

Republic of the Philippines
CITY OF TARLAC
PROVINCE OF TARLAC
OFFICE OF THE BUILDING OFFICIAL

CERTIFICATE OF COMPLETION

_____ DATE																			
This is to certify that the building/structure covered by Building Permit No. _____, Electrical Permit No. _____, Sanitary Permit No. _____, Plumbing Permit No. _____, Mechanical Permit No. _____, Electronics 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 COMPANY / LOCATOR: _____																			
NAME OF OWNER / LOCATOR _____																			
(Last Name) (Given Name)																			
ADDRESS OF OWNER / LOCATOR _____ ZIP CODE _____																			
LOCATION OF CONSTRUCTION: _____																			
USE OR CHARACTER OF OCCUPANCY _____ GROUP _____																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">PLANNED</th> <th style="width: 35%;">ACTUAL</th> </tr> </thead> <tbody> <tr> <td>DATE OF START OF CONSTRUCTION</td> <td></td> <td></td> </tr> <tr> <td>DATE OF COMPLETION</td> <td></td> <td></td> </tr> <tr> <td>TOTAL FLOOR AREA (Square Meters)</td> <td></td> <td></td> </tr> <tr> <td>NO. OF STOREY(S)</td> <td></td> <td></td> </tr> <tr> <td>NO. OF UNITS</td> <td></td> <td></td> </tr> </tbody> </table>		PLANNED	ACTUAL	DATE OF START OF CONSTRUCTION			DATE OF COMPLETION			TOTAL FLOOR AREA (Square Meters)			NO. OF STOREY(S)			NO. OF UNITS		
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TOTAL FLOOR AREA (Square Meters)																			
NO. OF STOREY(S)																			
NO. OF UNITS																			
SUMMARY OF ACTUAL COSTS 1. TOTAL COST OF MATERIALS: P _____ 1.1. ARCHITECTURAL / CIVIL _____ 1.2. ELECTRICAL _____ 1.3. SANITARY _____ 1.4. PLUMBING _____ 1.5. MECHANICAL _____ 1.6. ELECTRONICS _____ 1.7. OTHERS _____ 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 PROJECT / S P _____																			
FULL-TIME SUPERVISOR OR INSPECTOR OF CONSTRUCTION _____ ARCHITECT OR CIVIL ENGINEER (Signed And Sealed Over Printed Name) Date _____ Tel No. _____	IF CONSTRUCTION WAS UNDERTAKEN BY CONTRACT Contractor: _____ PCAB Lic. No. _____ _____ Validity _____ _____ TIN _____ Address _____ Tel. No. _____ _____ _____ Date _____ AUTHORIZED MANAGING OFFICER (Signature Over Printed Name) _____ CTC No _____ Date Issued _____ Place Issued _____																		
PRC No. _____ Validity _____ PTR No. _____ Date Issued _____ Issued at _____ TIN _____ CTC No. _____ Date Issued _____ Issued at _____	CONFORME: _____ Date _____ OWNER/APPLICANT (Signature Over Printed Name) Tel No. _____ _____ _____ _____ _____ _____ _____																		
REPUBLIC OF THE PHILIPPINES) CITY/MUNICIPALITY OF _____) S.S																			
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 _____)																		
NOTE: COPY TO BE FURNISHED THE PSA																			

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

ARCHITECTS / ENGINEERS-IN-CHARGE OF CONSTRUCTION AND INSTALLATION:

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

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

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

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

NOTE: THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTIONS 305 AND 306 OF THE "NATIONAL BUILDING CODE".