



Republic of the Philippines
CITY OF ILOILO
 Province of Iloilo

OFFICE OF THE BUILDING OFFICIAL

SCAFFOLDING PERMIT

APPLICATION NO.

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SP NO

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BUILDING PERMIT NO.

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BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)

OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE	FORM OF OWNERSHIP		USE OR CHARACTER OF OCCUPANCY	
ADDRESS: NO., STREET,	BARANGAY,	CITY/MUNICIPALITY	ZIP CODE	TELEPHONE NO
LOCATION OF CONSTRUCTION: LOT NO. _____	BLK NO. _____	TCT NO. _____	TAX DEC. NO. _____	
STREET _____		BARANGAY _____	CITY/ MUNICIPALITY OF _____	
SCOPE OF WORK				
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION _____	<input type="checkbox"/> RAISING _____		
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION _____	<input type="checkbox"/> DEMOLITION _____		
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____		
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____	<input type="checkbox"/> OTHERS (Specify) _____		

BOX 2

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
<p>_____ Date _____ ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Printed Name)</p>	
Address _____	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 3

FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS	
<p>_____ Date _____ ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Over Printed Name)</p>	
Address _____	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 4

BUILDING OWNER		
<p>_____ (Signature Over Printed Name) Date _____</p>		
Address _____		
C.T.C. No.	Date Issued	Place Issued

BOX 5

WITH MY CONSENT: LOT OWNER		
<p>_____ (Signature Over Printed Name) Date _____</p>		
Address _____		
C.T.C. No.	Date Issued	Place Issued

BOX 6

<p>_____ (Signature Over Printed Name) APPLICANT (Signature Over Printed Name) Date _____</p>		
CTC NO.	DATE ISSUED	PLACE ISSUED
TIN		

BOX 7 (TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION)

FEE PAID _____	OFFICIAL RECEIPT NO. _____
DATE PAID _____	DATE ISSUED _____

BOX 8 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)

ACTION TAKEN:

Permit is hereby issued/granted to _____
with postal address at _____
to erect a SCAFFOLDING for _____
with a frontage of _____ () lineal meters at the premises of _____ for
the period of _____ () days inclusive from _____, ____ to _____, ____
pursuant to pertinent provisions of the "National Building Code" (PD 1096) and its Implementing Rules and
Regulations and to the following conditions:

1. That the owner and contractor shall be jointly responsible for the safety, protection, security and convenience of the general public and his/her personnel, third parties, the works, equipment and the like.
2. That the scaffolding shall not be erected on the roadway area nor shall it obstruct the free passage of pedestrians.
3. That surface drains and other utility fixtures or lines shall not be obstructed.
4. That this permit shall not serve as exemption from securing permits/written clearances from various government authorities exercising regulatory function affecting buildings and other related structures.

PERMIT ISSUED BY:

ENGR. MAVI J. GUSTILO
City Building Official
Date _____