

Control No.:

## WORK PERMIT

Name of Applicant				Date
	Unit Owner Tenant	SPA		
Tower and Unit No. :		Nature of W	ork:	
Name of Contractor :		Electrica		ir-conditioning
Name of Person-in-charge :		Mechani		lumbing
Telephone Nos. : _		Civil/Car	rpentry/Painting C	Others, please specify:
Work Schedule:			-	
Start	End		-	
Date :				
Time :				
LIST OF WORKERS/PERSONNEL				
	NAMES		WORK	DESCRIPTION
LIST O	F MATERIALS			LIST OF TOOLS
QUANTITY	DESCRIPTION	QUANTITY		DESCRIPTION
TERMS AND CONDITIONS				
1. This permit is valid only on the c	-			
	o the Property Management Office for app ) AM to 4:00 PM, Monday to Friday only.	proval at least two	(2) days BEFORE actual	work schedule
	to the Guard-on-Duty for access on any a	rea.		
	ted in a plastic sleeve must be posted on		nit during the whole dura	tion of work.
	fied access of workers to Residential ppany ID in exchange with the Condo Corp			
8. Loitering in the common areas is				
	les and Regulations of <b>Condominium Co</b> s shirts, shorts, sandals or slippers an		not be allowed to ente	r the promises
	VER PRINTED NAME ON THE CORRESPON			a the premises.
Prepared by:	Endorsed by:	Noted by:		Approved by:
Applicant	Unit Owner/Tenant/ SPA	Prone	rty/Chief Engineer	Property Manager
TO BE FILLED-UP BY INSPECTOR:			DATE OF INSPECTION:	
COMMENTS:				
Copies to : Properrty Management Office	Cobtractor Building Security			