

Republic of the Philippines  
Province of Camarines Norte  
**MUNICIPALITY OF SAN VICENTE**  
**OFFICE OF THE BUILDING OFFICIAL**

**CERTIFICATE OF COMPLETION**

This is to certify that the building/structure covered by Building Permit No. \_\_\_\_\_ issued on \_\_\_\_\_ has been constructed and completed under our supervision, conform 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 Name) \_\_\_\_\_ (M.I.) \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_

LOCATION OF CONSTRUCTION: LOT NO. \_\_\_\_\_ BLK. NO. \_\_\_\_\_ STREET \_\_\_\_\_ BARANGAY \_\_\_\_\_ CITY 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 COSTS

- |  |         |
|--|---------|
| 1. TOTAL COST OF MATERIALS   | P _____ |
| 1.1 CEMENT (bags)  |         |
| 2.2 LUMBER (bd. ft.)   |         |
| 1.3 REINFORCING BARS (kg.)   |         |
| 1.4 G.I. SHEETS (sheets)   |         |
| 1.5 PREFAB STRUCTURAL STEEL (kg.)  |         |
| 1.6 Others 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		
_____		CONTRACTOR : _____		
ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Over Printed Name) Date _____		PCAB Lic. No. _____ Validity _____ TIN _____		
PRC No. : _____		Address _____ Tel. No. _____		
PTR No. : _____		Date _____		
Issued at : _____		AUTHORIZED MANAGING OFFICER (Signature Over Printed Name)		
CTC No.	Date Issued	Issued at	CTC No.	Date Issued
CONFORME			Place Issued	
OWNER/APPLICANT (Signature Over Printed Name)			CTC No. _____	
REPUBLIC OF THE PHILIPPINES ) CITY OF TUGUEGARAO ) S.S.			Date Issued _____	
WITNESS MY HAND AND SEAL on the date and place above written.			Place Issued _____	

DOC. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of \_\_\_\_\_

NOTARY PUBLIC (Until December \_\_\_\_\_)

## DESIGN PROFESSIONALS, PLANS AND SPECIFICATIONS

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