NBC FORM NO. B - 08

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

OFFICE OF THE BUILDING OFFICIAL

REPAIR PERMIT

APPLICATION NO. | | | | | | | | | |

RP NO | | | | | | | | | | |

BUILDING PERMIT NO. | | | | | | | | | | |

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

OWNER/APPLICANT	LAST NAME	FIRST NAME	MIDDLE NAME	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 REPAIR WORKS: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO._____

STREET_____ BARANGAY _____ CITY/ MUNICIPALITY OF _____

SCOPE OF WORK

- ☐ ARCHITECTURAL
- ☐ STRUCTURAL
- ☐ ELECTRICAL
- ☐ MECHANICAL
- ☐ SANITARY
- ☐ PLUMBING
- ☐ ELECTRONICS
- ☐ OTHERS (Specify) _____

☐ NATURE OF INTERIOR WORKS:

- ☐ RENOVATION OF ROOMS/AREAS
- ☐ REPAIR OF EXISTING INTERIOR
- ☐ SPACE PLANNING AND ALLOCATION
- ☐ NEW INTERIOR CONSTRUCTION
- ☐ RELOCATION OF PARTITIONS, STAIRS, DOORS
- ☐ CEILING DESIGN AND LIGHTING LAYOUT
- ☐ NEW SURFACE MATERIALS AND FINISHES
- ☐ ADDITION/EXTENSION OF BATHROOMS, KITCHENS, ETC.

BOX 2

FULL-TIME INSPECTOR AND SUPERVISOR OF REPAIR WORKS

_____ **ARCHITECT OR CIVIL ENGINEER** (Seal and Signature Over Printed Name) Date_____	Address	Tel. No.
	PRC. No	Validity
	PTR. No	Date Issued
	Issued at	TIN

BOX 3 (TO BE ACCOMPLISHED BY THE APPLICANT)

I HEREBY CERTIFY TO THE FOLLOWING:

1. That the undersigned is the bonafide owner/authorized representative of the buildings/structure to be repaired.
2. The building/structure is leased/not leased to other party and is not involved in any court litigation.
3. The repair to be done is in the form of remedial works on damaged and/or deteriorated portions of the subject building/structure in order to restore to their original condition only and not to add, to alter and/or renovate said building/structure or any part thereof.
4. The proposed repair works are not intended to harass and/or eject lawful tenants or occupants of the subject building.
5. The estimated total cost of repair works is P_____

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

BOX 4

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) S.S

BEFORE ME, at the City/Municipality of _____, on _____ personally appeared the following:

_____ APPLICANT	CTC No.	Date Issued	Place Issued
_____ LICENSED ARCHITECT OR CIVIL ENGINEER (Full-Time Inspector and Supervisor of Repair Works)	CTC No.	Date Issued	Place Issued

whose signatures appear herein above, known to me to be the same persons who executed this standard prescribed form and acknowledged to me that the same is their free and voluntary act and deed.

WITHNESS MY HAND AND SEAL on the date and place above written.

Doc. No. _____
Page No. _____
Book No. _____
Series No. _____

_____
NOTARY PUBLIC (Until December_____)