

Republic of the Philippines
Lucena City
Quezon Province



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 _____

	PLANNED	ACTUAL
DATE OF START OF CONSTRUCTION		
DATE OF COMPLETION		
TOTAL FLOOR AREA (Square Meters)		
NO. OF STOREY(S)		
NO. OF UNITS		

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 _____

FULL-TIME SUPERVISOR OR INSPECTOR OF CONSTRUCTION			IF CONSTRUCTION WAS UNDERTAKEN BY CONTRACT		
<div>_____ ARCHITECT OR CIVIL ENGINEER (Signed And Sealed Over Printed Name) Date _____</div>			Contractor:		PCAB Lic. No.
					Validity
					TIN
			Address		Tel. No.
PRC No.			Validity		
PTR No.			Date Issued		
Issued at			TIN		
CTC No.			Date Issued		
Date Issued			Issued at		
			_____ AUTHORIZED MANAGING OFFICER (Signature Over Printed Name)		
			CTC No	Date Issued	Place Issued

CONFORME:

OWNER/APPLICANT
(Signature Over Printed Name)

Date _____

CTC No
Date Issued
Place Issued

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 _____)

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	
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PTR. No	Date Issued
Issued at	TIN

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