

WORK PERMIT

Name of Occupant/Tenant	ARIEL E MAGALONA	Date	7/21/2025
Unit No.	2208		
Floor	2ND FLOOR		
Name of Contractor	BOYET SERVICE	Nature of Work:	
Name of Person-in-charge	BOYET CUEVAS	Delivery	<input type="checkbox"/>
Telephone Nos.	017 624 8442	Pick-up	<input type="checkbox"/>
		Communications	<input type="checkbox"/>
		Civil/carpentry/Painting	<input type="checkbox"/>
		Electrical	<input type="checkbox"/>
		Mechanical	<input type="checkbox"/>
		Air-conditioning	<input checked="" type="checkbox"/>
		Plumbing	<input type="checkbox"/>
		Others, pls. specify	

Work Schedule:

Start Date: 7/21/2025 Time: 9:00 AM

End Date: 7/21/2025 Time: 5:00 PM

NAMES	WORK DESCRIPTION
BOYET CUEVAS	AIRCON CLEANING/CHECK UP
JONNEL SUMALO	
JOEL RIVERO	

QUANTITY	LIST OF MATERIALS DESCRIPTION	QUANTITY	LIST OF TOOLS DESCRIPTION
	LADDER	1	
	PRESSURE WASHER	1	
	PAIS	1	
	CLEANING MATERIALS	1	
	SCREW DRIVERS AND OTHER TOOLS FOR AIRCON CLEANING		

TERMS AND CONDITIONS

1. This permit is valid only on the dates and time specified above.
2. This permit must be submitted to the Property Administration Office for approval at least two (2) days BEFORE actual work schedule.
3. Approval of Permit is from 9:00 AM to 6:00 PM, Monday to Friday only.
4. Work permit must be presented to the Guard-on-Duty for access on any area.
5. A copy of this work permit must be posted on the door of the unit during the whole duration of work.
6. All workers must use the specify access of workers to Residential Units.
7. Workers must present their Company ID in exchange with the Building's Contractor ID.
8. Loitering in the common areas is prohibited.
9. All workers are bound by the Rules and Regulations of Grace Residences Condominium Corporation.

Prepared by: ARIEL E MAGALONA	Approved by: ARIEL E MAGALONA	Noted by: LEO B. SAN JOS PROPERTY ENGINEER	Approved by: JOSELO T. SANTO PROPERTY/COMPLEX MANAGER
Signature/Printed Name	Unit Owner/Tenant Representative	Property/Chief Engineer	Property/Complex Manager
TO BE FILLED-UP BY INSPECTOR:		DATE OF INSPECTION:	
COMMENTS:		SIGNATURE OF INSPECTOR:	

Copies to

[] Property Management Office

[] Contractor

[] Security

Form No.: F6-0-012115-A
Effectivity: