



**Annex E: CERTIFICATE OF COMPLETION**

Republic of the Philippines  
 City of Cagayan de Oro  
 Province of Misamis Oriental  
**OFFICE OF THE CITY BUILDING OFFICIAL**  
**CERTIFICATE OF COMPLETION**



<input type="checkbox"/> SIMPLE <span style="margin-left: 200px;"><input type="checkbox"/> COMPLEX</span>	_____ 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 specification 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 their Referral Codes.				
NAME OF OWNER _____ (LASTNAME) _____ (GIVEN) _____ (M.I)				
ADDRESS OF OWNER _____ ZIP CODE _____ TEL. NO. _____				
LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ STREET _____ BARANGAY _____ CITY/MUNICIPALITY _____				
USER CHARACTER OF OCCUPANCY _____ GROUP _____				
	<b>PLANNED</b>	<b>ACTUAL</b>		
DATE OF START OF CONSTRUCTION				
DATE OF COMPLETION				
TOTAL FLOOR AREA (Square Meters)				
NO. OF STOREY(S)				
NO. OF UNITS				
<b>SUMMARY OF ACTUAL COSTS</b> 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 include professional services fees, permits and other fees <b>TOTAL COST OF BUILDING/STRUCTURAL</b> P _____				
<b>FULL-TIME SUPERVISOR OR INSPECTOR OF CONSTRUCTION</b>		<b>IF CONSTRUCTION WAS UNDERTAKEN BY CONTRACT</b>		
_____ <b>ARCHITECT OR CIVIL ENGINEER</b> (Signed and Sealed Over Printed Name) Date _____		Contractor		
		PCAB Lic. No.		
		Validity		
		TIN		
		Address		
PRC No.	Validity	_____ AUTHORIZED MANAGING OFFICER (Signature over Printed Name) Date _____		
PTR No.	Date Issued			
Issued at	TIN			
CTC No.	Date Issued			Issued at
		CTC No.	Date Issued	Placed Issued
<b>CONFORME:</b>		CTC No.		
_____ OWNER/OERMITTEE (Signature over Printed Name) Date _____		Date Issued		
		Placed Issued		
REPUBLIC OF THE PHILIPPINES _____ ) S.S CITY/MUNICIPALITY OF _____ )				
BEFORE ME, at the City/Municipality of _____, on _____ personally appeared the persons whose signature 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 place above written.				
Doc No. _____ Page No. _____ Book No. _____ Series of _____				
_____ NOTARY PUBLIC (Until December _____)				

**DESIGN PROFESSIONALS, PLANS AND SPECIFICATION**

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

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

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

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

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

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

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

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

**SUPERVISORS OF SPECIALTY WORKS:**

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

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

<b>SANITARY WORKS</b>	
_____ Date _____ ( Signature Over Printed Name )	
Address	
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<b>INTERIOR DESIGN WORKS</b>	
_____ Date _____ ( Signature Over Printed Name )	
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