

Republic of the Philippines City of San Jose – 3121 Province of Nueva Ecija OFFICE OF THE BUILDING OFFICIAL

CERTIFICATE OF COMPLETION

	□ SI	MPLE					
							DATE
This is to certify that the building/structure covered by Building Permit No has been constructed and completed under our supervision						,	issued on

			e Office of the Buildir C 2018-01 and other	ng Official, and complies	with the pr	ovisions of t	the National Building
NAME OF OWNER		***************************************		Referral Codes.			
NAME OF OWNER		(Last Na	me)	(Give	n)		(M.I.)
ADDDESS OF OWNE	- D			710	CODE	TEI	NO
ADDRESS OF OWN	:к			ZIP	CODE		NO
LOCATION OF CON	STRUCTION:	LOT NO	BLK NO STR	EET BARA	NGAY		, SAN JOSE CITY
USE OR CHARACTE	R OF OCCUPA	ANCY	-		GROUP		
V			= 1	PLANNED		AC	CTUAL
DATE OF START OF	CONSTRUCT	ION					T. P. San
DATE OF COMPLET	ION			1			
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NO. OF UNITS	-						
	OF ACTUAL	COSTS					
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			TI (I)				
			EL (kg)	-			
	ther Materia			₽			
	L COST OF DI						Charles 1
				contract for project arch			aborers
		QUIPMENT	UTILIZATION	₽		_	
4. OTHE				₽		<u> </u>	
This in			vice fees, permit and				
	TOTAL (COST OF BL	JILDING/STRUCTURE				
FULL-TIME SUPER\	ISOR OR INS	PECTOR O	FCONSTRUCTION	IF CONSTRUCTION V	WAS UNDER	RTAKEN BY	CONTRACT
				Contractor		PCAB Lic.	No.
			_	Validity			
AR	CHITECT OR	CIVIL ENGI	NEER	TIN			
(Sig	ned and Sealed	Over Printed I	Name)	Address			Tel. No.
	ate		77.15.4				
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PTR No.		Date Issu	ed				
Issued at		TIN		AUTHORIZED MANAGING OFFICER (Signature Over Printed Name)			
CTC No.	Date Issued		Issued at	CTC No.	Date Issued		Place Issued
CONFORME						CTC No.	
CONFORME:						Date Issued	
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		NER / PERMIT re Over Printe					
REPUBLIC OF THE F)S.				-	
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SAN JOSE CITY, NU		C't (C	- Inna Nama Falla				
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		_		ne is their free and volu	untary act a	nd deed.	
WITNES	S MY HAND	AND SEAL o	on the date and place	above written.			
Doc. No							
Page No							
Book No				-			
Series of				NO	TARY PUBLIC (Until Decembe	r)

DESIGN PROFESSIONALS, PLANS AND SPECIFICATIONS:

ARCHITECTURAL		CIVIL / STRUCTU	JRAL			
			_			
(Signature Over Pri	nted Name) Date	(Signature Ov	(Signature Over Printed Name)			
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