

UNIFIED APPLICATION FORM FOR CERTIFICATE OF OCCUPANCY

	∐ FULL		☐ PARTIA	L	
	THIS ALSO APPLIES F	OR: TEIRES	SAFETY INS	PECTION CERTIFICATE	
Date Issued FSEC No.	No.:	OK. TIKE	ALLI INO	LOTION GENTINGATE	
Date Issued	:				
				(Date)	
Name of Applican	t/Owner:(Last Name)	(Giv	ven Name)	(Middle Initial)	
	ant/Owner:		•		
				Contact No.:	
		Requirements s	submitted:		
☐ 3 copies o	f Certificate of Completion, duly	y notarized			
☐ Construction		ed by the Owner's	Architect or (Civil Engineer who undertook full-tim	e inspection
☐ As-Built P supervisio		he Owner's Archite	ect or Civil E	ngineer who undertook full-time ins	spection and
☐ 1 photocop	py of the valid licenses of all inv	volved Professiona	ls		
☐ Captioned [photographs of Site and Compl	leted Building/Strud	cture showing	front, sides and rear areas,	
☐ Yellow Ca	rd issued by the Electrical Serv	rice Provider			
Name of Project					
					_
	e/Character of Occupancy:				_
	of Units:				
	al Gross Floor Area (Square				
	e of Completion:				
		Submitted by:			
				APPLICANT/OWNER	
			Date Issue	(Signature Over Printed Name) y Tax Certificate No d: ed:	_
		Attested by:	Flace issu	eu	_
		Allosiod by.	FULL-TIME	INSPECTOR OR SUPERVISOR OF CONSTRUC	TION
				ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Over Printed Name) Date	_
			PRC No.	Validity	
			PTR No.	Date Issued	

CTC No.

Date Issued

Issued at