

DESIGN PROFESSIONALS, PLANS AND SPECIFICATIONS:

ARCHITECTURAL:

(Signature Over Printed Name)

Address: _____

PRC No. _____ Validity _____

CTC No. _____ Date Issued _____ Place Issued _____

CIVIL/STRUCTURAL:

(Signature Over Printed Name)

Address: _____

PRC No. _____ Validity _____

CTC No. _____ Date Issued _____ Place Issued _____

ELECTRICAL:

(Signature Over Printed Name)

Address: _____

PRC No. _____ Validity _____

CTC No. _____ Date Issued _____ Place Issued _____

MECHANICAL:

(Signature Over Printed Name)

Address: _____

PRC No. _____ Validity _____

CTC No. _____ Date Issued _____ Place Issued _____

SANITARY:

(Signature Over Printed Name)

Address: _____

PRC No. _____ Validity _____

CTC No. _____ Date Issued _____ Place Issued _____

PLUMBING:

(Signature Over Printed Name)

Address: _____

PRC No. _____ Validity _____

CTC No. _____ Date Issued _____ Place Issued _____

ELECTRONICS:

(Signature Over Printed Name)

Address: _____

PRC No. _____ Validity _____

CTC No. _____ Date Issued _____ Place Issued _____

INTERIOR DESIGN:

(Signature Over Printed Name)

Address: _____

PRC No. _____ Validity _____

CTC No. _____ Date Issued _____ Place Issued _____

SUPERVISORS OF SPECIALTY WORKS:

ELECTRICAL WORKS:

(Signature Over Printed Name)

Address: _____

PRC No. _____ Validity _____

CTC No. _____ Date Issued _____ Place Issued _____

MECHANICAL WORKS:

(Signature Over Printed Name)

Address: _____

PRC No. _____ Validity _____

CTC No. _____ Date Issued _____ Place Issued _____

SANITARY WORKS:

(Signature Over Printed Name)

Address: _____

PRC No. _____ Validity _____

CTC No. _____ Date Issued _____ Place Issued _____

PLUMBING WORKS:

(Signature Over Printed Name)

Address: _____

PRC No. _____ Validity _____

CTC No. _____ Date Issued _____ Place Issued _____

ELECTRONICS WORKS:

(Signature Over Printed Name)

Address: _____

PRC No. _____ Validity _____

CTC No. _____ Date Issued _____ Place Issued _____

INTERIOR DESIGN WORKS:

(Signature Over Printed Name)

Address: _____

PRC No. _____ Validity _____

CTC No. _____ Date Issued _____ Place Issued _____

REPUBLIC OF THE PHILIPPINES }
CITY/MUNICIPALITY OF _____ } S.S

BEFORE ME, at the city/Municipality of _____, on _____ personally appeared the persons whose signatures appear herein at the front and back of this page, known to me to be the same persons who executed this standard prescribed form and acknowledge to me that the same is their free and voluntary act and deed.

WITNESS MY HAND AND SEAL on the date and place above written.

Doc No. _____
Page No. _____
Book No. _____
Series of. _____

NOTARY PUBLIC (Until December) _____

Republic of the Philippines
Department of Public Works & Highways
Pamahalaang Lungsod/Bayan ng Nabas
Kalakhang Maynila/Lalawigan ng Aklan

TANGGAPAN NG PINUNONG PANGGUSALI
(Office of the Building Official)

Certificate of Completion

DATE

This is to certify that the construction of the building/structure covered by building Permit No. _____ issued on _____ has been constructed and completed under our inspection and supervision pursuant to Section 308 of the National Building Code (P.D. 1096), its IRR and in accordance with the plans and specifications submitted and on file with the Office of the Building Official.

That the said building/structure is ready for final inspection for issuance of the "Certificate of Occupancy."

NAME OF OWNER _____

ADDRESS OF OWNER _____ (Last Name) _____ (Given) _____ (Middle) _____ ZIP CODE _____ TEL NO. _____

LOCATION OF CONSTRUCTION LOT NO. _____ BLK NO. _____ STREET _____ BARANGAY _____ CITY MUNICIPALITY OF _____

USE OR CHARACTER OF OCCUPANCY _____ GROUP _____

DATE OF START OF CONSTRUCTION PROPOSED _____ ACTUAL _____

DATE OF COMPLETION EXPECTED _____ ACTUAL _____

TOTAL FLOOR AREA (Square meters) ESTIMATED _____ ACTUAL _____

NO. OF STOREYS AS PER PLAN _____ ACTUAL _____

ESTIMATED COST (For statistical purposes only) _____ ACTUAL _____

1. MATERIALS (Total Cost) _____
 - 1.1 CEMENT (bags) _____
 - 1.2 LUMBER (cubic meter) _____
 - 1.3 REINFORCING BARS (kg.) _____
 - 1.4 NO. OF G.I. SHEETS _____
 - 1.5 PRE-FAB STRUCTURAL STEEL (kg) _____

2. DIRECT LABOR (Total Cost) _____
this include compention whether by salary or contract for project architect/engineer down to laborers

3. RENTAL OF EQUIPMENT (if any) _____

4. OTHER COSTS _____
this includes professional services fees, permits and other fees.

FULL TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS				IF CONSTRUCTION IS UNDERTAKEN BY CONTRACT		
_____ ARCHITECT OR CIVIL ENGINEER (Signed And Sealed Over Printed Name)				_____ CONTRACTOR		
				Address _____		
PRC No. _____ Validity _____		_____ NAME (Signature Over Printed Name)				
PTR No. _____ Date Issued _____						
Issued at _____ TIN _____						
CTC No. _____	Date Issued _____	Issued at _____	CTC No. _____	Date Issued _____	Place Issued _____	
_____ OWNER/APPLICANT (Signature Over Printed Name)						
CTC No. _____		Date Issued _____			Place Issued _____	