

OFFICE OF THE BUILDING OFFICIAL
CERTIFICATE OF
COMPLETION

DATE _____				
<p>This is to certify that the building/structure covered by Building Permit No. _____ issued on _____ has been constructed and completed under our supervision, conforms with the plans and specifications submitted and on file with the Office of the Building Official, and complies with the provisions of the National Building Code and Accessibility Law (BP Blg. 344).</p>				
NAME OF OWNER _____ <small>(Last Name) (Given) (M.I.)</small>				
ADDRESS OF OWNER _____ ZIP CODE _____ TEL. NO. _____				
LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ STREET _____ BARANGAY _____ CITY OF BAGUIO. USE OR CHARACTER OF OCCUPANCY _____				
	PLANNED	ACTUAL		
DATE OF START OF				
DATE OF COMPLETION				
TOTAL FLOOR AREA (Square Meters)				
NO. OF STOREY(S)				
NO. OF UNITS				
<p>SUMMARY OF ACTUAL COSTS</p> <p>1. TOTAL COST OF MATERIALS: P _____</p> <p>1.1. CEMENT (bags) _____</p> <p>1.2. LUMBER (bd. ft.) _____</p> <p>1.3. REINFORCING BARS (kg.) _____</p> <p>1.4. G.I. SHEETS (sheets) _____</p> <p>1.5. PREFAB STRUCTURAL STEEL (kg.) _____</p> <p>1.6. Other materials _____</p> <p>2. TOTAL COST OF DIRECT LABOR: P _____ This includes compensation whether by salary or contract for project architect/engineer down to laborers.</p> <p>3. TOTAL COST OF EQUIPMENT UTILIZATION: P _____</p> <p>4. OTHER COSTS: P _____ This includes professional services fees, permits and other fees</p> <p style="text-align: right;">TOTAL COST OF BUILDING/STRUCTURE P _____</p>				
FULL-TIME SUPERVISOR OR INSPECTOR OF CONSTRUCTION		IF CONSTRUCTION WAS UNDERTAKEN BY CONTRACT		
<p>_____ ARCHITECT OR CIVIL ENGINEER (Signed And Sealed Over Printed Name) Date _____</p>		Contractor: _____		
		PCAB Lic. No. _____		
		Validity _____		
Address _____		Tel. No. _____		
PRC No. _____	Validity _____	<p>_____ AUTHORIZED MANAGING OFFICER (Signature Over Printed Name)</p>		
PTR No. _____	Date Issued _____			
Issued at _____	TIN _____			
CTC No. _____	Date Issued _____			
Date Issued _____	Issued at _____	CTC No. _____	Date Issued _____	Place Issued _____
CONFORME:		CTC No. _____		
<p>_____ OWNER/APPLICANT (Signature Over Printed Name)</p>		Date Issued _____		
		Place Issued _____		
<p>REPUBLIC OF THE PHILIPPINES) S.S Municipality of Daanbantayan)</p> <p>BEFORE ME, at the Municipality of Daanbantayan , 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 acknowledged to me that the same is their free and voluntary act and deed.</p> <p>WITNESS MY HAND AND SEAL on the date and place above written.</p>				
Doc. No. _____	_____			
Page No. _____	NOTARY PUBLIC			
Book No. _____				

NOTE: COPY TO BE FURNISHED THE NSO

DESIGN PROFESSIONALS, PLANS AND SPECIFICATIONS:

ARCHITECTURAL	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
IAPOA No.	O.R. No. Date Issued:
PTR. No	Date Issued
Issued at	TIN

CIVIL / STRUCTURAL	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

ELECTRICAL	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

MECHANICAL	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

SANITARY	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

PLUMBING	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

ELECTRONICS	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

INTERIOR DESIGN	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

SUPERVISORS OF SPECIALTY WORKS:

ELECTRICAL WORKS	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

MECHANICAL WORKS	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

SANITARY WORKS	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

PLUMBING WORKS	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

ELECTRONICS WORKS	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

INTERIOR DESIGN WORKS	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN