



Republic of the Philippines
 City of Bacolod
 Province of Negros Occidental



OFFICE OF THE BUILDING OFFICIAL
CERTIFICATE OF COMPLETION

DATE _____																							
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).																							
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 _____																							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">PLANNED</th> <th style="width: 25%;">ACTUAL</th> </tr> </thead> <tbody> <tr> <td>DATE OF START OF CONSTRUCTION</td> <td></td> <td></td> </tr> <tr> <td>DATE OF COMPLETION</td> <td></td> <td></td> </tr> <tr> <td>TOTAL FLOOR AREA (Square Meters)</td> <td></td> <td></td> </tr> <tr> <td>NO. OF STOREY(S)</td> <td></td> <td></td> </tr> <tr> <td>NO. OF UNITS</td> <td></td> <td></td> </tr> </tbody> </table>		PLANNED	ACTUAL	DATE OF START OF CONSTRUCTION			DATE OF COMPLETION			TOTAL FLOOR AREA (Square Meters)			NO. OF STOREY(S)			NO. OF UNITS						
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SUMMARY OF ACTUAL COSTS 1. TOTAL COST OF MATERIALS: P _____ 1.1. CEMENT (bags) _____ 1.2. LUMBER (bd. ft.) _____ 1.3. REINFORCING BARS (kg.) _____ 1.4. G.I. SHEETS (sheets) _____ 1.5. PREFAB STRUCTURAL STEEL (kg.) _____ 1.6. Other materials _____ 2. TOTAL COST OF DIRECT LABOR: P _____ This includes compensation whether by salary or contract for project architect/engineer down to laborers. 3. TOTAL COST OF EQUIPMENT UTILIZATION: P _____ 4. OTHER COSTS: P _____ This includes professional services fees, permits and other fees TOTAL COST OF BUILDING/STRUCTURE P _____																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">FULL-TIME SUPERVISOR OR INSPECTOR OF CONSTRUCTION</th> <th colspan="2">IF CONSTRUCTION WAS UNDERTAKEN BY CONTRACT</th> </tr> <tr> <td rowspan="2" style="text-align: center;"> _____ ARCHITECT OR CIVIL ENGINEER (Signed And Sealed Over Printed Name) Date _____ </td> <td>Contractor:</td> <td>PCAB Lic. No.</td> </tr> <tr> <td></td> <td>Validity</td> </tr> <tr> <td></td> <td></td> <td>TIN</td> </tr> <tr> <td></td> <td>Address</td> <td>Tel. No.</td> </tr> <tr> <td>PRC No. _____ Validity _____</td> <td colspan="2" rowspan="3" style="text-align: center;"> AUTHORIZED MANAGING OFFICER (Signature Over Printed Name) _____ Date _____ </td> </tr> <tr> <td>PTR No. _____ Date Issued _____</td> </tr> <tr> <td>Issued at _____ TIN _____</td> </tr> <tr> <td>CTC No. _____ Date Issued _____ Issued at _____</td> <td>CTC No. _____</td> <td>Place Issued _____</td> </tr> </table>		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.	PRC No. _____ Validity _____	AUTHORIZED MANAGING OFFICER (Signature Over Printed Name) _____ Date _____		PTR No. _____ Date Issued _____	Issued at _____ TIN _____	CTC No. _____ Date Issued _____ Issued at _____	CTC No. _____	Place Issued _____
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Issued at _____ TIN _____																							
CTC No. _____ Date Issued _____ Issued at _____	CTC No. _____	Place Issued _____																					
CONFORME: _____ Date _____ _____ OWNER/APPLICANT (Signature Over Printed Name)																							
REPUBLIC OF THE PHILIPPINES) S.S CITY/MUNICIPALITY OF _____)																							
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. _____ Series of _____	_____ NOTARY PUBLIC (Until December _____)																						

NOTE: COPY TO BE FURNISHED THE NSO

DESIGN PROFESSIONALS, PLANS AND SPECIFICATIONS:

ARCHITECTURAL	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
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)	
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INTERIOR DESIGN WORKS	
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