



OFFICE OF THE BUILDING OFFICIAL
CERTIFICATE OF COMPLETION

<input type="checkbox"/> SIMPLE	<input type="checkbox"/> COMPLEX	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 of the Philippines, its Revised IRR, JMC 2018-01 and other Referral Codes.</p>		
<p>NAME OF OWNER _____ (Last Name) _____ (Given) _____ (M.I.)</p>		
<p>ADDRESS OF OWNER _____ ZIP CODE _____ TEL. NO. _____</p>		
<p>LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ STREET _____ BARANGAY _____ CITY/MUNICIPALITY OF _____</p>		
<p>USE OR CHARACTER OF OCCUPANCY _____ GROUP _____</p>		
	PLANNED	ACTUAL
DATE OF START OF CONSTRUCTION		
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: center;">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 _____ TIN _____ Address _____ Tel. No. _____
PRC No. _____ Validity _____	<p>_____ AUTHORIZED MANAGING OFFICER (Signature Over Printed Name) Date _____</p>	
PTR No. _____ Date Issued _____		
Issued at _____ TIN _____		
CTC No. _____ Date Issued _____ Issued at _____	CTC No. _____	Date Issued _____
		Place Issued _____
CONFORME:		
<p>_____ OWNER / PERMITTEE (Signature Over Printed Name) Date _____</p>		CTC No. _____
		Date Issued _____
		Place Issued _____
<p>REPUBLIC OF THE PHILIPPINES) s.s CITY/MUNICIPALITY OF _____)</p> <p>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.</p> <p>WITNESS MY HAND AND SEAL on the date and place above written.</p>		
Doc. No. _____		
Page No. _____		
Book No. _____		
Series of _____	NOTARY PUBLIC (Until December _____)	

NOTE: COPY FURNISHED THE PSA

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
IAPOA No.	O.R. No. Date Issued:
PTR. No	Date Issued
Issued at	TIN

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

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

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

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

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

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

SUPERVISORS OF SPECIALTY WORKS:

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

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