



Republic of the Philippines
 Province of Cavite
CITY OF BACOOR
OFFICE OF THE BUILDING OFFICIAL

NEW BUSINESS INSPECTION SUMMARY

Control Number

Inspection Date (On or before)

Name of Business	
Name of Owner of Business	Contact Number(s)
Complete Address of Business	

LOCATION SKETCH *(leading to the site and showing prominent roads and landmarks)*

INSPECTION REPORT *(To be accomplished by OBO Inspector)*

CHECKLIST				
<input type="checkbox"/> Old Structure	<input type="checkbox"/> With Building Permit No. _____	<input type="checkbox"/> Office within Residence	Ground _____ m ²	Setback
	<input type="checkbox"/> Without Certificate of Occupancy	<input type="checkbox"/> Commercial Stall	2 nd _____ m ²	Front _____ m
		<input type="checkbox"/> Need Change in Occupancy From: _____	Others _____ m ²	Right Side _____ m
			Specify: _____	Left Side _____ m
				Rear _____ m
<input type="checkbox"/> With Ramps <input type="checkbox"/> Ramps Not Required		<input type="checkbox"/> With Railings <input type="checkbox"/> Railings Not Required		

RECOMMENDATION *(To be accomplished by OBO Evaluator/Reviewer)*

(To be accomplished upon inspection)

Inspected by:	Date & Time:	Owner's Representative:
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