



Republic of the Philippines City  
CITY OF TABACO  
Province of Albay

**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 _____				
<b>SCOPE OF WORK</b>				
<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**

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

**BOX 3**

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

**BOX 4**

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

**BOX 5**

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

**BOX 6**

_____		
<b>APPLICANT</b> (Signature Over Printed Name) Date _____		
CTC NO.	DATE ISSUED	PLACE ISSUED

**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:**

**Arch. FRANCO B. BITE**  
\_\_\_\_\_  
**BUILDING OFFICIAL**  
(Signature Over Printed Name)  
Date \_\_\_\_\_