



**Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU**

Form-PTC-A Rev 6

APPLICATION FOR PERMIT TO CONSTRUCT A HEALTH FACILITY

Name of Health Facility _____

Location of the Health Facility _____

Number	Street	Barangay
City/ Municipality	Province	Region

Name of Applicant _____
Owner/ Head of Health Facility

Address of Applicant _____

Contact Information _____

Classification According to:

Land line	Mobile Number	E-mail Address
Ownership: [] Government	[] Private	
Capability: [] Ambulatory Surgical Clinic		
[] Birthing Home		
[] <i>Clinical Laboratory</i>		
[] Dialysis Clinic		
[] Drug Testing Laboratory		
[] Drug Abuse Treatment and Rehabilitation Center		
[] Hospital		
Function: [] General	[] Specialty	
If General, <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3		
[] Infirmary		
[] Medical Facility for Overseas Workers and Seafarers		
[] Psychiatric Care Facility		
	<input type="checkbox"/> Acute-Chronic <input type="checkbox"/> Custodial	
[] Primary Care Facility		

Proposed Bed Capacity (if applicable) _____

Type of Construction:

[] New, specify _____

[] Expansion/Renovation (for existing health facility), specify _____

Attachment: (incomplete attachment shall be a ground for the denial of this application, kindly check submitted documents)

A. Letter of Intent for new and existing health facility (background and scope of the project);	
B. For new health facility;	
1. Certificate of Need from the DOH-Regional Office (for hospital below 100 Authorized Bed Capacity)	
2. Proof of Registration of Name of Health Facility	
2.1. DTI/ SEC Registration including Articles of Incorporation and By-Laws (for private health facility)	
2.2. Enabling Act/ Board Resolution (for government health facility)	
2.3. Cooperative Development Authority Registration including Articles of Cooperation and By-Laws	
3. Three (3) Sets of Site Development Plans and Architectural Floor Plans (in blue print 20" x 30")	
3.1. Signed and sealed by an Architect/Engineer	
3.2. Showing all areas with appropriate scale, dimension and labels	
3.3. Demonstrating proper spatial and functional relationships of areas (refer to Checklist for Review of Floor Plan)	
C. For expansion/renovation of existing health facility;	
1. Latest DOH Approved Permit to Construct and Approved Floor Plan with latest copy of LTO/COA	
2. Floor Plan indicating proposed change/s (refer to B.3)	
D. Feasibility Study (for non-hospital based dialysis clinic only)	
E. Application Fee (refer to Schedule of Fees)	

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

Signature over Printed Name of Approving Authority
Date:

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7/22/2021
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