	epublic of the Ph City of Pasi National Capital F <b>RM FOR C</b>	g Region	
THIS ALSO APPLIES FOR         Building Permit No.:	DR: 🗌 FIRE S	AFETY INSI	PECTION CERTIFICATE
			(Date)
Name of Applicant/Owner:(Last Name)	(Give	en Name)	(Middle Initial)
Address of Applicant/Owner:			Contact No.:
Rec	uirements sul		
_	-	Sinttod.	
<ul> <li>3 copies of Certificate of Completion, duly</li> <li>Construction Logbook, signed and sealed to</li> </ul>		nitect or Civil E	Engineer who undertook full-time inspection
and supervision As-Built Plans, signed and sealed by the supervision	Owner's Architect	or Civil Engin	eer who undertook full-time inspection and
1 photocopy of the valid licenses of all invo	lved Professionals		
□ Captioned photographs of Site and Comple	ted Building/Struct	ure showing f	ront, sides and rear areas,
Yellow Card issued by the Electrical Servic	ce Provider		
Name of Project:			
Location of Project:			
Use/Character of Occupancy:			
No. of Storey/s:			
No. of Units:			
Total Gross Floor Area (Square	Meters):		
Date of Completion:			
	Submitted by:		
		Date Issue	APPLICANT/OWNER (Signature Over Printed Name) y Tax Certificate No d: ed:
	Attested by:		
		FULL-TIME	INSPECTOR OR SUPERVISOR OF CONSTRUCTION
			ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Over Printed Name)
		PRC No.	Date Validity
		PTR No. Issued at	Date Issued TIN

CTC No.

Date Issued

Issued at