



**REPUBLIC OF THE PHILIPPINES  
CITY OF ROXAS  
PROVINCE OF CAPIZ**

**OFFICE OF THE BUILDING OFFICIAL  
CERTIFICATE OF COMPLETION**

SIMPLE

COMPLEX

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 of the Philippines, its Revised IRR, JMC 2018-01 and other Referral Codes.

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		
_____ <b>ARCHITECT OR CIVIL ENGINEER</b> (Signed And Sealed Over Printed Name) Date _____			Contractor:		PCAB Lic. No.
					Validity
			Address		TIN
					Tel. No.
PRC No.	Validity		_____ <b>AUTHORIZED MANAGING OFFICER</b> (Signature Over Printed Name) Date _____		
PTR No.	Date Issued				
Issued at	TIN				
CTC No.	Date Issued	Issued at	CTC No.	Date Issued	Place Issued

<b>CONFORME:</b>  _____ <b>OWNER / PERMITTEE</b> (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:**

<b>ARCHITECTURAL</b>	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
IAPOA No.	O.R. No.      Date Issued:
PTR. No	Date Issued
Issued at	TIN

<b>CIVIL / STRUCTURAL</b>	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
IAPOA No.	O.R. No.      Date Issued:
PTR. No	Date Issued
Issued at	TIN

<b>ELECTRICAL</b>	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
IAPOA No.	O.R. No.      Date Issued:
PTR. No	Date Issued
Issued at	TIN

<b>MECHANICAL</b>	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
IAPOA No.	O.R. No.      Date Issued:
PTR. No	Date Issued
Issued at	TIN

<b>SANITARY</b>	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
IAPOA No.	O.R. No.      Date Issued:
PTR. No	Date Issued
Issued at	TIN

<b>PLUMBING</b>	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
IAPOA No.	O.R. No.      Date Issued:
PTR. No	Date Issued
Issued at	TIN

<b>ELECTRONICS</b>	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
IAPOA No.	O.R. No.      Date Issued:
PTR. No	Date Issued
Issued at	TIN

<b>INTERIOR DESIGN</b>	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
IAPOA No.	O.R. No.      Date Issued:
PTR. No	Date Issued
Issued at	TIN

**SUPERVISORS OF SPECIALTY WORKS:**

<b>ELECTRICAL WORKS</b>	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
IAPOA No.	O.R. No.      Date Issued:
PTR. No	Date Issued
Issued at	TIN

<b>MECHANICAL WORKS</b>	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
IAPOA No.	O.R. No.      Date Issued:
PTR. No	Date Issued
Issued at	TIN

<b>SANITARY WORKS</b>	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
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<b>PLUMBING WORKS</b>	
_____ Date _____ (Signature Over Printed Name)	
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<b>ELECTRONICS WORKS</b>	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
IAPOA No.	O.R. No.      Date Issued:
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<b>INTERIOR DESIGN WORKS</b>	
_____ Date _____ (Signature Over Printed Name)	
Address	
PRC. No	Validity
IAPOA No.	O.R. No.      Date Issued:
PTR. No	Date Issued
Issued at	TIN