

Republic of the Philippines

Province of Leyte

Municipality of Leyte*Office of the Building Official*Area Code **08081****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 Bldg. 344).

NAME OF OWNER _____
 (Last Name) (Given) (M.I.)
 Address of Owner _____ ZIP CODE _____ TEL. NO. _____
 Location of Construction: Lot. ____ Blk. No. ____ Street _____ Barangay _____ 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

- Total Cost of Materials:
 - Cement (bags) _____ P _____
 - Lumber (bd.ft.) _____
 - Reinforcing Bars (kg.) _____
 - G.I. Sheets (sheets) _____
 - Prefab Structural Steel (kg.) _____
 - Other Materials _____
- Total Cost of Direct Labor: P _____
 This includes compensation whether by salary or contract for project architect/engineer down to laborers
- Total Cost for Equipment Utilization: P _____
- Other Costs: P _____
 This includes professional services fee, permits and other fees

TOTAL COST OF BUILDING/STRUCTURE

P _____

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

REPUBLIC OF THE PHILIPPINES

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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 acknowledge 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
PTR. No.	Date Issued
Issued at	TIN

CIVIL AND 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
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SUPERVISORS OF SPECIAL WORKS:

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

MECHANICAL WOKS	
Date _____ (Signature Over Printed Name)	
Address	
PRC. No.	Validity
PTR. No.	Date Issued
Issued at	TIN

SANIYARY WORKS	
Date _____ (Signature Over Printed Name)	
Address	
PRC. No.	Validity
PTR. No.	Date Issued
Issued at	TIN

PLUMBING WORKS	
Date _____ (Signature Over Printed Name)	
Address	
PRC. No.	Validity
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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
PTR. No.	Date Issued
Issued at	TIN