

BOX 7 (TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION)

FEE PAID _____

OFFICIAL RECEIPT NO. _____

DATE PAID _____

DATE ISSUED _____

BOX 8 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)

ACTION TAKEN:

Permit is hereby issued/granted to _____
with postal address at _____
to erect a SCAFFOLDING for _____
with a frontage of _____ () lineal meters at the premises of _____
for the period of _____() days inclusive from _____, ____ to _____, ____
pursuant to pertinent provisions of the "National Building Code" (PD 1096) and its Implementing Rules and
Regulations and to the following conditions:

1. That the owner and contractor shall be jointly responsible for the safety, protection, security and convenience of the general public and his/her personnel, third parties, the works, equipment and the like.
2. That the scaffolding shall not be erected on the roadway area nor shall it obstruct the free passage of pedestrians.
3. That surface drains and other utility fixtures or lines shall not be obstructed.
4. That this permit shall not serve as exemption from securing permits/written clearances from various government authorities exercising regulatory function affecting buildings and other related structures.

PERMIT ISSUED BY:

BUILDING OFFICIAL

(Signature Over Printed Name)

Date _____

Republic of the Philippines
 City/Municipality of _____
 Province of _____

OFFICE OF THE BUILDING OFFICIAL

SCAFFOLDING PERMIT

APPLICATION NO.

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SP NO

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BUILDING PERMIT NO.

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BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)

OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE		FORM OF OWNERSHIP	USE OR CHARACTER OF OCCUPANCY	
ADDRESS: NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY	ZIP CODE
				TELEPHONE NO
LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO. _____				
STREET _____ BARANGAY _____ CITY/ MUNICIPALITY OF _____				
SCOPE OF WORK				
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION _____	<input type="checkbox"/> RAISING _____		
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION _____	<input type="checkbox"/> DEMOLITION _____		
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____		
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____	<input type="checkbox"/> OTHERS (Specify) _____		

BOX 2

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
_____ Date _____ ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 3

FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS	
_____ Date _____ ARCHITECT OR CIVIL ENGINEER (Signed and Sealed Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 4

BUILDING OWNER		
_____ (Signature Over Printed Name) Date _____		
Address		
C.T.C. No.	Date Issued	Place Issued

BOX 5

WITH MY CONSENT: LOT OWNER		
_____ (Signature Over Printed Name) Date _____		
Address		
C.T.C. No.	Date Issued	Place Issued

BOX 6

_____ APPLICANT (Signature Over Printed Name) Date _____		
CTC NO.	DATE ISSUED	PLACE ISSUED
TIN		