

Republic of the Philippines
Municipality of Hagonoy
Province of Davao del Sur

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 _____ (Last Name) _____ (Given) _____ (M.I.)					
ADDRESS OF OWNER _____ ZIP CODE _____ TEL. NO. _____					
LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ STREET _____ BARANGAY _____ CITY/MUNICIPALITY OF _____					
USE OR CHARACTER OF OCCUPANCY _____ GROUP _____					
	PLANNED	ACTUAL			
DATE OF START OF CONSTRUCTION					
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 _____</p> <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 _____</p> <p>This includes professional services fees, permits and other fees</p> <p style="text-align: center;">TOTAL COST OF BUILDING/STRUCTURE P _____</p>					
FULL-TIME SUPERVISOR OR INSPECTOR OF CONSTRUCTION		IF CONSTRUCTION WAS UNDERTAKEN BY CONTRACT			
_____ ARCHITECT OR CIVIL ENGINEER (Signed And Sealed Over Printed Name) Date _____		Contractor: _____			
		PCAB Lic. No. _____ Validity _____ TIN _____			
		Address _____ Tel. No. _____			
		_____ AUTHORIZED MANAGING OFFICER (Signature Over Printed Name)			
PRC No. _____	Validity _____				
PTR No. _____	Date Issued _____				
Issued at _____	TIN _____				
CTC No. _____	Date Issued _____	Issued at _____	CTC No. _____	Date Issued _____	Place Issued _____
CONFORME: _____ Date _____ OWNER/APPLICANT (Signature Over Printed Name)			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 acknowledged 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. _____	NOTARY PUBLIC (Until December _____)				
Series of _____					

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

NOTE: THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTIONS 305 AND 306 OF THE "NATIONAL BUILDING CODE".