



**SUBIC BAY METROPOLITAN AUTHORITY  
BUILDING PERMIT & SAFETY DEPARTMENT**

**APPLICATION FOR OCCUPANCY PERMIT  
CERTIFICATE OF COMPLETION**

This is to certify that the construction of the building covered by Building Permit No. \_\_\_\_\_ issued on \_\_\_\_\_ has been completed in accordance with the approved plans and specification on file with the office of the Building Official and the "NATIONAL BUILDING CODE" (P.D. 1096).

That the said building and / or structure is READY FOR FINAL INSPECTION for the issuance of the "CERTIFICATE OF OCCUPANCY"

NAME OF APPLICANT : \_\_\_\_\_  
(LAST NAME) (GIVEN) (MIDDLE)  
ADDRESS OF APPLICANT : \_\_\_\_\_  
LOCATION OF CONSTRUCTION : \_\_\_\_\_  
USE OR TYPE OF OCCUPANCY : \_\_\_\_\_  
DATE OF START OF CONSTRUCTION : Proposed \_\_\_\_\_ Actual \_\_\_\_\_  
DATE OF COMPLETION : Expected \_\_\_\_\_ Actual \_\_\_\_\_  
NO. OF STORIES : \_\_\_\_\_ ACTUAL HEIGHT: \_\_\_\_\_ TOTAL FLOOR AREA \_\_\_\_\_  
ESTIMATED COST : \_\_\_\_\_ ACTUAL COST P \_\_\_\_\_  
(FOR STATISTICAL PURPOSES ONLY)

- a) Materials (TOTAL COST) P \_\_\_\_\_
  - 1. CEMENT bags \_\_\_\_\_
  - 2. LUMBER (board feet) \_\_\_\_\_
  - 3. REINFORCING BARS (kg.) \_\_\_\_\_
  - 4. NO. OF G.I. SHEETS \_\_\_\_\_
  - 5. PRE-FAB STRUCTURAL STEEL (kg.) \_\_\_\_\_

b) Direct Labor (TOTAL COST) P \_\_\_\_\_  
THIS INCLUDES COMPENSATION WHETHER BY SALARY CONNECTED PROJECT  
ARCHITECT / ENGINEER DOWN LABORERS

c) Rental of Equipment (if any) \_\_\_\_\_

d) Other Costs P \_\_\_\_\_

IF CONSTRUCTION IS UNDERTAKEN BY CONTRACT:

\_\_\_\_\_  
ARCHITECT/CIVIL ENGINEER  
(IN-CHARGE OF CONSTRUCTION)

CONFORME:

\_\_\_\_\_  
OWNER / APPLICANT

\_\_\_\_\_  
CONTRACTOR

PRC REG. NO.: \_\_\_\_\_ CLASS \_\_\_\_\_  
TIN : \_\_\_\_\_ R.C. \_\_\_\_\_  
ADDRESS : \_\_\_\_\_

SUBSCRIBED AND SWORN TO before

me this \_\_\_\_ day of \_\_\_\_\_ at Subic Bay Freeport Zone, affiant exhibited to me his/her \_\_\_\_\_ (I.D. No.)

Doc No. \_\_\_\_\_;  
Page No. \_\_\_\_\_;  
Book No. \_\_\_\_\_;  
Series of 20 \_\_\_\_\_

I.D. (SBMA, Drivers License, Passport, ACR, PRC ID)

**SUPERVISORS OF SPECIALTY WORKS**

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

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

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

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

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

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