR	1. Receives and	None	2 minutes	OR-Nurse/
complex	confirms correct			OR Receiving
in hospital gown via	identity of patient,			Area
wheelchair/stretcher.	contraptions and completeness of OR materials/requirement s needed. follow			Operating Room /Delivery Room
Citizen specific:	perioperative			
For patients under legal age/minor, a	checklist; Consent Form			
presence of a parent/immediate kin of legal age is mandatory	1.1 Prepare the operating Room for Surgery/Hook patient to the anesthesia monitoring machines	None	5 minutes	OR-Nurse Operating Room /Delivery Room
	1.2 Induction of Anesthesia/Perform Surgical Procedure	None	1 hour and 20 minutes	Anesthesiologist/ Surgeon Operating Room /Delivery Room





	I	ı	1	1
	1.3 Transfer patient	None	2 hours or	OR-Nurse
	safely to Post		more	Operating Room
	Anesthesia Care Unit			/Delivery Room
	(PACU) via stretcher			, = 5
	,			
	for monitoring			
2. Patient is waiting to	2. Issuance of	Refer to	1 minute	OR-Nurse/
be transfer to Surgical	Charge Slip/Check	City		OR Nurse's
Ward	the completion of	Ordinanc		Station
	Doctors and	е		Operating Room
	Anesthesiologist	No.2023-		/Delivery Room
	signature on the	38		/Delivery Room
		30		
	Philhealth Form (CF4,			
	CSF, CF2)			
	2.1 Transfer patient	None	17 minutes	OR-Nurse/Orderly
	safely and endorsed			Operating Room
	to Surgical Ward via			/Delivery Room
	stretcher			
TOTAL		1 100 2023-	4 hours and	
ISTAL	Refer to City Ordinance 2023-		45 minutes	
	38 Article III- City Hospital		45 minutes	
	Service fee			





10. OPD - Minor Surgery

This service involves processing of client's services requiring a surgical procedure under local anesthesia as out-patient.

Office or Division.	On a ratio a Daam /	Naliyany Daam			
Office or Division: Classification:	<u> </u>	Operating Room /Delivery Room			
	Simple	G2C - Government –to-Citizen			
Type of Transaction:	G2C - Government	l –lo-Cilizen			
	All potionto poodine	a minor ourgios	l procedure		
Who may avail:	All patients needing	g minor surgica	ii procedure		
CHECKLIST OF REQU	JIREMENTS	WHERE TO S	SECURE		
1. (1) original copy - W	ritten physician's	Attending Sur	geon/Operating	Room	
order with Schedule					
2. (1) original copy - Pr	ocedure Consent		geon/Operating		
3. (1) original copy - Ca Clearance	ardio-Pulmonary	Attending Phy (OPD, Clinical		evant medical field	
4. (1) original copy or p	hotocopy -		•	ry/Diagnostic Facility	
Completed laboratory a	and diagnostic	·		, ,	
workup	ACENCY	FEED TO DECOME DEPOSIT			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE	
Arrive patient at	1. Receives and	None	1 minute	OR-Nurse	
OR complex	checks the			Operating Room	
	identity of the			/Delivery Room	
	patient.				
	2. Call out	None	5 minutes	OR-	
2. Proceed to waiting	patient's name			Nurse/Philhealth	
area and wait for	and verifies the			Clerk	
name to be called	patient PhilHealth			Operating Room	
and Enter the minor	benefit eligibility			/Delivery Room,	
OR	form if with			PhilHealth benefit	
	PhilHealth.			section	
	2.1 Assist patient	None	5 minutes	OR- Nurse	
	in accomplishing	None	o minutes	Operating Room	
	necessary			/Delivery Room	
	forms/Consent			/Bonvory Room	
	Form				
	2.2 Prepare chart	None	10 minutes	OR-Nurse	
	and needs for			Operating Room	
	procedure			/Delivery Room	
	2.2 Drovido	Nama	E minutes	OB	
	2.3 Provide pre-	None	5 minutes	OR Operating Room	
	operative			Operating Room	





			PHILI.	
	checklist /Take the vital signs (VS)			/Delivery Room
	2.4 Perform Surgery	None	1 hour or more	OR-Nurse/ Surgeon Operating Room /Delivery Room
3. Direct patient to go to Philhealth Office and wait for statement of account	3.1 Facilitate accomplishment of all necessary forms. Check the completeness of Surgeon signature at PhilHealth Form (CF4,CSF,CF2)	None	3 minutes	OR-Nurse Operating Room /Delivery Room
	3.2 Issuance of Charge Slip	Refer to City Ordinance No. 2023-38	3 minutes	OR Nurse Operating Room /Delivery Room OR-
	3.3 Instruct patients to Coordinate with PhilHealth Office and settle the bill	None	30 minutes – 1 hour	Nurse/Philhealth Office/Billing & Cashier Operating Room /Delivery Room, Philhealth benefit section, Business office
4. Complete discharge process.	4.1. Provides post -operative instructions, Home meds prescribed	None	5 minutes	OR Nurse, Surgeon Operating Room /Delivery Room
	4.2 If with specimen, give to relative and receive the specimen with proper label, in the logbook. Instruct the relative to send off the specimen together with	None	3 minutes	OR Nurse / Medical Technologist Operating Room /Delivery Room / Laboratory



request to laboratory.			
Tot	Refer to City 2023-38 Artic Hospital Ser	cle III- City	2 hours and 15 minutes





11. Medical Social Service (Application for Medical Assistance)

This service involves processing medical assistance to the poor/indigent or financially incapacitated to be able to access needed health services or interventions until the time client received the necessary assistance / support and services

Office or Division	n: Medica	al Social Servic	e		
Classification:	Simple)			
Type of	G2C -	Government to	Citizen		
Transaction:					
Who may avail:	All pat	ients			
CHECKLIST	OF REQUIR	EMENTS		WHERE TO SE	CURE
1. (1) original cop	y - Certificate	of Barangay	Barangay		
Indigency					
2. (1) original cop	by or (1) Certif	ied True	COMELEC		
Copy - Voters Ce	ertification				
3. (1) photocopy	- Valid ID			fice, DFA, PSA, S	SS, GSIS,
				TO, COMELEC	
4. (1) photocopy			Patient (if mi	,	
5. (1) original or (Physician / N	ledical Records C	Office
Medical Certificat					
6. (1) photocopy			Patient		
7. (1) original cop	y - Certificate	of Co-	Patient / Rela	ative (if not marrie	d)
Habitation					
8. (1) original cop	y - Letter add	ressed to	Patient / Rela	ative	
Mayor					
9. (1) original cop	y - Statement	t of Account	Business Office		
CLIENT	AGENCY	ACTIONS	FEES TO	PROCESSING	PERSON
STEPS			BE PAID	TIME	RESPONSIBLE
1. Proceed to		and interview	None	10 Minutes	Social Worker
the Hospital	the patient /r	elative.			
Medical Social					
Service Unit	1.1 Instruct t	_	None	5 Minutes	Social Worker
(Hospital		ve to produce	None	3 Milliates	Social Worker
Building - Third	necessary do				
floor)	Financial/Me	edical			
	Assistance.				
	4.0.5	0			
	•	Social Case	None	15 Minutes	Social Worker
	•	rt for Financial			
	/ Medical As		Ness	20	
		TOTAL:	None	30 minutes	



12. Medical Social Service (Availment of Philhealth Enrolment through Point of Service "POS")

This service involves the point of service program that covers all Filipino (Unregistered and inactive members) under the National Health Insurance Program. The service involves processing of Philhealth enrolment from the time client seek information for compliance of requirements up to the time client is successfully enrolled at the system and tagged as PHIC Hospital Sponsored Member.

Office or Division:	Medical Social Servic	е		
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	In-Patients			
CHECKLIST OF R	REQUIREMENTS		WHERE TO SE	CURE
1. (1) original copy - C Indigency	0,	Barangay		
2. (1) photocopy - Valid	d ID		office, DFA, PSA LTO, COMELEC	
3. (1) photocopy - Birth	n Certificate	Patient (if m	ninor)	
4. (1) original copy - P		Benefit Sec		
5. (1) original copy - S	elf-Assessment Tool	MSS Office		
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
CLILINI STEFS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
Admitted patient relative or representative without Philhealth membership will proceed to the Hospital Medical	 Assess and interview indigent patient. The patient / relative will need to submit the 	None None	8 Minutes 5 Minutes	Social Worker Social Worker
Social Service Unit (Hospital Building - Third floor)	necessary documents. 1.2 Upon assessment if financially incapable, enroll indigent patient to point of service Total:	None None	7 Minutes 20 minutes	Social Worker



13. Ambulance Transfer (Free Transport of patient to higher level facility)

This service includes the coordination and transfer of patient from the Emergency Room and Medical-Surgical Ward to higher level facility for further medical and diagnostic management.

Office or Division	n:	Ambulance service				
Classification:		Simple				
Type of		G2C – Government to	Citizen			
Transaction:						
Who may avail:		All patients				
		REQUIREMENTS	Cross or cross or cr	WHERE TO SECU	JRE	
1. (1) original cop 2. (1) original cop			Emergency			
3. (1) original cop			Emergency Admission L			
CLIENT STEPS		AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBL E	
1. Patients seek consultation in the Emergency Room / Out Patient Department	condexplored transleve	Physician checked the dition of the patient & lains the need to be sferred to a higher el facility.	None	7 minutes	Physician / Nurse Emergency Room or Medical- Surgical Ward	
	pre sigr phy	The Nurse on duty will pare the Referral Slip ned by the resident sician	None	3 minutes	Nurse Emergency Room or Medical- Surgical Ward	
2. Patients/ Relative choose the hospital of choice.	will choi end	Admission staff on duty call the hospital of ice for proper orsement and rdination	None	15 Minutes	Admission Staff Admitting Section	
	avai ano	In case that there is no ilable hospital, call ther facility until found acancy	None	10 Minutes	Admission Staff Admitting Section	





3. The patient	3. Check the availability of	None	3 Minutes	Admitting Staff
significant	the ambulance; prepare			/ Ambulance
others prepare	the Trip Ticket indicating			Driver
for transfer	the Name, Address,			Admitting
	Contact Number of the			Section
	patient/relative and			
	Destination.			Admitting Staff
				/ Nurse
	3.1 Call the ambulance	None	2 Minutes	Emergency
	driver and give proper			Room or
	instructions.			Medical-
				Surgical Ward,
				Admitting
				Section
	TOTAL:	None	40 Minutes	





14. Payment of Hospital Fees and Charges

This explains the process on the payment of hospital-related expenses

Office or Division:	Business Office			
Classification:	Simple			
Type of	G2C - Government	to Citizen		
Transaction:				
Who may avail:	In-Patients/Out-Pati	ents		
CHECKLIST OF R	EQUIREMENTS		WHERE TO SE	CURE
1. (1) original copy - Pa	tient Chart	Nurse Station	on	
2. (1) original copy – Cl	harges slip/Order	X-Ray, Lab	oratory, ECG	
Of Payment				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Received Statement of Account (SOA)	1. Give order of payment/statemen t of account to patient	None	3 minutes	Nurse / Billing staff Emergency Room / Business Office
2. Present statement of account/order of payment to the cashier For in-patients: Present the statement of Account to the cashier for payment of hospital charges For out-patients: Get an order of payment from X-Ray, Laboratory and ECG and present it to the Cashier	2. Issue official receipt and discharge slip/clearance (admitted patients)	Refer to City Ordinance 2023-38 Article III- City Hospital Service fee	5 minutes	Cashier Business Office
	TOTAL:	Refer to City Ordinance 2023-38 Article III- City Hospital Service fee	8 minutes	





15. Billing Process

Process of issuance of bill for payment of hospital-related expenses

000	D : 0				
Office or Division:	Business Office				
Classification:	Simple				
Type of	G2C – Government to Citizen				
Transaction:					
Who may avail:	Patients / Patient si	ignificant oth			
CHECKLIST OF R	EQUIREMENTS		WHERE TO S	SECURE	
1. (1) original copy - Pa	atient Chart	Nurse Stati	on		
2. (1) original copy - O	rder of	Nurse Stati	on		
Payment/Charges					
3. (1) original copy – S Account (SOA)	tatement of	Business O	ffice		
,	AGENCY	FEES TO	PROCESSIN	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Request for statement of account	1. Forward to business office patient charts with order of payment/charge and prepare statement of account	None	25 minutes	Nurse / Midwife, Nursing Attendant / Billing Clerk Emergency Room / Business Office	
	1.1 Return the Patient Chart with the Statement of Account to the Nurse Station, nurse on duty shall give the SOA to the patient or patient significant other for settlement of hospital charges at the cashiers, or charged to patient's PhilHealth	Refer to City Ordinance 2023-38 Article III- City Hospital Service fee	5 minutes	Nurse Medical-Surgical Ward	
	TOTAL:	Refer to City Ordinance 2023-38 Article III- City Hospital Service fee	30 minutes		





16. Philhealth Services

Philhealth benefit for admitted and outpatient

Office or Division:	Philhealth Benefit Section					
Classification:	Simple					
Type of Transaction:	G2C – Government to Citi	zen				
Who may avail:	Member/Immediate Family					
	REQUIREMENTS	y IVIOITIDOI	WHERE TO SEC	IIRF		
1. (1) original and (1) photo		Philhealth me		OTTE		
2. (1) original copy - Philh		Philhealth se				
registration form (PMRF)	calli membersiip	1 mineatin se	otion			
3. (1) original copy - Author	orization letter	Philhealth se	ction			
4. (1) photo copy - Birth co			ion/Philhealth mem	ber		
5. (1) original copy - claim	•		ction/patient's chart			
6. (1) original copy - claim	•		ction/patient's chart			
7. (1) original copy - Rece		Cashier-Busi				
		FEES TO	PROCESSING	PERSON		
CLIENT STEPS	AGENCY ACTIONS	BE PAID	TIME	RESPONSIBLE		
1. Member or Immediate	1 Ask client some key	None	4 minutes	Philhealth Claims		
family member	point information and			Processor		
proceeds to Philhealth	any documentary			Philhealth Benefit		
Benefits Section to	requirements as			Section		
check Philhealth	necessary for searching					
eligibility status	and verification of PHIC					
	eligibility status in PHIC					
	Portal/E-claims					
	1.1 Informs client's PHIC					
	eligibility status.			D		
	*If need to update	. 1	4	Philhealth Claims		
	member's data or	None	1 minute	Processor		
	dependent:			Philhealth Benefit		
	1.2 Instruct client to			Section		
	1.2 Instruct client to have the member fill-out					
	forms and submit			Philhealth Claims		
	documents needed for			Processor		
	updating dependent or	None	3 minutes	Philhealth Benefit		
	data (PMRF,	None	3 IIIIIIules	Section		
	authorization letter, valid			Oction		
	ID, birth certificate of					
	dependent)					
		N. 1	4	DI ''II I'' O' '		
2. Member or Immediate	2. Checks the	None	4 minutes	Philhealth Claims		
family member submits	documents submitted			Processor		
documents for updating	and instructs client to			Philhealth Benefit		
member's	follow-up for Philhealth's			Section		
data/dependent	feedback					





3. Member or Immediate family member proceeds to Philhealth section for processing of patient discharge	3. Checks the receipt and instructs the client to have the member signed the claim forms.	In excess of PhilHealth case rate indicated at the SOA	3 minutes	Philhealth Claims Processor Philhealth Benefit Section
	3.1 Checks the submitted claim forms and issues clearance and discharge slip to client.	None	5 minutes	Philhealth Claims Processor Philhealth Benefit Section
	Total:	In excess	20 minutes	
	- Otan	of	20 11111111111	
		PhilHealth case rate		
		indicated		
		at the SOA		
		Refer to		
		City Ordinance		
		2023-38		
		Article III- City		
		Hospital		
		Service fee		





17. Pharmaceutical Services

This service involves the process of dispensing medicines for in-patient

Office or Division:	Pharmacy unit			
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Admitted patients			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
1. (1) Medication Pr	escription	Attending P	hysician	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present physician's medication order	 Check the validity of the prescription and check the following details Patient information Inscription and Subscription. Physician's information and license number 	None	2 minute	Pharmacist Pharmacy
	1.1 Check the availability of the medicine	None	2 minute	Pharmacist Pharmacy
	1.2 Encode available medicines in the hospital operation and management information system and issue charge slip	Based on the medicine price list	5 minutes	Pharmacist Pharmacy
2. Receiving of medication	2. Dispense ordered medicines	None	2 minutes	Pharmacist Pharmacy
	2.1 Counsel the patient about their medication as needed	None	2 minutes	Pharmacist Pharmacy
	Total:	Based on the medicine price list	13 minutes	





18. X-Ray Services

This service is a diagnostic procedure that involves quick, painless test that produces images of the structures inside the body.

Office or Division:	Radiology Unit					
Classification:	Simple					
Type of	Government to Citiz	zen				
Transaction:		.011				
Who may avail:	All patients					
CHECKLIST OF R		WHERE TO SECURE				
1. (1) original copy - Pa	•	ER/OPD/V		LOGICE		
3. (1) original copy - Eli				L Unit		
Indigency, 4PS, NTP	igiomity i orini	RHU/Hospital Social Welfare Unit				
	AGENCY	FEES TO	PROCESSI	PERSON		
CLIENT STEPS	ACTIONS	BE PAID	NG TIME	RESPONSIBLE		
1. Present the Physician Radiologic Request Form and receive order of payment	1. Issue order of payment to patient and advice to proceed to cashier for payment.	Refer to City Ordinance 2023-38 Article III- City Hospital Service fee	5 minutes	Radiologic Technologist / Cashier Radiology Unit / Business Office		
2. Present official receipt to the radiology unit and undergo the procedure.	Perform procedure on patient. Develop the exposed X-Ray	None None	7 minutes 5 minutes	Radiologic Technologist Radiology Unit Radiologic Technologist		
	films 2.2 Submit to the radiologist for issuance of official reading	None	1 day and 20 hours	Radiology Unit Radiologist Radiology Unit		
3. Pick-up results of your X-Ray	3. Releasing of results.	None	3 Minutes	Radiologic Technologist Radiology Unit		
	TOTAL:	Refer to City Ordinance 2023-38 Article III- City Hospital Service fee	1 day and 20 hours upon released of the official reading			





19. Ultrasound Services

This service is diagnostic imaging test that uses sound waves to create a picture of organs, tissues, and other structures inside the body.

Office or Division:	Radiology Unit	Radiology Unit				
Classification:	Simple					
Type of	Government to Citiz	en				
Transaction:						
Who may avail:	All patients					
CHECKLIST OF R	EQUIREMENTS		WHERE TO S	ECURE		
1. (1) original copy - Pa		ER/OPD/	Ward			
3. (1) original copy - Eli	igibility Form:	RHU/DSW)			
Indigency, 4PS, NTP						
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON		
	ACTIONS	BE PAID	G TIME	RESPONSIBLE		
1. Present the	1. Issue order of	Refer to	5 minutes	Radiologic		
Physician Radiologic	payment to patient	City		Technologist		
Request Form and	and advice to	Ordinance		/ Cashier		
receive order of	proceed to cashier	2024-02		Radiology Unit /		
payment	for payment.	Section 5.		Business Office		
		Service				
		Fees and				
		Charges				
2. Present official	2. Perform the	None	20 minutes or	Radiologist		
receipt to the	procedure on the		more	Radiology Unit		
radiology unit and	patient.		depends on			
undergo the			the			
procedure.			physicians			
0. 5':1	0 D.L	NI	request form	D. P. L.		
3. Pick-up the results	3. Releasing of	None	20 hours	Radiologic		
of the ultrasound.	results.			Technologist		
	Total	Defer to	20	Radiology Unit		
	Total:	Refer to City	20 hours			
		Ordinance	upon released of			
		2024-02 the official				
		Section 5,				
		Service	reading			
		fees and Charges				
		Charges				





Radiologic Test	Processing Time	Releasing Time		s per ocedure
	X-F	Ray		
			Non-San Pedro Resident	San Pedro Resident
Chest PA View	10 Minutes	1 – 2 days	240	190
Chest PAL View	10 Minutes	1 – 2 days	480	380
Upper / Lower Extremities	10 Minutes	1 – 2 days	240	190
Thoraco-Lumbar APL	10 Minutes	1-2 days	420	330
Lumbo-Sacral APL	10 Minutes	1-2 days	420	330
Cervical APL	10 Minutes	1-2 days	420	330
T-Cage	10 Minutes	1-2 day	240	190
Skull-APL	10 Minutes	1-2 days	420	330
Townes View	10 Minutes	1-2 days	240	190
Water View	10 Minutes	1-2 days	240	190
Temporo- Mandubular Joint	10 Minutes	1-2 days	480	380
Sub-Mento Vertical View	10 Minutes	1-2 days	240	190
Caldwells View	10 Minutes	1-2 days	240	190
STL	10 Minutes	1-2 days	420	330
All Spines	10 Minutes	1 – 2 days	240	190
Baby Gram APL	10 minutes	1-2 days	360	285
Spot Film	10 minutes	1-2 days	240	190
PNS (Paranasal Sinuses)	10 Minutes	1 – 2 days	660	520
	Ultras	sound		•
			Non-San Pedro Resident	San Pedro Resident
BPS	10 Minutes	24 hours	720	570
Gall bladder	10 Minutes	24 hours	540	430
HBT	15 Minutes	24 hours	1320	1045
Kidney	10 Minutes	24 hours	540	430
KUB	10 Minutes	24 hours	780	620
KUB w/Prostate		24 hours	1,080	855
Liver	10 Minutes	24 hours	540	430
Pancreas	10 Minutes	24 hours	540	430
Pelvic	10 Minutes	24 hours	540	430
Prostate	10 Minutes	24 hours	540	430
TVS	10 Minutes	24 hours	720	570





Whole Abdomen	20 Minutes	24 hours	1,320	1,045
Breast	30 Minutes	24 hours	1,080	855
Transvaginal (TVS)	30 Minutes	24 hours	720	570
Pelvic	30 Minutes	24 hours	720	570
Gyne/Transabdominal				
(The 30% of cost/price				
shall be paid to the				
Ultrasonologist				
Oit decirciogist	OB Ultrasound			
	Procedures			
	11000000		Non-San	San Pedro
			Pedro	Resident
			Resident	Resident
Transrectal			960	760
Fetal Biometry			720	570
Singleton			. =	4.55
Fetal Biometry Twin			1,560	1,235
BPS Biophysical			1,560	1,235
Scoring Singleton				
BPS Biophysical			3,120	2,470
Scoring Twin				
CAS Congenital			3,360	2,660
Anomaly Scan			3,333	2,000
Singleton				
CAS Congenital			4,560	3,610
Anomaly Scan Twin			1,000	0,010
•			1,440	1,440
Transvaginal with			1,440	1,440
color Doppler				
Transrectal with color			1,680	1,330
Doppler				
Cervical Funneling			2,640/2,880	2,090/2,280
Follicle Scanning			720	570
Placental Doppler			1,560	1,235
HSSG/SISH w/o			4,200	3,325
materials				
Doppler Velocimetry			1,560	1,235
(50% of cost/price is			,	,
the professional fee				
of OB-GYN				
Sonologist)				
	OTHERS			
ECG/EKG	· · ·		240	190
(Adult)2D			3,600	3,000
Echocardiogram			3,000	3,300
(Pedia)2D			4,200	3,500
Echocardiogram			1,230	3,555
Lonooaranogram				





CT SCAN (Plus 2,500 w/ Contrast)

Procedure	Non-San Pedro Resident		San Ped	San Pedro Resident		
	Reg.	Reader's	Total	Reg	Reader's	Total
	Price	fee		Price	Fee	
			I			
Plain Abdomen	8,000	2,400	10,400	7,000	2,100	9,100
Cranial Plain	3,600	1,080	4,680	2,600	780	3,380
Cranial w/ B.W.	4,000	1,200	5,200	3,000	900	3,900
Cervical Spine Plain	4,200	1,260	5,460	3,200	960	4,160
Chest Plain	4,000	1,200	5,200	3,000	900	3,900
Chest Plain w/B.W.	4,300	1,290	5,590	3,300	900	4,200
Facial	4,200	1,260	5,460	3,200	960	4,160
Lumbar Spine	5,000	1,500	6,500	4,000	1,200	5,200
Nasopharynx	4,500	1,350	5,850	3,500	1,050	4,550
Stonogram	4,000	1,200	5,200	3,000	900	3,900
T-Spine	4,500	1,350	5,850	3,500	1,050	4,550
Upper Abdomen Plain	4,500	1,350	5,850	3,500	1,050	4,550
Lower abdomen Plain	4,500	1,350	5,850	3,500	1,050	4,550
Thoracic Plain	4,000	1,200	5,200	3,000	900	3,900
Lumbar Plain	4,200	1,260	5,460	3,200	960	4,160
Mandible Plain	5,200	1,560	6,760	4,200	1,260	5,460
Temporal Plain	5,200	1,560	6,760	4,200	1,260	5,460
Mastoid Plain	5,000	1,500	6,500	4,000	1,200	5,200
Urogram	5,000	1,500	6,500	4,000	1,200	5,200
Neck Plain	4,200	1,260	5,460	3,200	960	4,160
Mammogram	1,200	500	1,700	1,000	500	1,500





20. Issuance of Various Photocopied Health Records

This service involves the processing of issuance of various photocopied health records from the time the client presents the duly accomplished request form for a photocopied health records up to the releasing of health records like laboratory/diagnostic results, records of operations, medical abstract, discharge summary and issued certificates. This excludes initial releasing of health records and patient for transfer. In order for the client to avail the service, the following steps are to be followed:

Office or Division: Medical Record Section (MRS)				
Classification: Simple				
Type of Transaction: G2C – Government to Citizen				
Who may avail: a.) Spouse and next of kin of the deceased or their				
Authorized Representative/Patient				
b.) Next of kin/ Authorized Representative/Guardian				
c.) Courts and Administrative bodies exercising quasi-jud	dicial and/or			
investigative function				
CHECKLIST OF WHERE TO SECURE				
REQUIREMENTS Drimony requirements for principal				
Primary requirements for principal				
(includes Parent of minor patient):				
1. 1 original copy – Duly Accomplished Request Form MRS Window 1				
	IEI EC			
2. 1 photocopy - Any Valid ID GSIS, SSS, PagIbig, LTO, DFA, COM PhilHealth, BIR, PHLPost, LGU/Baran				
School, Employer, UMID, DRIVERS L	.			
3. 1 original copy – Charge Slip MRS Window 1	ICLINOL.			
4. 1 original copy – Charge Slip Cashier Window 1				
with OR Number				
man ercrames.				
Situational Requirements				
(additional requirements):				
Authorized Representative:				
5. 1 photocopy - Any Valid ID GSIS, SSS, PagIbig, LTO, DFA, COM	GSIS, SSS, PagIbig, LTO, DFA, COMELEC,			
PhilHealth, BIR, PHLPost, LGU/Baran	PhilHealth, BIR, PHLPost, LGU/Barangay,			
6. 1 original copy - Authorization School, Employer				
letter/Special Power of Attorney, Requesting party (patient/principal)				
Affidavit of guardianship (for				
minor with no next of kin)				
AGENCY FEES PROCESSING PER	SON			
CLIENT STEPS ACTIONS TO TIME RESPO	NSIBLE			
BE PAID				
1. Presents duly 1. Received None 10 minutes Medical	Records			
	· / Staff			
request form plished Medical				
and undertake request Sec				
interviews form and				





interview clients.		





21. Issuance of Unregistered Death Certificate

This service involves the processing of Issuance of Unregistered Death Certificate from the time the client presents duly accomplished request form until the time the clients receives the Unregistered Death Certificate (for Inpatient & Emergency Room, except for Dead on Arrival). Further, this service is necessary for the registration of Death Certificate at the Local Civil Registry.

Office or Division:	Medical Record Se	ction (MR	(S)		
Classification:	Simple	2.1011 (1111)	,		
Type of Transaction:		t to Citize	n		
Who may avail:	Next of Kin of the d			d Representative	
CHECKLIST OF RE			WHERE TO	· · · · · · · · · · · · · · · · · · ·	
IREMENTS					
Primary requirements for principal:					
(includes Parent of mir		· · ·			
1. 1 original copy – Du	lly Accomplished	MRS W	indow		
Request Form	L ID	0010 0		0 DEA 00MELEO	
2. 1 photocopy - Valid	טוו			O, DFA, COMELEC,	
				t, LGU/Barangay,	
2 4 ariginal cany Ch	oran Clin	MRS W	Employer, UMID		
 1 original copy – Ch 1 original copy – Ch 		_			
with OR Number	large Slip	Billing/Cashier			
5. 1 original copy – Du	ılv Signed Waiver	MRS wi	ndow		
Form	ily Olgited Walver	IVII CO WI	IIdow		
6. 1 original copy – Cla	aim Stub	MRS wi	ndow		
or roughton copy					
Situational Requireme	ents (additional				
requirements):					
Authorized Representa					
7. 1 photocopy - Any	Valid ID	GSIS, SSS, Paglbig, LTO, DFA, COMELEC,			
		PhilHealth, BIR, PHLPost, LGU/Barangay, School, Employer			
		School,	⊏mpioyer		
8. 1 original copy - Aut	thorization	Reques	ting party		
letter/Special Power		Neques	ing party		
iottoi/Opeoidi i owei		FEES			
CLIENT STEPS	AGENCY	TO BE	PROCESSING	PERSON	
	ACTIONS	PAID	TIME	RESPONSIBLE	
1. Presents duly	1. Receives duly	None	8 minutes	Medical Records Officer /	
accomplished	accomplished			Staff	
request form and	request form			Medical Record	
undertake	and interview			Section	
interview	client.				





2. Receives charge slip and proceeds to cashier for payment, present charged slip and pay the	 Issues charge slip and directs to cashier for payment 	None	2 minutes	Medical Records Officer / Staff Medical Record Section
corresponding amount.	2.1. Retrieves patient's chart and validates the entries in the Death form and typed the Death Certificate and signed by Medical Officer.	None	30 minutes	Cashier Business Office
3. Return to Medical Record Section and present the official receipt, then validates entries and correctness on the Death Certificate.	3. Received the Official receipt and record in the order of payment logbook.	None	5 minutes	Medical Records Officer / Staff Medical Record Section
4. Clients signed in the releasing logbook and receive the unregistered Death Certificate and registered to LCR	4. Instruct the client to sign the releasing logbook and release the unregistered Death Certificate.	None	5 minutes	Medical Records Officer / Staff Medical Record Section
	TOTAL:	PHP	50 Minutes	
		95.00 (Non-		
		San		
		Pedro		
		Resident		
		PHP		
		75.00		
		(San Pedro		
		Resident		
		s)		
L	l .			l





22. Issuance of Various Medical Certificates

This service involves the processing of Issuance of Various Medical Certificates from the time the client presents duly accomplished request form until the time the client receives the requested certificate. For detainees and WCPU cases no charges shall be applied.

Office or Division:	Medical Record Sec	ction (MPS)				
Classification:	Simple	GUOTI (IVIIXO)				
		· ·				
Type of Transaction:		G2C – Government to Citizen G2G – Government to Government				
Who may avail.						
Who may avail:	Patient	Vext of kin/ Authorized Representative				
		•				
		Courts and Administrative bodies exercising quasi-judicial and/or				
01150141107-05-05	investigative function					
CHECKLIST OF RE	<u> </u>	WHERE TO SECURE				
Primary requirements						
(includes Parent of mir	• ,	MDOWE				
1. 1 original copy – Du	ily Accomplished	MRS Window 1				
Request Form	LID	COIO COO Den ikin LTO DEA COMELEO				
2. 1 photocopy - Valid		GSIS, SSS, Pag-ibig, LTO, DFA, COMELEC,				
3. 1 original copy – Ch	large Slip	PhilHealth, BIR, PHLPost, LGU/Barangay, School,				
		Employer				
Oitestianal Dansins	(a./a.d.d!(!a.a.d	MRS Window 1 HIMS				
Situational Requirement	ents (additional					
requirements):	4ir co.					
Authorized Representa		COIC COC Death: LTO DEA COMELEO				
4. 1 photocopy - Any	valiu ID	GSIS, SSS, Paglbig, LTO, DFA, COMELEC,				
		PhilHealth, BIR, PHLPost, LGU/Barangay,				
		School, Employer				
5. 1 original copy - Aut	thorization	Requesting party (patient/principal)				
letter/Special Power		Requesting party (patient/principal)				
Affidavit of guardian	• •					
no next of kin)	ionip (ioi minoi with					
TIO TIONE OF KILL)						
(For Medico-Legal Cert	tificates)					
6. 1 original copy -	,	Clerk of Court, PNP, NBI and enforcement				
Police Request		agencies				
name of the authorize		agonolos				
(For Gender Certificate						
7. 1 original/xerox cop	,	GSIS, SSS, Paglbig, LTO, DFA, COMELEC,				
Certificate and	other legal	PhilHealth, BIR, PHLPost, LGU/Barangay,				
documents.	ŭ	School, Employer				





		T.	T	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
Presents duly accomplished request form together with the documentary requirements and undertakes interview	1. Receives duly accomplished request form together with the documentary requirements and interviews client.	None	10 minutes	Medical Records Officer / Staff Medical Record Section
1.1. Received charge and proceed to cashier for payment, present the charge slip and pay the corresponding amount.	1.1 Issues charge slip and directs to cashier for payment of charges	None	15 minutes	Medical Records Officer / Staff Medical Record Section
	1.2 Retrieves patient's record and prepared certificate and			Medical Records
	signed to ROD/Medical Officer.	None	25 minutes	Officer / Staff Medical Record Section
	ement	Php180.00- (non-San Pedro – resident)	30 minutes	
		Php140.00 (San Pedro		
		resident) 180.00 140.00	30 minutes	
	Certifi cates	420.00 330.00 300.00	30 minutes	
		240.00	30 minutes	





	certifi cates			
	D. Other			
	certifi cates			
2. Present the Official receipt to Medical Record Section.	2. Received the Official Receipt and record in the order of payment logbook.		5 minutes	Medical Records Officer / Staff Medical Record Section
Sign in the releasing logbook and receive the certificate.	3. Instruct the Client to sign in the releasing logbook. And release the certificate.		5 minutes	Medical Records Officer / Staff Medical Record Section
	TOTAL:	Dependin g on Record Availed	1 day & 3 hours	





23. Processing of Unregistered Certificate of Live Birth

This service involves the processing of Unregistered Certificate of Live Birth from the time the client presents duly accomplished request form until the completion of certificate of live birth form or the issuance of unregistered certificate of live birth for personal submission. Further, this service is necessary for the registration of Certificate of Live Birth at the Local Civil Registry.

Office or Division:	Medical Record Sec	ction (MRS)					
Classification:	Simple						
	•	G2C – Government to Citizen					
Who may avail:	J.	arents, Next of Kin, Authorized Representative					
CHECKLIST OF RI		WHERE TO SECURE					
Primary requirements	for principal						
 1. 1 original copy – Do Accomplished Request Form 	uly	MRS Window 1					
2. 1 photocopy - Valid	d ID	GSIS, SSS, Paglbig, LTO, DFA, COMELEC, PhilHealth, BIR, PHLPost, LGU/Barangay, School, Employer,, Admitting/Information Unit					
3. 1 original copy - Ch	arge Slip	MRS Window 1					
For Married: 4. 1 photocopy - Marri For unmarried/minor:		PSA					
4. 1 photocopy - Certifor mother	ficate of Live Birth	PSA					
For minor with no par 5. 1 photocopy - Affida guardianship		Lawyer					
For personal submiss of Live Birth to LCR(add requirements:							
6. Waiver logbook7. 1 original copy – Ol	R receipt	MRS MRS					
If by an Authorized Representative(additi	onal						
requirements): 1. 1 photocopy - Valid	d ID	GSIS, SSS, Paglbig, LTO, DFA, COMELEC, PhilHealth, BIR, PHLPost, LGU/Barangay, School, Employer					
2. 1 original copy - Au letter/Special Power		Requesting party					





	I			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
Clients fill out the request form.	1. Provide the client the Request form. Instruct them how to fill out the form.	None	10 minutes	Medical Records Officer / Staff Medical Record Section
(only parent allowed)	1.2 Assess and verified the Draft form fill out.			
1.1. Clients fill out the draft form.				Medical Records Officer / Staff Medical Record Section
2. Receives charge	2 .Issues charge slip to patient and pay to the cashier. Then prepared the Birth Certificate.	Dl 75 00	2 minutes	Medical Records Officer / Staff Medical Record Section
slip and proceeds to cashier for Payment.	2.1 Receive the Official receipt and record in the order of payment logbook.	Php75.00	20 minutes	Cashier Business Office
2.1. Clients check the correctness of entries in the typed Birth Certificate		None	10 minutes	Medical Records Officer / Staff Medical Record Section
2.2 Present the Official receipt to Medical Record Section.				
For hospital submission of Certificate of Live Birth to LCR-Married	3. For married, MRS will register the Live Birth.			
3. Returns to Medical Record office for instruction/s.	3.1 Instruct the client to comeback after 3 days to get their copy of registered live birth. And instruct them to bring the	None	2 days and 12 hours	Medical Records Officer / Staff Medical Record Section





	official receipt and ID.	None	5 minutes	Medical Records Officer / Staff Medical Record Section
For personal submission of Certificate of Live				
Birth to LCR-Not married 3.1 Returns to Medical Record Section office to get their copy of live birth.	3.2 Released the unregistered birth certificate and instructs client to sign in the releasing logbook.	None	5 minutes	Medical Records Officer / Staff Medical Record Section
3.2 Present the Official receipt and ID's for identification.	3.3 Release the unregistered Certificate of Live Birth and sign in	None	3 minutes	Medical Records Officer / Staff Medical Record Section
3.3 Sign in the releasing logbook and receive the Certificate of Live Birth.	the releasing logbook.	None	3 minutes	Medical Records Officer / Staff Medical Record Section
		PHP 95.00 (Non-	Certificate of Li	submission of ve Birth to LCR (for ied parents)
ТОТ		San Pedro Resident	For persona Certificate of L not married pa	nd 12 hours Il submission of ive Birth to LCR (for rents)



Jose L. Amante Emergency Hospital – Physical Rehabilitation

External Services





1. Out-patient Consultation (For New Patient)

The outpatient unit is designed for clients who visit the clinic for the first time for diagnosis and treatment, but do not necessarily need therapy services at this time.

Office or	City Health Office –	Physical Me	dicine and Reha	bilitation Unit
Division:	0: 1			
Classification:	Simple	. 0'''		
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:		duals seeking medical consultation		
CHECKLIST OF REQUIREMENTS			WHERE TO SE	CURE
None		N/A		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Secure a consultation schedule/ appointment through text messages, email or on site	1. Answer all patients' inquiries, provide details and issue a consultation schedule/ appointment date and acquire the patient's name and contact details.	None	3 minutes	Physical/Occupat ional Therapy Staff CHO
2. Secure queuing number on the scheduled date given	2. Check the provided list of scheduled patients	None	1 minute	Staff-on-Duty POSO-CSU
3. Wait for your number to be called and proceed to Submit himself for initial assessment	3. Triage personnel will conduct assessment, interview, and vital signs	None	5 minutes	Clinic Secretary CHO
4. Proceed to consultation room for assessment.	4. Refer for Physical/Occupati onal therapy, referral for other examinations ,issuance of prescription and giving follow up instructions	None None	30 minutes 39 Minutes	Physiatrist CHO





2. Out-patient Consultation (For Old Patient)

The outpatient unit is designed for clients who visit the clinic for the first time for diagnosis and treatment, but do not necessarily need therapy services at this time.

011	0'' 11 11 0"'	DI : 184	l'	1.119. 21. 1.1.14
Office or	City Health Office –	Physical Me	dicine and Reha	ibilitation Unit
Division:	Circuita			
Classification:	Simple	1. 0:0:		
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:		duals seeking medical consultation		
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE
None		N/A		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Secure a consultation schedule/ appointment through text messages, email or on site	1. Answer all patient's inquiries, provide detail and Issue a consultation schedule/ appointment date and acquire patient's name and Update contact details.	None	3 minutes	Physical/Occupat ional Therapy Staff CHO
2. Secure queuing number on the scheduled date given	2. Check the provided list of scheduled patients	None	1 minute	Staff-on-Duty POSO-CSU
3. Wait for your number to be called and proceed to Submit himself for initial assessment	3. Retrieve IPR and update data. And conduct assessment, interview, and vital signs.	None	5 minutes	Clinic Secretary CHO
4. Proceed to consultation room for assessment.	4. Refer for Physical/Occupati onal therapy, referral for other examinations ,issuance of prescription and giving follow up instructions TOTAL:	None	30 minutes 39 Minutes	Physiatrist CHO





3. Physical Therapy Program/Occupational Therapy Program

The rehabilitation unit provides physical therapy and occupational therapy to clients based on the physiatrist's orders. Patients will undergo initial assessment, physical therapy/occupational therapy treatment, patient and family education and home exercise program. After finishing the given number of sessions, patients will undergo re-assessment and be scheduled for a follow up consultation with the physiatrist for further instructions

Office or	City I look Office	Dhysiaal Ma	diaina and Daha	hilitation I lait
Office or Division:	City Health Office –	Physical Me	dicine and Rena	idilitation Unit
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:		10 011.2011		
Who may avail:	Individuals seeking	therapy serv	ices	
CHECKLIST OF I			WHERE TO SE	CURE
None	None			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Present referral form and Secure a schedule/ appointment for therapy session	1. Answer all patient's inquiries/ questions, provide details to the therapy session process, and explain rehabilitation rules. Provide contact number for schedule updates	None	5 minutes	Physical/Occupat ional Therapy Staff CHO
2. Proceed to scheduled appointment for therapy sessions.	2. Conduct initial evaluation/ assessment, vital signs and treatment.2.1 Explains each treatment	None None	2 hours	Assigned Physical/Occupat ional Therapy Staff CHO
	procedure to patient and/or guardian 2.2 Give patient exercise program to be done regularly at home. 2.3 Take and record vital signs after session.	None None		





	2.4 Record acquired assessment into patient's chart.	None		
3. Wait for Physical / Occupational therapist for further instructions regarding next therapy session.	3. Provide Schedule card and give further instructions regarding home exercise program to patient and/or guardian.	None	5 minutes	Assigned Physical/Occupat ional Therapy Staff CHO
	TOTAL:	None	2 Hours and 5 Minutes	



Office of the Economic Enterprise – San Pedro Town Center

External Services





1. Vacant Stall Inquiry

Interested clients who wish to rent or avail of a vacant stall may proceed to the San Pedro Town Center for a spot.

Office or	San Pedro Town Ce	ontor		
Division:	San Pedro Town Ce	enter		
	Cimala			
Classification:	Simple	. 0:::		
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	All	Γ		
	REQUIREMENTS		WHERE TO SEC	URE
None	T	None	T	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Administration Office to inquire about a stall	1. If there are vacant stalls, the client will be allowed to inspect and view the stall.	None	10 minutes	SPTC Personnel Security On-Duty
	1.1 Assist client in looking for the vacant stall.	None	10 minutes	CSU SPTC Personnel
	1.2 Inform client of the requirements, should the client want to avail of a stall.	None	5 minutes	
2. Pay a 1-month advanced deposit	2. Ask client to pay for the 1-month advanced deposit and collect payment	Refer to City Revenue Code	5 minutes	Bill Collector SPTC
3. Wait for the issuance of the Contract of Lease (COL).	3. Prepare the contract of lease between the City Mayor and the lessee.	None	5 minutes	SPTC Personnel SPTC Personnel
	3.1 Issue the contract of lease upon the approval of the Mayor and concerned signatories.	None	5 minutes	or ror ersonner
	TOTAL:	Refer to City Revenue Code	40 Minutes (excluding the approval of the COL.)	





2. Renewal of Contract of Lease

Tenants of the San Pedro Town Center (SPTC) can renew their lease and continue to do business in their respective stalls.

Classification: Simple Type of Transaction: G2B – Government to Business Entity Who may avail: San Pedro Town Center Tenants CHECKLIST OF REQUIREMENTS WHERE TO SECURE 1. Current Contract of Lease (1 Original Copy) SPTC Tenant CLIENT STEPS AGENCY ACTIONS FEES TO BE PAID PROCESSING RESPONS 1. Proceed to the Administration 1. Prepare the renewal of Contract None 5 minutes SPTC Person	
Transaction: Who may avail: San Pedro Town Center Tenants CHECKLIST OF REQUIREMENTS WHERE TO SECURE 1. Current Contract of Lease (1 SPTC Tenant Original Copy) CLIENT STEPS AGENCY FEES TO PROCESSING PERSONS ACTIONS BE PAID TIME RESPONS 1. Proceed to the 1. Prepare the None 5 minutes SPTC Persons	
Who may avail: San Pedro Town Center Tenants CHECKLIST OF REQUIREMENTS WHERE TO SECURE 1. Current Contract of Lease (1 Original Copy) SPTC Tenant CLIENT STEPS AGENCY ACTIONS FEES TO BE PAID PROCESSING RESPONS 1. Proceed to the 1. Prepare the None 5 minutes SPTC Pers	
CHECKLIST OF REQUIREMENTS 1. Current Contract of Lease (1 Original Copy) CLIENT STEPS AGENCY ACTIONS 1. Proceed to the 1. Prepare the WHERE TO SECURE SPTC Tenant PROCESSING PERSONS RESPONS SPTC Personness One State of Secure SPTC Tenant SP	
1. Current Contract of Lease (1 SPTC Tenant Original Copy) CLIENT STEPS AGENCY ACTIONS FEES TO BE PAID TIME RESPONS 1. Proceed to the 1. Prepare the None 5 minutes SPTC Pers	
Original Copy) CLIENT STEPS AGENCY ACTIONS 1. Proceed to the 1. Prepare the None PROCESSING PERSONS RESPONS SPTC Persons	
ACTIONS BE PAID TIME RESPONS 1. Proceed to the 1. Prepare the None 5 minutes SPTC Pers	
Office and present the requirements. of Lease to be duly signed by both parties, Lessee and Lessor. 1.1 Issue the Renewed Notarized Contract of Lease. None 5 minutes	sonnel
TOTAL: None 10 Minutes	





3. Payment of Stall Rent and Electricity

Tenants of the San Pedro Town Center (SPTC) can renew their lease and continue to do business in their respective stalls.

Office or	San Pedro Town Center			
Division:				
Classification:	Simple			
Type of	G2B - Government	to Business	Entity	
Transaction:			•	
Who may avail:	San Pedro Town Co	enter Tenants	3	
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Statement of Acc	count (1 Original	SPTC Tena	int	
Copy)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring your Statement of Account (SOA) and present it to the Administration for the payment of fees.	 Verify the SOA of the tenant and receive the payment. 1.1 Issue the official receipt. 1.2 Recording and posting of payments to the ledger and computer. 	Refer to City Revenue Code None	5 minutes 5 minutes 5 minutes	SPTC Personnel
	TOTAL:	Refer to City Revenue Code	15 Minutes	





SAN PEDRO TOWN CENTER FEES

SECTION	Amount of Fees		
Commercial	Per Annum		
CS-1F-1	23,760.00		
-2	23,760.00		
-3	23,760.00		
-6	23,760.00		
0	35,640.00		
CS-1F-4	00,010.00		
-9C	17,820.00		
CS-1F-5A	11,880.00		
5B	11,880.00		
5C	11,880.00		
8A	11,880.00		
8B	11,880.00		
7A	13,068.00		
7B	10,692.00		
9A	8,910.00		
9B	8,910.00		
Dry-1st Floor			
DS 01	3,168.00		
02	3,168.00		
03	3,168.00		
04	3,168.00		
05	3,168.00		
06	3,168.00		
07	3,168.00		
08	3,168.00		
09	3,168.00		
10	3,168.00		
11	3,168.00		
12	3,168.00		
14	3,168.00		
15	3,168.00		
21	2,772.00		
22	2,772.00		
24	2,772.00		
25	2,772.00		
26	2,772.00		
27	2,772.00		
28	2,772.00		
30	2,772.00		
33	2,772.00		
34	2,772.00		
Fruit Section			





FRS 01	7,722.00
02	2,772.00
03	2,772.00
04	2,772.00
05	2,772.00
06	2,772.00
07	2,772.00
08	2,772.00
09	2,772.00
10	3,300.00
11	3,300.00
Chicken Section	1,650.00
Meat Section	1,650.00
Fish Section	1,650.00



Office of the Economic Enterprise – Cemetery Division

External Services





1. Issuance of certification of location for exhumation – San Pedro Public Cemetery & Heaven's Cradle Key Memorial Park

Clients to secure Certificate of Location for Exhumation and Transfer of Cadaver Purposes

Office or Division:	OFFICE OF THE ECONOMIC ENTERPRISE - CEMETERY DIVISION				
Classificatio	SIMPLE				
n:					
Type of	G2C - GOVERNMEN	IT TO CLIENT			
Transaction:					
Who may	CITIZENS OF SAN PEDRO				
avail:					
	F REQUIREMENTS	WHERE TO SECURE			
1 7	of Registered Death	c/o Client			
Certificate					
	on Letter (if needed)		immediate famil		
	ontract of Lease		immediate famil	y)	
4. 1 Certificate	of Location (if	OEE			
needed)		-/- O" 1			
5. Valid ID	AOFNOV	c/o Client	DDOCECOIN	DEDCOM	
CLIENT	AGENCY	FEES TO BE	PROCESSIN	PERSON RESPONSIBLE	
STEPS 1. Request	ACTIONS 1. Check name of the	PAID None	G TIME 3 minutes	Cemetery Division	
Certificate of	deceased in the	INOHE	3 1111111111111111111111111111111111111	Office Clerks	
Location and	master list			omos sioms	
present					
Registered	1.1 Check	None	3 minutes	Cemetery Division	
Death	requirements of the			Office Clerks	
Certificate (DC) and Issued	applicant. Get copy of registered DC and				
Contract of	Contract				
Lease			5 minutes	Cemetery Division	
	1.2 If updated and	None		Office Clerks	
	included in the				
	master list client will receive the Certificate				
	requested				
	requested		5 minutes	Cemetery Division	
	2. If not updated in	None		Office Clerks	
	payment, will prepare				
	Contract of Lease				
2. Draggart valid	and client to make				
2. Present valid ID for	necessary payment		1 minute	Cemetery	
preparation of	3. Issuance of	None	1 minute	Caretaker	
Contract of	Certificate of Location			-	
Lease	upon verification			_	
	0.4.0	NI-	2 minutes	Cemetery Division	
	3.1 Certification of Location issued	None		Office Clerks	





3. Settle required fees at the City Treasurer's Office	should be recorded for monitoring purposes		
4. Proceed to City Health Office - Sanitation Department	4. Endorse to the Sanitation Office		
•	TOTAL	19 minutes	





2. Renewal of Application of Contract of Lease – San Pedro Public Cemetery

Clients to secure new / renew Contract of Lease to serve as proof of their rights to use the cemetery property

Office or Division:	OFFICE OF THE ECONOMIC ENTERPRISE - CEMETERY DIVISION				
Classific ation:	SIMPLE				
Type of Transact ion:	G2C - GOVERNMEN	IT TO CLIENT			
Who may avail:	CITIZENS OF SAN PEDRO				
_	ECKLIST OF QUIREMENTS	W	HERE TO SECU	JRE	
	copy of Registered	c/o Client			
2. Old/ Pre Lease	evious Contract of	c/o Client			
3. Valid ID		c/o Client			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Client to present the requireme nts needed for securing renewal Contract of Lease.	1. Receive and validate the requirements and Contract of Lease presented by the clients. > if updated or to sign and secure renewed Contract of Lease		5 minutes 5 minutes	Cemetery Division Office Clerks and Cemetery Caretaker Cemetery Division	
2. Settle	1.1 Check the actual location of the deceased 1.2 Contract of lease form should be issued upon verification of location 2. Issuance of Order of Payment Apartment Type Own Lot	Php 200.00/year Php 400.00/year Php 600.00/year	3 minutes 2 minutes	Office Clerks and Head	
required fees at the City	9 m ² below 10 m ² - 14 m ²				





Treasurer'	3. Client to have one			Cemetery Division
s Office	copy of notarized			Office Clerks
	contract of lease for			
	recording and			
3. Notariz	monitoring purposes.			
e the				
Contract				
of Lease.				
	TOTAL	Php 200.00/year	15 minutes	
		Php 400.00/year		
		Php 600.00/year		





3. Application of Contract of Lease with Interment – San Pedro Public Cemetery

Clients to secure Contract of Lease to serve as proof of their rights to use the property.

Office or Division:	OFFICE OF THE ECONOMIC ENTERPRISE - CEMETERY DIVISION				
Classific ation:	SIMPLE				
Type of Transacti on:	G2C - GOVERNMENT TO CLIENT				
Who may avail:	CITIZENS OF SAN F	PEDRO			
СН	ECKLIST OF QUIREMENTS	WH	HERE TO SECU	RE	
, ,	Photocopy of Death Certificate	c/o Client			
2. Burial Pe		c/o Client			
	Valid Government ID	c/o Client	I		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Client to go to public cemetery	Staff to process Application of Contract of Lease	None	5 minutes	Cemetery Caretaker	
and coordinate with Cemetery Caretaker for location of interment.	1.1 Check requirements: Registered Death Certificate and valid ID	None	5 minutes	Cemetery Division Office Clerks	
2. Make payment to the Treasury Departme nt	Issuance of Order of Payment upon verification of location of Interment: • Apartment Type • Own Lot 9 m² below 10 m² - 14 m²	Php 200.00/year Php 400.00/year Php 600.00/year	5 minutes	Cemetery Division Office Clerks	
3. Go to Legal for Notary of Contract of Lease	3. Issue one copy of the notarized contract of lease for recording and monitoring purposes.	None		Cometon	
4. Get copy of	4. None	None		Cemetery Division Office Clerks	





Notarized Contract of Lease				
4. Proceed to Sanitation to get Burial Permit	4. None	None		
	TOTAL	Php 200.00/year Php 400.00/year Php 600.00/year	15 minutes	



4. Application for Leasing and Interment Services for Apartment Niches – Heaven's Cradle Key Memorial Park

Rental of Apartment Type Niches for 5 years for indigent residents of the upper villages

Office or Division:	OFFICE OF THE EC	ONOMIC ENTERF	PRISE - CEMET	ERY DIVISION
Classific	COMPLEX			
ation:	COMPLEX			
Type of	G2C - GOVERNMEN	IT TO CLIENT		
Transact	OZO GOVERNIVIEN	II IO OLILIVI		
ion:				
Who may	may INDIGENT CITIZEN OF SAN PEDRO RESIDING IN UPPER			
avail:				
_	ECKLIST OF	W	HERE TO SECU	JRE
	QUIREMENTS	D		
1. 1 Origina Indigency	al Certificate of	Barangay Hall		
	py of two (2) valid	c/o Client		
IDs	py or two (2) valid	JO OHOIR		
3. 1 pc. 1x	1 Picture	c/o Client		
	py of Registered	c/o Client		
Death Cert	ificate			
5. Burial Pe	ermit	c/o Client	,	,
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present	1. Validate the	None	5 minutes	Cemetery Division
the	requirements			Office Clerks
requireme	presented by the			
nts	clients			
needed to				
avail for				
apartment				
type niches				
11101100				
2. Fill out	2. Provide Buyer's	None	5 minutes	Cemetery Division
and sign	Information Sheet			Office Clerks and
the	and Contract of			Head
document	Lease			
S				
3. Settle	3. Issuance of Order	Lease - Php	2 minutes	Cemetery Division
required	of Payment as to the	5,000.00		Office Clerks and
fees	cost of lease			Head
4 Nataries	4 Endorse disette	Nana	4 main	Compton Division
4. Notarize the	4. Endorse client to Legal Department for	None	1 minute	Cemetery Division Office Clerks
Contract	notarization of			OHIGE CIGIVS
of Lease	Contract of Lease			
and	and Buyer's			





Buyer's Informatio n Sheet	Information Sheet.			
5. Forward notarized document s to the Cemetery Division	Scheduling of Interment Services	None	5 minutes	Cemetery Division Office Clerks
6. Secure personal copies of notarized document s	Interment proper	None	1 to 3 days	Cemetery Care Taker
7. Proceed to Sanitation Office	Instruct Client to proceed to Sanitation Office to secure burial permit	None	3 minutes	
8. Provide copies of burial permit to HCKMP's Caretaker				
24.014.101	TOTAL		3 days and 21 minutes	





5. Acquisition of Estate, Lawn Lot & Bone Crypt with Interment (At Need) – Heaven's Cradle Key Memorial Park

Clients to choose preferred lot (estate or lawn) or bone crypt and settle the date and time of interments.

0.00	0==10= 0= =11= =0	01101410 ENTERS	DIOE OFMET	ED\
Office or Division:	OFFICE OF THE EC	ONOMIC ENTERF	PRISE - CEMET	ERY DIVISION
Classificatio	COMPLEX			
n:	OOMI LEX			
Type of	G2C - GOVERNMEN	IT TO CLIENT		
Transaction	020 - GOVERNIVIER	II IO CLILINI		
:				
Who may	CITIZEN OF SAN PE	DRO RESIDING I	N UPPER BARA	NGAYS
avail:	CITIZEN OF SAN PEDRO RESIDING IN UPPER BARANGAYS			
CHECKLIST (OF REQUIREMENTS	W	HERE TO SECU	JRE
1. 1 Photocopy	of Registered	c/o Client		
Death Certifica				
2. 1 Photocopy	of Transfer Permit	c/o Client / Place	of Death	
(if needed)	· · · ·			
	ion Letter (if needed)	c/o Client		
4. 1 Proof of F	1 1	c/o Client		
5. 1 Barangay		c/o Client		
Residency (ori				
6. Two (2) valid		c/o Client		
CLIENT	AGENCY ACTIONS	FEES TO BE	PROCESSING	PERSON
STEPS	AGENCT ACTIONS	PAID	TIME	RESPONSIBLE
1. Choose	1. Validate the	None	10 minutes	Cemetery Division
lawn lot / bone	requirements			Office Clerks
crypt that	presented by the			
he/she wants	clients.			
to acquire based on the				
map				Cemetery Division
presented and				Office Clerks and
submit				Head
requirements				11000
2. Accomplish	2. Check	None	5 minutes	
buyer's	accomplished Buyer's			
personal data	Personal Sheet			
sheet				
3. Present the	3. Prepare contract to	None	10 minutes	Cemetery Division
requirements	sell and purchase	None	10 minutes	Office Clerks
needed for	agreement indicating			Office Clerks
issuance of	details of lot acquired			
Interment Call	dotallo of for doquilou			
Slip				
5. Settle	Issuance of Order of	Php 5,000.00	3 minutes	
required fees	Payment as to	(PCF), amount of		





	> Estate Lot > Lawn Lot >>1st Fresh Body >>2nd Fresh Body > Bone Crypt > Addt'l bone/ urn	lawn lot (P40K, P35K & P30K) and interment Fee of P15K Php 15,000.00 Php 10,000.00 Php 8,000.00 Php 5,000.00	4 minutes	
6. Notarize the Contract of Lease and Buyer's Information Sheet	Client to proceed to legal office for notary of his/her contract of lease	None		
7. Forward notarized documents to the Cemetery Division			5 minutes	
8. Secure personal copies of notarized documents	Client to proceed to sanitation office to secure burial permit			Cemetery Caretaker
9. Proceed to Sanitation Office apply burial permit	Issue interment call slip indicating the date and time of interment and location			Garciakei
10. Secure copies of Burial Permits and Interment Slip	Interment proper			
11. Provide copies of burial permit and interment slip to HCKMP Caretaker			3 days	
	TOTAL		3 days and 37 minutes	
		l	เมเนเซอ	





6. Acquisition of Estate Lot and Lawn Lot at HCKMP (Pre-Need)

Selling of Estate and Lawn Lots

Office or Division:	OFFICE OF THE EC	ONOMIC ENTERF	PRISE - CEMET	ERY DIVISION
Classific	SIMPLE			
ation:				
Type of	G2C - GOVERNMEN	G2C - GOVERNMENT TO CLIENT		
Transacti				
on:	CITIZEN OF SAN PE	DDO DECIDINO I	N LIDDED DAD/	NCAVC
Who may avail:	CITIZEN OF SAN PE	DRO RESIDING I	N UPPER DARA	ANGATS
	ECKLIST OF	W	HERE TO SECU	JRE
REC	QUIREMENTS			-
1. Baranga	y Certificate of	Barangay Hall		
Residency	(1 original copy)	5 ,		
2. Two (2) \	/alid IDs	c/o Client		
3. 1 pc. 1x1	Picture	c/o Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the requiremen ts needed.	Validate the requirements presented by the clients	None	5 minutes	Cemetery Division Office Clerks
	1.1 Provide Buyer's Information Sheet, Purchase Agreement and Contract to Sell	None	2 minutes	Cemetery Division Office Clerks and Head
2. Fill out and sign the documents	2. Prepare Contract to Sell and Purchase Agreement indicating details of lot acquired and mode of payment	None	15 minutes	Cemetery Division Office Clerks and Head
3. Settle required fees	 3. Issuance of Order of Payment as to Cash basis Down payment Installment basis 	Whole amount with 10% discount on lot price DP - 10% of TCP Based on #of years to be paid	1 minute	Cemetery Division Office Clerks Cemetery Division
4. Notarize the Contract to Sell and Buyer's Information Sheet	4. Endorse client to Legal Department for notarization of Contract to Sell and Buyer's Information Sheet	None	1 minutes	Office Clerks, Head and LCE Cemetery Division Office Clerks





5. Forward notarized documents to the Cemetery Division		None	Upon 50% payment of the TCP	
6. Secure personal copies of notarized documents	6. Client to return and submit original copy of notarized Contract to Sell and Buyer's Information Sheet	None	10 minutes	
	TOTAL		Upon 50% payment of the TCP and 34 minutes	





7. Interment Services for Lawn and Estate Lots at HCKMP

Availment of interment services

Office or	OFFICE OF THE EC	ONOMIC ENTER	PRISE - CEMET	FRY DIVISION
Division:	3.1102 31 1112 20			
Classificatio	SIMPLE			
n:	000 00\/EDNIMEN	IT TO OUTENIT		
Type of Transaction	G2C - GOVERNMEN	II TO CLIENT		
Who may	CITIZEN OF SAN PE	DRO RESIDING I	N UPPER BARA	ANGAYS
avail:				
CHECKLIST (OF REQUIREMENTS		HERE TO SECU	JRE
1. Valid ID		c/o Client		
	y of Registered	c/o Client		
Death Certifica	ate	FFFO TO DE	DD 0 C C C C C C C C C C C C C C C C C C	DEDOON
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present the requirements	Validate the requirements		5 minutes	Cemetery Division Office Clerks
needed	presented by the			Office Clerks
	clients			
2. Fill out and				
sign the documents		P15K 1 st body	5 minutes	Cemetery Division
documents		P10K 2 nd body	o minutes	Office Clerks
3. Settle	3. Issuance of Order	•		
required	of Payment as to			
interment fee if fully paid on	interment services (with applicable 20%			
lawn lot	discount if deceased			
	is SC & PWD) if client			
4.0-111-	is fully paid	DAFIZAST L L.	5 minute	Cemetery Division
4. Settle required full		P15K 1 st body P10K 2 nd body		Office Clerks
payment of	4. Issuance of Order	Plus remaining		
lawn lot, PCF	of Payment as to the	balance of lawn		
and interment	full payment of lawn	lot and PCF		
fee	lot, PCF and interment fee (with			
	applicable 20%			
	discount if deceased			
	is SC & PWD) if client			Cemetery Division
	is not fully paid			Office Clerks
	4.1 Client to proceed			
	to sanitation office to		5 minutes	Cemetery
	secure burial permit			Caretaker
	4.2 Schedule			
	Interment			
			3 days	





5. Go to Sanitation Office to secure Burial Permit	4.3 Interment proper		
6. Submit Burial Permit to HCKMP Office for issuance of Interment Call Slip			
9. Provide copies of burial permit and Interment Call Slip to HCKMP's Caretaker			
	TOTAL	3 days and 20 minutes	





8. Processing of Application to Construct at HCKMP Estate Lot

Construction of Mausoleum Structures at Estate Lot.

Office or Division:	OFFICE OF THE EC	ONOMIC ENTERF	PRISE - CEMET	ERY DIVISION
Classification .	COMPLEX	COMPLEX		
Type of Transaction:	G2C - GOVERNMEN	G2C - GOVERNMENT TO CLIENT		
Who may avail:	OWNERS OF ESTA	TE LOT		
	F REQUIREMENTS	W	HERE TO SECU	JRE
1. Two (2) Photo Building Plan an	ocopies of Approved	City Hall - Office	of the Building C	Official
	ocopy of Worker's	c/o Client		
3. Photocopy of Required Fees	Payment of	c/o Client		
4. Letter reques	t to construct	c/o Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the approved building plan and permit and other	Check submitted requirements		5 minutes	Cemetery Division Office Clerks
requirements 2. Fill up Application to Construct Form	Endorsement of the OIC with the attached letter request to construct to the City Administrator		10 minutes	Cemetery Division Office Clerks and Head
	Approval of clients request to construct		3 days	City Administrator
3. Settle required fees	Upon approval Order of payment should indicate payment for construction fees and 20% construction bond fee	Php 3,000.00 and 20% of total construction cost	10 minutes	Cemetery Division Office Clerks
5. Secure copies of Permit to Construct	Releasing of permit to allow the client to construct the approved design and enter the HCKMP premises		10 minutes	Cemetery Caretaker





6. Provide copies of Permit to Construct to HCKMP's Caretaker			
	TOTAL	3 days and 35	
		minutes	





9. Processing of Release of Construction Bond Fee

Release of Construction Bond Fee

Office or Division:	OFFICE OF THE EC	ONOMIC ENTERI	PRISE - CEMET	ERY DIVISION
Classificatio	COMPLEX			
n:				
Type of	G2C - GOVERNMEN	IT TO CLIENT		
Transaction:				
Who may	OWNERS OF ESTAT	TE LOT		
avail:	NE DECLUDEMENTS	100	WEDE TO SEC	IDE
	F REQUIREMENTS		HERE TO SECU	JKE
1. Certification	ating no damages	City Engineering	Office	
from HCKMP	aling no damages			
	of of Payment of	c/o Client		
Construction Bo	•			
3. Letter Reque		c/o Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Letter Request for Approval of the City Mayor 2. Fill up	Check requirements submitted by client Endorsement letter of the OIC with the		5 minutes 2 minutes	Cemetery Division Office Clerks OIC of OEE
Application for Release of Construction Bond Fee 3. Wait for	attached letter request for release of construction bond fee Waiting of the approval of client's request		3 days	City Administrator
Approval	Order of payment should indicate refund of 20% construction bond fee		10 minutes	Cemetery Division Clerks
	Client to receive check payment for refund			
	TOTAL		3 days & 20 minutes	





10. Incoming Documents Control Procedure

Office or	OFFICE OF THE ECONOMIC ENTERPRISE - CEMETERY DIVISION
Division:	
Classificatio	SIMPLE
n:	
Type of	G2C - GOVERNMENT TO CLIENT
Transaction:	
Who may	ALL
avail:	

avaii.				
CHECKLIST (OF REQUIREMENTS	V	HERE TO SECU	RE
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit document/s to be received.	Receiving of all incoming documents. Record in the incoming document log sheet	None	2 minutes	Clerks
	Documentation clerk shall provide the document to the administrative supervisor for review	None	2 minutes	Clerk
	Administrative supervisor shall review, assess, and make appropriate action relative to the received document	None	5 minutes	Supervisor & OIC
	Documentation clerk shall keep and secure the documents for filing	None	3 minutes	Clerk
	TOTAL		12 minutes	





11. Outgoing Documents Control Procedure

Office or	OFFICE OF THE ECONOMIC ENTERPRISE - CEMETERY DIVISION
Division:	
Classification	SIMPLE
:	
Type of	G2C - GOVERNMENT TO CLIENT
Transaction:	
Who may	ALL
avail:	

avan.				
CHECKLIST	OF REQUIREMENTS	V	VHERE TO SECU	RE
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. None	All outgoing documents shall be recorded in the outgoing document log sheet	None	2 minutes	
	1.1 Documentation clerk shall forward the outgoing documents to be received by the concerned office	None	5 minutes	
	1.2 Documentation clerk shall keep and secure the documents for filing	None	2 minutes	
	TOTAL		9 minutes	





12. Releasing of Certificate of Ownership

Office or Division:	OFFICE OF THE ECONOMIC ENTERPRISE - CEMETERY DIVISION			
Classificatio	SIMPLE			
n:				
Type of	G2C - GOVERNMEN	IT TO CLIENT		
Transaction				
:				
Who may	CLIENTS OF HCKMI)		
avail:				
CHECKLIST (OF REQUIREMENTS	ENTS WHERE TO SECURE		
1. Valid ID		c/o Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request release of Certificate of Ownership	Get file of client and process release of Certificate of Ownership and other pertinent documents	None	5 minutes	Marivic Sy and Jeanie Paquiz



Public Order and Safety Office – Traffic Management Unit

External Services





1. Recording of documents of apprehension (Operational Procedure)

Violators of provisions in the City Traffic Code are charged fees depending on the violation committed, and must pay fees in accordance with the said Code.

	D000 T " 11		•			
Office or	POSO – Traffic Mar	POSO – Traffic Management Unit				
Division:						
Classification:	Simple					
Type of	G2C – Government to Citizen					
Transaction:						
Who may avail:	All					
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE					
Official violation	receipt (OVR) (1	POSO Enfo	rcer			
Original Copy)	, , ,					
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBL E		
1. Present OVR	1. Receive OVR	None	5 minutes	Redeeming		
for assessment	and assess cost	140110	o minutes	Officer		
and order of	of Violation			POSO-TMU		
payment	or violation			1 000 11110		
2. Proceed to the	2. Receive	Refer to	5 minutes	Revenue		
Treasury Office	payment and	current	o minutes	Collection		
for the payment of	issue official	fees as		Clerk		
fees and receive	receipt.	declared		Treasury		
the official receipt.	receipt.	in the		Office		
trie Official receipt.		2017		Office		
		Traffic				
		Code				
3. Receive	3. Release license	None	10 minutes	Redeeming		
Driver's License	and other	INOHE	10 minutes	Officer		
and/or other	confiscated			POSO-TMU		
				FUSU-11VIU		
pertinent	documents.					
documents						
confiscated	TOTAL		00 14' 4			
	TOTAL:	None	20 Minutes			



VIOLATIONS, FINES & PENALTY CHARGES ON THE NEW CITY TRAFFIC ORDINANCE SCHEME

a. Defacing, Unlawful Removal of Traffic Signs – Any person who removes damages or destroys the traffic signs shall be penalized as follows:

First Offense - 1,000.00 Second Offense - 2,000.00

Third Offense - 3,000.00 and/or three (3) days

imprisonment at the discretion of the proper

court

- **b.** Disregarding Closed Door Policy Any Bus Driver who disregards/violates the "Close Door Policy" shall be fined in the amount of P1,000.00.
- **c. Disregarding One-Way Road/No Entry –** Any vehicle disregarding the oneway road or enters on a "No Entry" signed area shall be fined as follows:

First Offense - 1,000.00 Second Offense - 2,000.00 Third Offense - 3,000.00

d. Disregarding Traffic Signs – Any person who disregards traffic signs installed within the city shall be fined as follows:

First Offense - 1,000.00 Second Offense - 2,000.00 Third Offense - 3,000.00

- e. Illegal/Unauthorized Terminal Any "For Hire" vehicle assembling a group of vehicles to form a terminal not prescribed by this Ordinance is illegal and therefore shall be fined P2,000.00 or imprisonment for fifteen(15) days or upon the discretion of the proper court.
- f. No Jaywalking violation of this Ordinance shall be fined as follows:

First Offense - 200.00 Second Offense - 300.00

Third Offense - 500.00 and community service

g. No Loading/Unloading – All vehicles violating shall be fined as follows:

First Offense - 500.00 Second Offense - 1,000.00 Third Offense - 1,500.00

h. No Parking Zone – violators shall be fined as follows:

First Offense - 1,000.00 Second Offense - 2,000.00 Third Offense - 3,000.00





i. No Right Turn on Red Signal - Violators shall be fined as follows:

First Offense - 300.00 Second Offense - 500.00 Third Offense - 1,000.00

j. No U-Turn Allowed – Violators shall be fined as follows:

First Offense - 300.00 Second Offense - 500.00 Third Offense - 1,000.00

k. Obstruction – Any vehicle that willfully block, obstructs or closes up with an obstacle(s) or hindrance(s) from other vehicle(s), establishment(s) or something, shall be penalized as follows:

First Offense - 1,000.00 Second Offense - 2,000.00 Third Offense - 3,000.00

- I. Reckless Driving Any person who drives any vehicle with willful or wanton disregard for the safety of persons or property is guilty of reckless driving. It includes but not limited to counter flowing, beating the red light, and disregarding traffic lights. Violation of this section is a gross misdemeanor punishable by fine of P1,500.00 and/or imprisonment of not more than three (3) days at the discretion of the proper court. If accidents happen resulting to damage to property, physical injuries, or death, this is without prejudice to the crime committed as defined and punished under the Revised Penal Code and/or Land Transportation Code.
- m. Noise Pollution violation of this ordinance shall be fined as follows:

First Offense - 1,000.00 Second Offense - 2,000.00 Third Offense - 3,000.00

n. Maximum Speed Limit of Single Motorcycle – violation of this ordinance shall be fined as follows:

> First Offense - 1,000.00 Second Offense - 2,000.00 Third Offense - 3,000.00

o. Illegal Use of Franchise – violators shall be fined accordingly as follows:

First Offense - 2,000.00 Second Offense - 3,000.00

Third Offense - 5,000.00 or imprisonment at the discretion

of the proper court

p. Out of Line – violation of this Ordinance shall be penalized as follows:





First Offense - 1,000.00 Second Offense - 2,000.00 Third Offense - 3,000.00

q. Prohibition of Multi-Riders in a Single Motorcycle – violation of this Ordinance shall be fined as follows:

First Offense - 1,000.00 Second Offense - 2,000.00 Third Offense - 3,000.00

r. Unauthorized/Uniformed Barkers for PUJ and TODA – violation of this Ordinance shall be fined with the following:

First Offense - 500.00 Second Offense - 1,000.00 Third Offense - 1,500.00





2. Arbitration Procedure of Complaints (Apprehension)

Complaints are welcomed in the POSO-TMU, where in an investigation is carried out.

Office or	POSO – Traffic Mai	nagement Ur	nit		
Division:					
Classification:	Simple				
Type of	G2C – Government	to Citizen			
Transaction:					
Who may avail:	All				
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Complaint Form	(1 Original Copy)	POSO-TML	J Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. File query of	1. Investigate on	None	20 minutes on	Administrative	
complaint at the	complaint.		first visit	Aide	
TMU helpdesk				POSO-TMU	
with full details					
using Complaint					
Form					
2. Interview with	2. Gather details	None	15 minutes	TMU	
the Officer in	of complaint.			Administrator	
Charge (TMU)	·			POSO-TMU	
3. Be advised on	3. Clear out	None	15 minutes	TMU	
the	details of			Administrator	
result/settlement	conclusion with			POSO-TMU	
	compliant.				
	TOTAL:	None	50 Minutes		





3. Community Assistance

Assistance is welcomed in the POSO-TMU, where in services are carried out. This includes Clearing, Road Crashes, Alarming Public Scandal, among others.

Office or	POSO – Traffic Management Unit			
Division:				
Classification:	Simple			
Type of	G2C - Government	to Citizen		
Transaction:				
Who may avail:	All			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Request Letter (Original Copy, 1	Requesting Client		
Receiving Copy)				
OLIENT OTERO	AGENCY	FEES TO PROCESSING PERSON		PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. File request of	ACTIONS 1. Investigate on	BE PAID None		RESPONSIBLE Administrative
			TIME	
1. File request of	1. Investigate on		TIME	Administrative
File request of assistance letter	1. Investigate on request (Clearing,		TIME	Administrative Aide
File request of assistance letter at the TMU	1. Investigate on request (Clearing, Road Crash,		TIME	Administrative Aide
1. File request of assistance letter at the TMU helpdesk with full	1. Investigate on request (Clearing, Road Crash, Alarming Public		TIME	Administrative Aide
1. File request of assistance letter at the TMU helpdesk with full details	1. Investigate on request (Clearing, Road Crash, Alarming Public Scandal, etc)	None	TIME 5 minutes	Administrative Aide POSO-TMU
File request of assistance letter at the TMU helpdesk with full details Advise on	1. Investigate on request (Clearing, Road Crash, Alarming Public Scandal, etc) 2. Investigator	None	TIME 5 minutes	Administrative Aide POSO-TMU TMU





4. Public Assistance Request

Various forms of assistance are welcomed in the POSO-TMU, where in services are carried out. This includes Funerals, Motorcades, Events, and escorting VIPs, among others.

Office or	POSO – Traffic Mai	nagement Of	fice		
Division:	1 000 Traine Management Office				
Classification:	Simple				
Type of	G2C – Government	G2C – Government to Citizen			
Transaction:					
Who may avail:	All				
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
1. Request Letter (1. Request Letter (1 Original Copy, 1		Requesting Client		
Receiving Copy)					
OLIENT OTERO	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Submit letter of	1. Investigate on	None	5 minutes on	Administrative	
request with a	request.		first visit	Aide	
contact number				POSO-TMU	
2. Advise on the	2. Clear out	None	5 minutes	TMU	
approval of	details of the			Administrator	
request	request.			POSO-TMU	
	TOTAL:	None	10 Minutes		



City Health Office – Rural Health Unit 1 & 2

External Services





1. Out-patient Consultation (for New Patient)

The out-patient department is designed for the treatment of outpatients, people with health problems who visit the hospital for diagnosis or treatment, but do not at this time require a bed or to be admitted for overnight care

Office or	City Health Office – RHU 1 & 2				
Division:					
Classification:	Simple				
Type of	G2C				
Transaction:					
Who may avail:	Individuals seeking	medical cons	sultation		
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE	
None		N/A			
OLIENT OTEDO	AGENCY	FEES TO	PROCESSIN	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Secure queuing	1. Issue queuing	None	3 minutes	Nursing Attendant	
number and	number and			CHO-RHU I	
provide	prepare patient's				
information for	record				
Individual Patient					
Record (IPR)					
2. Proceed to the	2. Conduct	None	5 minutes	Registered Nurse	
nurse/midwife for	assessment,			ČHO-RHU I	
initial assessment	interview, and vital				
	signs				
3. Proceed to	3. Refer for	None	30 minutes	Medical Officer III	
consultation room	consultations,			CHO-RHU I	
and submit self for	issuance of				
examination	prescription and				
o, carrini accioni	giving follow up				
	instructions				
	TOTAL:	None	38 Minutes		
	I VIAL.	110110	JJ Milliates	1	





2. Out-patient Consultation (for Old Patient)

The out-patient department is designed for the treatment of outpatients, people with health problems who visit the hospital for diagnosis or treatment, but do not at this time require a bed or to be admitted for overnight care.

Office or	City Health Office – RHU 1 & 2				
Division:					
Classification:	Simple				
Type of	G2C				
Transaction:					
Who may avail:	Individual seeking n	nedical consu	ultation		
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE	
None					
OLIENT OTEDO	AGENCY	FEES TO	PROCESSIN	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Secure queuing	1. Retrieve of	None	3 minutes	Nursing Attendant	
number and	Individual Patient			CHO	
present IPR to	Record (IPR) and				
OPD personnel.	update data				
2. Proceed to the	2. Conduct	None	5 minutes	Nurse	
nurse/midwife for	assessment,			СНО	
assessment.	interview, and vital				
	signs				
3. Proceed to	3. Refer for	None	30 minutes	Medical Officer	
consultation and	consultations,			CHO	
submit self for	issuance of				
examination.	prescription and				
	giving follow up				
	instructions				
	TOTAL:	None	38 Minutes		





3. Animal Bite Treatment

Animal Bite Treatment is done at the Animal Bite Treatment Center (ABTC) to protect those who are at risk of exposure to rabies, i.e. pre-exposure vaccination and prevent the development of clinical rabies after exposure has occurred, usually following the bite of an animal suspected of having rabies, i.e. post-exposure prophylaxis.

011	0'(1110 0"	DIIII 4				
Office or	City Health Office – RHU 1					
Division:						
Classification:	Simple					
Type of	G2C					
Transaction:						
Who may avail:	Individual seeking n	nedical consu				
	REQUIREMENTS		WHERE TO SE	CURE		
None						
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE		
1. Secure queuing number and present Individual Patient Record (IPR) to ABTC personnel.	1. Record and retrieve IPR; assess patient for vital signs and other essential data needed.	None	6 minutes	Nursing Attendant CHO		
2. Wait for your number to be called and proceed to the physician for consultation.	2. Assess, treat and manage based on category then give to nurse for injection	None	10 minutes	Medical Officer CHO		
3. Proceed to the vaccination room for administration of vaccine.	3. Administer vaccine based on treatment for Category II & III patients; Provide health teachings; Give follow-up schedule of succeeding anti- rabies vaccine	None	35 minutes	Nurse CHO		
	TOTAL:	None	51 Minutes			





4. Pre-Natal Care Services (For New Patient)

Women are closely monitored from first week of her conception until the date of her delivery. Patient will undergo History taking, Physical assessment, laboratory examination, tetanus toxoid vaccination and giving medication as needed.

Office or	City Health Office –	Barangay Ho	ealth Station		
Division:					
Classification:		Simple			
Type of	G2C				
Transaction:					
Who may avail:	Pregnant Women	<u> </u>			
	REQUIREMENTS		WHERE TO SE	CURE	
None	T	N/A			
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON	
	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Secure queuing	Prepare patient	None	1 minute	Barangay Health	
number and	record, interview			Worker	
present Individual	patient and assign			BHS	
Patient Record	IPR				
(IPR) to					
healthcare worker.	0 1	Niana	00	Norman On Minhoife	
2. Proceed to	2. Assess	None	30 minutes	Nurse Or Midwife	
nurse/midwife for	patient's vital			BHS	
examination.	signs and				
	obstetric history				
	2.1 Conduct	None		Nurse Or Midwife	
	physical	INOTIC		BHS	
	examination, fetal			Bilo	
	heart tone, fundic				
	height.				
	Holgrid				
	2.3 Conduct	None		Nurse Or Midwife	
	consultation/s and			BHS	
	prepare				
	appropriate				
	vaccine/s				
	(tetanoid toxoid)				
	and medicine/s.				
	2.4 Advise return	None		Nurse Or Midwife	
	for follow-up; refer			BHS	
	to OB-GYNE if				
	needed.				
	TOTAL:	None	31 Minutes		





5. Pre-Natal Care Services (For Old Patient)

Pre-natal care Services women is closely monitored from first week of her conception until the date of her delivery. Patient will undergo History taking, Physical assessment, laboratory examination, tetanus toxoid vaccination and giving medication as needed.

Office or	City Health Office –Barangay Health Station				
Division:					
Classification:	Simple				
Type of	G2C				
Transaction:					
Who may avail:	Pregnant Women				
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
None		N/A			
CLIENT CTEDS	AGENCY	FEES TO	PROCESSIN	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Secure queuing	1. Retrieve IPR	None	1 minute	Barangay Health	
number and				Worker	
present IPR to				BHS	
healthcare worker					
provider					
2. Proceed to	2. Assess	None	25 minutes	Nurse Or Midwife	
nurse/midwife for	patient's vital			BHS	
examination.	signs and				
	obstetric history.				
				Nurse Or Midwife	
	2.1 Conduct	None		BHS	
	physical				
	examination, fetal				
	heart tone, fundic				
	height.				
	2.3 Conduct	None		Nurse Or Midwife	
	consultation/s and			BHS	
	prepare				
	appropriate				
	vaccine/s (tetanus				
	toxoid) and				
	medicines.				
	0.4.4.1.5				
	2.4 Advise return	N.L.		Mona a On Mial III	
	for follow-up;	None		Nurse Or Midwife	
	Refer to OB-GYN			BHS	
	if needed.	NI -	00 14'		
	TOTAL:	None	26 Minutes		





6. National Immunization Program (For New Patient)

Originally focused on preventing vaccine – preventable diseases such as Tuberculosis, Measles, Diptheria, Pertusis, Tetanus, Poloimyelitis and Pnuemonia to all 0-59 months children.

Office or	City Health Office –Barangay Health Station			
Division:				
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	Children 0-59 months			
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE
None		N/A		
OLIENT OTERO	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Secure queuing	1. Record	None	1 minute	Barangay Health
number and	patient's data,			Worker
present Individual	interview and			BHS
Patient Record	issue			
(IPR) to	immunization card			
healthcare worker	number.			
provider.				
2. Proceed to	2. Perform	None	10 minutes	Nurse Or Midwife
immunization	assessment and			BHS
room.	record eligible			
	children according			
	to age and			
	immunization			
	record.			
3. Prepare child	3. Perform	None	30 minutes	Nurse Or Midwife
for immunization	immunization to			BHS
and listen to	child, provide			
health teaching	health teaching			
noting the next	and follow-up			
immunization	schedule for next			
schedule.	vaccination.			
	TOTAL:	None	41 Minutes	





7. National Immunization Program (For Old Patient)

Originally focused on preventing vaccine – preventable diseases such as Tuberculosis, Measles, Diptheria, Pertusis, Tetanus, Poloimyelitis and Pnuemonia to all 0-59 months children.

Office or Division:	City Health Office – Per Barangay Health Station			
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	Children 0-59 montl	ns		
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
None				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Secure queuing number and present Individual Patient Record (IPR) to healthcare worker provider.	1. Record patient's data, interview and issue immunization card number.	None	1 minute	Barangay Health Worker BHS
2. Proceed to immunization room.	2. Perform assessment and recording. Identify vaccine to eligible children according to age and immunization record.	None	10 minutes	Nurse Or Midwife BHS
3. Prepare child for immunization	3. Administer appropriate vaccine, provide health teaching and follow-up schedule for next vaccination.	None	30 minutes	Nurse Or Midwife BHS
	TOTAL:	None	41 Minutes	



8. TBDOTS (Directly Observed Treatment Short Course) Consultation

TBDOTS Program has five elements (a) availability of quality assured sputum microscopy, (b) uninterrupted supply of anti – TB drugs, (c) supervised treatment, (d) patient and program monitoring, and (e) Political will.

Office or	City Health Office – RHU 1 & 2				
Division:					
Classification:	Simple				
Type of	G2C				
Transaction:					
Who may avail:		Identified tuberculosis patients			
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE	
None		N/A			
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE	
1. Proceed to	1. Receive patient	None	15 minutes	Nurse	
nurse for	and perform initial			CHO	
recording and	assessment.				
self-examination.					
	1.1 Get vital signs.				
	1.2 Record and				
	prepare referral				
2. Proceed to	2. Conduct	None	10 minutes	Medical Officer	
TBDC and submit	consultation and			CHO	
self for	advise patient				
examination	based on				
	diagnosis.				
3. Return to TB-	3. Provide	None	5 minutes	Nurse	
DoTS Clinic for	schedule for			CHO	
instruction	GenXpert and				
	give instructions				
	for proper				
	collection of				
	sputum.		_		
	TOTAL:	None	30 Minutes		





9. TBDOTS (Directly Observed Treatment Short Course) - GeneXpert (New)

TBDOTS Program has five elements: (a) availability of quality assured sputum microscopy, (b) uninterrupted supply of anti – TB drugs, (c) supervised treatment, (d) patient and program monitoring, and (e) Political will.

	0: 11 1: 0:			
Office or	City Health Office – RHU 1 & 2			
Division:				
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	Identified tuberculosis patients			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
None		N/A		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit sputum	1. Receive and	None	2 hours	Dental Aide
specimen to	inspect sputum			I/Smearer
sputum	specimen.			CHO
microscopy				
laboratory.	1.1 Perform	None		Dental Aide
	GeneXpert			I/Smearer
	Examination.			CHO
	1.2 Prepare result	None		Dental Aide
	and advise patient			I/Smearer
	when to come			CHO
	back to Barangay			
	Health Station			
	(BHS).			
	1.3 Release result	None	1 day	Dental Aide
				I/Smearer
	_			CHO
2. Proceed to	2. Give results	None	5 minutes	Nurse Or Midwife
Barangay Health	and instructions			assigned per BHS
Station for the	for initiation date.			
result.				
3. Return to	3. Initiate	None	2 hours	Nurse Or Midwife
TBDOTS clinic	treatment and			CHO
	provide health			
	teachings.		4.5	
	TOTAL:	None	1 Day, 4	
			Hours and 5	
			Minutes	



10. TBDOTS (Directly Observed Treatment Short Course) - DSSM (Follow-up)

TBDOTS Program has five elements: (a) availability of quality assured sputum microscopy, (b) uninterrupted supply of anti – TB drugs, (c) supervised treatment, (d) patient and program monitoring, and I Political will.

Office or	City Hoolth Office	DUII 4 0 0		
Division:	City Health Office –	KHU I & Z		
	Cimania			
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	Enrolled tuberculos	is patients		
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	ECURE
None		N/A		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit sputum specimen to sputum microscopy laboratory.	1. Receive sputum and give instruction to the patient.	None	1 hour	Dental Aide I/Smearer CHO
laboratory.	1.1 Smear and stain the specimen.	None		Dental Aide I/Smearer CHO
	1.2 Examine specimen under microscope.	None		Dental Aide I/Smearer CHO
	1.3 Prepare result and send to BHS.	None	1 minute	Nurse Or Midwife assigned per BHS
2. Proceed to Barangay Health Station for the result.	2. Advise patient to come back for initiation.	None	5 minutes	Nurse Or Midwife assigned per BHS
3. Return to BHS for initiation and issuance of medicine.	3. Conduct continuous weekly distribution of medications for succeeding periods of medication.	None	None	Nurse Or Midwife assigned per BHS
	TOTAL:	None	1 Hour and 6 Minutes	





11. TBDOTS (Directly Observed Treatment Short Course)

TBDOTS Program has five elements (a) availability of quality assured sputum microscopy, (b) uninterrupted supply of anti – TB drugs, (c) supervised treatment, (d) patient and program monitoring, and (e) Political will.

Office or	City Hoolth Office	DUI1122		
Division:	City Health Office – RHU 1 & 2			
Classification:	Simple			
Type of	G2C			
Transaction:	020			
Who may avail:	Enrolled tuberculos	is patients		
	REQUIREMENTS	'	WHERE TO SE	CURE
None		N/A		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1.Present PPD request to TB DOTS Clinic	Validate request and proper initial assessment.	None	5 minutes	Midwife CHO
	1.1 Record and provide instruction, refer to RHU I	None		Midwife CHO-RHU I
	1.2 Administer PPD and advice client when to come back for reading.	None	5 minutes	Nurse CHO-RHU I
2. Proceed to Barangay Health Station for the	2. Read the result of PPD	None	2 minutes	<i>Nurse</i> CHO
result.	2.1. If positive, submit patient to BHS for treatment and instructions.	None		Nurse Or Midwife assigned per BHS
	2.2 If negative, submit patient to BHS for Isoniazid Preventive Therapy per doctor's order.	None		Nurse Or Midwife assigned per BHS
	TOTAL:	None	12 Minutes	



San Pedro City Polytechnic College

External Services





1. Admission Procedure

This service pertains to the admission procedures of a client to a certain course offered by the college covering all modes of delivery.

Office or Division:	San Pedro City Polytechnic College				
Classification:	Simple				
Type of	G2C – Government	to Citizen			
Transaction:					
Who may avail:	K12 Graduates, AL	S Secondary	Completers, Colle	ege	
	undergraduates, Co	•	-	_	
	colleges, All qualified applicants who are above 18 years of age				
	preferably residing i	in San Pedro			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Any school recor	•	Last school	attended		
Form 137 or Form					
2. Birth Certificate (Statistics Authority		
	ate (1 Photocopy) –	Philippine S	Statistics Authority		
for married women					
4. Voter's Certification (1 Original		COMELEC			
Copy)					
5. Barangay Clearance (1 Original		Barangay where the enrollee resides			
Copy)					
6. 1x1 I.D. Picture (2 Original Copies)		Enrollee			
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
4.00	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Secure an	1. Issue	None	10 minutes	Registrar	
Enrollment Permit and fill the	Examination			SPCPC	
	Permit to the				
necessary information	incoming student				
2. Fill-out the	2. Administer the	None	2 hours	Registrar	
SPCPC exam	Admission Test to	INOTIC	2 110013	SPCPC	
permit (2 copies)	the incoming			01 01 0	
pormit (2 copico)	student.	³			
3. Enroll during	3. Assist the	None	15 minutes	Registrar	
the prescribed	incoming student			SPCPC	
period.	in the enrollment				
	process				
	TOTAL:	None	2 Hours and		
			28 Minutes		





2. Enrollment Procedure

This service pertains to the enrollment and registration of a client to a certain training program offered by the institution covering all modes of delivery

0("	0 - D - L - O' - D - L	() 1			
Office or	San Pedro City Poly	ytechnic Colle	ege		
Division:	0'				
Classification:	Simple	(
Type of	G2C – Government	to Citizen			
Transaction:	1/40 0 1 4 41		0 1 . 0 !!		
Who may avail:	K12 Graduates, AL	•	•	•	
	undergraduates, Co	• •			
	colleges, all qualifie			years of age	
	preferably residing i	<u>in San Pedro</u>			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Any school recor	•	Last school	attended		
Form 137 or Form					
2. Birth Certificate (Statistics Authority		
	ate (1 Photocopy) –	Philippine S	Statistics Authority		
for married women					
4. Voter's Certificati	on (1 Original	COMELEC			
Copy)					
5. Barangay Cleara	nce (1 Original	Barangay w	here the enrollee	resides	
Copy)					
6. 1x1 I.D. Picture (Enrollee			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Secure an	1. Issue Order of	None	10 minutes	Registrar	
Order of Pay Slip	Payment to the			SPCPC	
from the Office	student				
2. For New	2. Issue	Registrati	1 hour	Registrar	
Students -	registration form	on Fees:		SPCPC	
Proceed to the		Developm			
City Treasurer's		ent Fee –			
Office and pay the		Php			
prescribed fees		2,500.00			
and provide OR		(San			
Copy to the City		Pedro			
Accounting Office.		residents);			
For Old Children		Php			
For Old Students		3,500.00			
- Get a Statement		(non-			
of Account from		residents)			
the City		+ Misc.			
Accounting Office		fees –			
and pay the		Php			
prescribed fees to the City		500.00			





Treasurer's Office and provide OR Copy to the City				
Accounting Office	2 Drassa	Niana	45	Daniatuau
3. Fill-out	3. Process	None	15 minutes	Registrar
Enrollment Form	enrollment			SPCPC
4. Receive	4. Provide	None	5 minutes	Registrar
information on the	schedules of			SPCPC
schedules of	orientation and			
orientation and	training			
training	Ŭ			
	TOTAL:	None	60 Minutes	





3. Application for Graduation

This service refers to the application for graduation of the graduating students,

Office or Division:	San Pedro City Polytechnic College			
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	All candidates for g	raduation		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Duly accomplished	ed form (1 Original	Applicant		
Copy)				
2. Clearance Form		Registrar's	Office	
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Present duly	1. Assist in	None	5 minutes	Registrar
accomplished	application for			SPCPC
form.	graduation.			
2. Secure	2. Issue clearance	None	30 minutes	Registrar
clearance form	form.			SPCPC
and fill-out				
necessary				
information.				
Proceed to City				
Accounting Office				
for signature.	0 57 (1		40 : .	Desire
3. Present the	3. File the	None	10 minutes	Registrar
duly-signed	clearance form			SPCPC
clearance form to	and advise the			
the office and receive	graduate on when to claim the			
information on the	release of			
schedules of	credentials.			
orientation and	CIEUCIIIIAIS.			
training.				
uaning.	TOTAL:	None	13 Minutes	
	IOIAL.	HOHE	13 Milliares	





4. Issuance of Credentials

This service pertains to the issuance of credentials to a graduate, which can be used for whatever purpose it may serve.

	T =			
Office or	San Pedro City Poly	ytechnic Colle	ege	
Division:				
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Graduates of San F	edro City Po		
	REQUIREMENTS		WHERE TO SEC	URE
1. Duly accomplished	ed form (1 Original	Applicant		
Copy)				
2. Clearance Form	(1 Original Copy)	Registrar's	Office	
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Request for the	1. Issue clearance	None	5 minutes	Registrar
release of	request form and			SPCPC
Transcript of	inform the			
Records	graduate of the			
	requirements for			
	release			
2. Accomplish the	2. Check and	Transcript	3 days	Registrar
request form and	verify records, and	of .	-	SPCPC
submit together	check for the	Records		
with clearance	authenticity and	Php300.0		
requirements to	validity of the	0		
the registrar	submitted	All		
	documents.	Certificate		
		s and		
		Copy of		
		Grades		
		Php50.00		
		Document		
		ary Stamp		
		Php5.00		
3. Claim the	3. Releases	None	5 minutes	Registrar
Transcript of	Transcript of			SPCPC
Records and sign	Records			
in the TOR				
Record Book				
	TOTAL:	TOR -	3 Days and 10	
		Php	Minutes	
		300.00		
		Grades –		
		Php 50.00		





5. Transfer of Credentials

This service pertains to the Transfer of Credential request of a student, which can be used for whatever purpose it may serve.

Office or	San Pedro City Polytechnic College			
Division:				
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:				
Who may avail:	Graduates of San Pedro City Polytechnic College			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1. Duly accomplished	ed form (1 Original	Applicant		
Copy)				
2. Clearance Form	(1 Original Copy)	Registrar's	Office	
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Request for	1. Assist the	None	5 minutes	Registrar
Transfer of	student in the			SPCPC
Credentials	transfer of			
	credentials			
	request			
2. Accomplish the	2. Check and	Informativ	3 days	Registrar
request form and	verify records, and	e Copy of	,	SPCPC
submit together	check for the	Grades/C		
with clearance	authenticity and	ertificate		
requirements to	validity of the	of Good		
the registrar pay	submitted	Moral		
the prescribed	documents.	Php200.0		
fees at the City		0		
Treasurer's Office				
3. Claim the	3. Release Copy	None	5 minutes	Registrar
Informative Copy	of Grades and/or			SPCPC
of Grades and/or	Certificate of			
Certificate of	Good Moral			
Good Moral	Character			
Character				
	TOTAL:	TOR -	3 Days and 10	
		Php	Minutes	
		300.00		
		Grades -		
		Php 50.00		



San Pedro City Polytechnic College Technical-Vocational Department

External Services





1. Registration/Enrollment Procedure

This service pertains to the enrollment and registration of a client to a certain training program offered by the institution covering all modes of delivery

Office	One Dades Oite Dale		Table Van Da			
Office or	San Pedro City Poly	ytechnic Colle	ege – i ecn-voc De	epartment –		
Division:	Registrar's Office					
Classification:	Simple	4- 0:::				
Type of	G2C – Government	to Citizen				
Transaction:	I/40 One diverte a Al	0.0	Osmanlatana Oslla	·		
Who may avail:	K12 Graduates, AL					
	undergraduates, Co	~ ~	•	•		
CHECKLICT OF	above 18 years of a	age preferably				
		Deguesting	WHERE TO SEC	UKE		
 Passport-sized p Copies) 	ictures (2 Original	Requesting	Client			
2. COMELEC Certif	fication	COMELEC	Office where the a	applicant		
3. Voter's Certificat	ion (1 Original	COMELEC				
Copy)		COIVIELEC				
4. Marriage Certific		Philippines	Statistics Authority	1		
women) (1 Photoco	1 7 /			1		
5. Barangay Cleara	ince (1 Original	Barangay w	here the enrollee	resides		
Copy)	D' (/ L')	3.7				
6. Passport Size ID		Photo studio	0			
background) (4 Orig		Dhata studia				
7. 1x1 ID Picture (2		Photo studio	1	DEDCON		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Get the direct	1. Retrieve the	None	10 minutes	Registrar		
link of the Google	enrollee's			SPCPC Tech-Voc		
Forms for Pre-	information from					
registration and fill	the Google					
the necessary	Forms. Email the					
information	client directly for					
including the	list of					
selected	requirements.					
qualification.						
2. Submit the	2. Validate the	None	15 minutes	Registrar		
complete	submitted			SPCPC Tech-		
requirements to	requirements and			Voc		
the registrar's	issue the					
office.	enrollment form.					
3. Pay for	3. Issue Order of	Admission 15 minutes Cashier/Collecti				
enrollment fees at	Payment.	Fee ng Officer				
the		(Communi SPCPC Tech-				
Cashier/Treasury		ty-Based)		Voc		
Office		- Php				
		310.00				
		(School- Based)				
	1	L Racadl	İ	1		





		Php 550.00 Tuition (School- Based) PHP 2000 (Caregivin g and Healthcar e) Php 5,000.00		
	3.1 Process enrollment	None	15 minutes	Registrar SPCPC
4. Receive information on the schedules of orientation and training	4. Provide schedules of orientation and training	None	2 minutes	Registrar Administrator SPTI
_	TOTAL:	Admissio n Fee + Tuition	57 minutes	





2. Issuance of Certification of Training

This service pertains to the issuance of a training certificate to a graduate of a certain training program offered by the institution.

Office or	San Pedro City Polytechnic College –Tech-Voc Department –				
Division:	Registrar's Office				
Classification:	Simple				
Type of	G2C - Government	to Citizen			
Transaction:					
Who may avail:	Graduates of San F	edro Techno	logical Institute		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Duly accomplished	ed request form (1	Registrar's	Office		
Original Copy)		Registial S	Office		
2. Clearance (1 Orig	iginal Copy) Registrar's Office				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Accomplish the	1. Check the	None	5 minutes	Registrar	
request form and	authenticity and			SPCPC Tech-Voc	
submit the	validity of				
requirements	documents				
	submitted				
				Registrar	
	1.1 Check and	None	20 minutes	SPCPC Tech-Voc	
	verify records.			01 01 0 10011 100	
2. Receive	2. Release the	None	5 minutes	Registrar	
Certificate of	Certificate of			Head of Office	
Training and sign	Training. SPCPC Tech-				
the Training				Voc	
Certificate Record					
Book					
	TOTAL:	None	30 Minutes		





3. Issuance of Transcript of Records

This service pertains to the issuance of Transcript of Records to a graduate of a certain training program offered by the institution that can be used for whatever purpose it may serve.

Office or	San Pedro City Polytechnic College –Tech-Voc Department –			
Division:	Registrar's Office			
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Graduates of San P	edro Techno		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
Duly accomplished Original Copy)	ed request form (1	Registrar's	Office	
2. Clearance (1 Original Control of the Control of	ginal Copy)	Registrar's	Office	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request for the release of Transcript of Records Accomplish the request form and submits together with clearance requirements to the registrar	Issue clearance request form and inform the graduate of the requirements for release Check and verify records, and check for the authenticity and validity of the submitted	None	5 minutes 3 days	Registrar SPCPC Tech- Voc Registrar SPCPC Tech- Voc
3. Claim the Transcript of Records and signs on the TOR Record Book	documents. 3. Releases Transcript of Records	None	5 minutes	Registrar SPCPC Tech- Voc
	TOTAL:	None	3 Days and 10 Minutes	





4. Student Verification

This service covers the provision of trainees' verification of scholastic records. Scholastic verification can be done verbally or through a letter or e-mail.

Office or	Registrar's Office			
Division:	_			
Classification:	Simple			
Type of	G2C – Government	to Citizen; G	2B – Governme	nt to Business
Transaction:	Entity			
Who may avail:	Companies who seek scholastic verification for their applicants			
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE
1. Request Letter (1	Original Copy, 1	Client		
Receiving Copy or 1	Electronic Copy)			
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Visit/inquire on	1. Reply to client			Registrar
the scholastic	who inquired in	None	4 hours	SPCPC Tech-
verification of	the form of	INOTIE	Voc	
trainees	letter/email			V 0C
	TOTAL:	None	4 Hours	





5. Collection of Fees

This service refers to the collection of money from enrollees for fees and charges to avail of the school's services.

Office or	Cashier's Office			
Division:	0'			
Classification:	Simple			
Type of	G2C – Governmen	t to Citizen		
Transaction:				
Who may avail:	All qualified enrollees			
CHECKLIST OF F			WHERE TO SE	CURE
Duly accomplishe		Applicant		
enrollment/registration	on form (1 Original			
Copy)				
2. Order of Payment		Registrar's		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Present duly	1. Accept	Prescribe	5 minutes	Registrar
accomplished	payment.	d fees for		SPCPC Tech-
enrollment/registrat		the		Voc
ion form and pays		selected		
the prescribed fees		training		
to the		program		
cashier/collecting				
officer				
2. Secures official	2. Issue official	None	3 minutes	Registrar
receipt for payment	receipt.			SPCPC Tech-
made				Voc
3. Secures official	3. Issues Official	None	3 minutes	Registrar
receipt for payment	Receipt			SPCPC Tech-
made	•			Voc
4. Register to the TESDA T2MIS	4. Encode the	None	5 minutes	Registrar
Portal	enrollees information in the			SPCPC Tech-
Poliai	TESDA T2MIS			Voc
	Portal			
	TOTAL:	Prescribe	13 Minutes	
		d fees for		
		the		
		selected		
		training		
		program		



6. Replacement of Damaged and Lost Certificate of Training and Transcript of Records

This service is provided to replace valid but damaged Certificate of Training and Transcript of Records.

Office or	Registrar's Office			
Division:				
Classification:	Complex			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Graduates of SPTI			
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE
1. Letter of Request	(1 Original Copy, 1	Applicant		
Receiving Copy)				
2. Notarized Affidavi	t of Loss (1 Original	Notary Pub	lic	
Copy)				
For damaged certif	icates:			
1. Certificate or Tran	script of Records	Applicant		
(1 Original Copy)	•			
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
CLIENT STEPS	ACTIONS	BE PAID	G TIME	RESPONSIBLE
1. Submit	1. Check	None	3 minutes	Registrar
documentary	completeness and			SPCPC Tech-
requirements.	correctness of			Voc
	documents.			
				5
	1.1 Verify profile	None	2 hours	Registrar
	of the applicant			SPCPC Tech-
	and check the			Voc
	consistency of the			
	documents			
	presented.			
2. Receive	2. Prepare, print,	None	2 hours	Registrar
Certificate of	and release the			SPCPC Tech-
Training or TOR	Certificate of			Voc
	Training or TOR			
	TOTAL:	None	4 Hours and	
			3 Minutes	





VI. Feedback and Complaints

FEEDBACK AND COMPLAINTS MECHANISM		
How to send feedback	Accomplish the client feedback form available per office and drop it at their respective designated	
	feedback box located inside.	
	City Hall Trunkline - (02) 8808-2020	
	E-mail Address: paio.cityofsanpedro@gmail.com	
How feedbacks are processed	At the beginning of every month, the assigned Officer collects the filled-out feedback forms from the respective departments from the previous month, compiles and records the same.	
	The assigned officer will prepare the Client Satisfaction Report (CSR) every month.	
How to file a complaint	Accomplish the client feedback form that is available per office and drop it at their respective designated feedback box located inside.	
	Client may also send an e-mail or write a letter to the Office of the Mayor or the concerned office.	
	They can be also through telephone call via trunkline at (02) 8808-2020	
	Email: paio.cityofsanpedro@gmail.com	
How complaints are processed	Complaints based on the submitted CSR, letters or e-mails will be reported to the Committee on Anti-Red Tape (CART) for evaluation.	
	CART will give the erring employee/s three (3) days upon receipt to answer the complaint.	
Contact Information of ARTA, PCC, CCB	ARTA: complaints@arta.gov.ph 8-478-5093	
	PCC: pcc@malacanang.gov.ph 8888	
	CCB: email@contactcenterngbayan.gov.ph 0908-881-6565	





VII. Office Directory

Trunkline Number: (02) 8808-2020

Office	Address	Contact Information
Office of the Mayor	4/F, City Hall of San Pedro, San Pedro City	Local 401
Office of the Mayor Staff	4/F, City Hall of San Pedro, San Pedro City	Local 411/412
Office of the Executive	4/F, City Hall of San Pedro, San	Local 413
Assistant	Pedro City	(02) 8869-2706
Office of the City	4/F, City Hall of San Pedro, San	Local 320/410
Administrator	Pedro City	
City Legal Office	4/F, City Hall of San Pedro, San Pedro City	Local 409
City Budget Office	4/F, City Hall of San Pedro, San Pedro City	Local 408
General Services Office	4/F, City Hall of San Pedro, San	Local 405
	Pedro City	(02) 8847-6606
City Planning and Development Coordinator's Office	4/F, City Hall of San Pedro, San Pedro City	Local 406/407
City Information and Communications Technology Office	4/F, City Hall of San Pedro, San Pedro City	Local 403
Office of the Vice-Mayor	3/F, City Hall of San Pedro, San Pedro City	Local 323 (02) 8292-8227
Sangguniang Panlungsod Secretariat	3/F, City Hall of San Pedro, San Pedro City	(02) 8553-0773
City Urban Development and Housing Office	3/F, City Hall of San Pedro, San Pedro City	Local 301
City Health Office	3/F, City Hall of San Pedro, San Pedro City	Local 302
City Public Affairs and	2/F, City Hall of San Pedro, San	Local 217
Information Office	Pedro City	(02) 8847-6417
City Environment and Natural Resources Office	2/F, City Hall of San Pedro, San Pedro City	Local 208
City Health Office – Sanitation	2/F, City Hall of San Pedro, San Pedro City	Local 207
City Planning and Development Coordinator's Office – Zoning Administration	2/F, City Hall of San Pedro, San Pedro City	Local 204
City Cooperative and Livelihood Development Office	2/F, City Hall of San Pedro, San Pedro City	Local 119
City Engineering Office	2/F, City Hall of San Pedro, San Pedro City	Local 202/203
Office of the Building Official	2/F, City Hall of San Pedro, San Pedro City	Local 205/206





Business Permits and	G/F, City Hall of San Pedro, San	Local 116/117
Licensing Office	Pedro City	1 1400
City Civil Registrar's	G/F, City Hall of San Pedro, San	Local 108
Office	Pedro City	1 1 40 4 / 40 5
City Accounting Office	G/F, City Hall of San Pedro, San	Local 104/105
City Annual City	Pedro City	1 1 44 2 /44 2 /44 4
City Assessor's Office	G/F, City Hall of San Pedro, San	Local 112/113/114
City Transpurer's Office	Pedro City	L cool 110/111
City Treasurer's Office	G/F, City Hall of San Pedro, San	Local 110/111 (02) 8868-0143
Public Employment and	Pedro City G/F, City Hall of San Pedro, San	Local 107
Public Employment and Services Office	Pedro City	Local 107
City Human Resources	G/F, City Hall of San Pedro, San	Local 102/103
and Management Office	Pedro City	Local 102/103
City Veterinary Office	B/F, City Hall of San Pedro, San	Local 109
Oity veterinary Office	Pedro City	LOCAL 109
City Agriculture Office	B/F, City Hall of San Pedro, San	Local 109
Oity Agriculture Office	Pedro City	Local 103
Public Order and Safety	B/F, City Hall of San Pedro, San	Local 211
Office – Transportation	Pedro City	2000. 2
Regulatory Unit	1 53.5 5	
Public Order and Safety	B/F, City Hall of San Pedro, San	Local 127
Office – Civil Security Unit	Pedro City	
Public Order and Safety	B/F, City Hall of San Pedro, San	Local 214
Office – CCTV	Pedro City	(02) 8533-3384
City Social Welfare and	B/F, City Hall of San Pedro, San	Local 210
Development Office	Pedro City	
Office of the Senior	B/F, City Hall of San Pedro, San	Local 122
Citizen Affairs	Pedro City	
Public Order and Safety	Old City Hall Building, Brgy.	(02) 8541-5781
Office (POSO) – Traffic	Poblacion, San Pedro City	
Management Unit (TMU)		
San Pedro City	Bulwagan Magsaysay, Brgy.	(02) 8777-7532
Polytechnic College	Narra, San Pedro City	
(SPCPC)		
San Pedro Jose L.	Old City Hall Building, Brgy.	(02) 8553-6224
Amante Emergency	Poblacion, San Pedro City	0921-512-6694
Hospital (SPJLAEH) –		
Physical Medicine and		
Rehabilitation Department	Flyinda Villaga Dymy Fatigaa Ca	(02) 0000 4075
San Pedro City	Elvinda Village, Brgy. Fatima, San	(02) 8868-4975
Polytechnic College	Pedro City	(02) 8253-9395
Technical-Vocational		
Department City Dispostor Biok	Prov. Doblosian Can Dadra City	(02) 9402 2649
City Disaster Risk Reduction and	Brgy. Poblacion, San Pedro City	(02) 8403-2648 0998-594-1743
Management Office		0990-094-1743
(CDRRMO)		
(ODKUNO)		