



Republic of the Philippines
 City of Cagayan de Oro
OFFICE OF THE BUILDING OFFICIAL



SCAFFOLDING PERMIT

APPLICATION NO.	SP NO.	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

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 4

APPLICANT		
_____ (Signature Over Printed Name) Date : _____		
ADDRESS:		
CTC No.	DATE ISSUED	PLACE ISSUED

BOX 5

LOT OWNER		
_____ (Signature Over Printed Name) Date : _____		
ADDRESS:		
CTC No.	DATE ISSUED	PLACE ISSUED

BOX 6

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

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 _____ () linear meter at the premise of _____
pursuant to the 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:

ENGR. MA. ROSANNA D. RODRIGUEZ
ACTING CITY BUILDING OFFICIAL

Date: _____