

Republic of the Philippines
City of Baguio
Province of Benguet

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 OF BAGUIO.													
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	
_____ ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Printed Name)	
Date _____	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 3

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

BOX 4

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

BOX 5

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

BOX 6

_____ APPLICANT (Signature Over Printed Name)		
Date _____		
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:

BUILDING OFFICIAL
DATE:_____