



Republic of the Philippines
 City/Municipality of _____
 Province of _____
OFFICE OF THE BUILDING OFFICIAL
SCAFFOLDING PERMIT

APPLICATION NO.

BP NO.

BUILDING PERMIT NO.

BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE 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"/>	ERECTION _____		<input type="checkbox"/>	CONVERSION _____	
<input type="checkbox"/>	ADDITION _____		<input type="checkbox"/>	REPAIR _____	
<input type="checkbox"/>	ALTERATION _____		<input type="checkbox"/>	MOVING _____	
<input type="checkbox"/>			<input type="checkbox"/>	RAISING _____	
<input type="checkbox"/>			<input type="checkbox"/>	DEMOLITION _____	
<input type="checkbox"/>			<input type="checkbox"/>	ACCESSORY BUILDING/STRUCTURE _____	
<input type="checkbox"/>			<input type="checkbox"/>	OTHERS (Specify) _____	

BOX 2

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

BOX 3

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

BOX 4

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

BOX 5

WITH MY CONSENT: 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		

TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION
BOX 7

FEE PAID _____ OFFICIAL RECEIPT NO. _____
DATE PAID _____ DATE PAID _____

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 _____
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 _____