

Municipal Engineering Office – LGU Manolo Fortich

ANNEX 1

REQUEST FOR DETAILED ENGINEERING DESIGN AND PROGRAM OF WORKS

Date: _____
Request Number (mm-dd-yy-###): _____
Requested by: _____
Position: _____
Contact Number: _____
Email: _____
Project Details:
Project Name/Description: _____
Location: _____
Project Category: _____
Estimated Project Cost: ₱ _____

Preparation Duration per category:

A. BUILDING

- Above 100,000.00 to 300,000.00 - At least 2 weeks to 3 weeks
- Above 300,000.00 to 500,000.00 - At least 3 weeks to 1 month
- Above 500,000.00 to 1.0 M - At least 1 month to 6 weeks
- Above 1.0 M - At least 6 weeks to 2 months

B. ROAD & BRIDGES

- Above 100,000.00 to 500,000.00 - At least 2 weeks to 4 weeks
- Above 500,000.00 to 1.0 M - At least 4 weeks to 6 weeks
- Above 1.0 M - At least 6 weeks to 2 months

C. WATER SYSTEM

- Above 100,000.00 to 500,000.00 - At least 2 weeks to 4 weeks
- Above 500,000.00 to 1.0 M - At least 4 weeks to 6 weeks
- Above 1.0 M - At least 6 weeks to 2 months

Purpose of the Project: _____

Project Justification/Scope of Work: _____

Attachments (if any):

- Site Map/Survey Report
- Previous Project Documentation
- Other Relevant Documents (please specify): _____

Approval:

- Approved
- Not Approved

Remarks (if not approved): _____

Requested Completion Date: _____

Authorized Signatory: _____
(Head of LGU Manolo Fortich or Designated Official)

=====
Date returned: _____

Processing Status:

- Pending
- Under Review
- Approved
- Completed

Comments (if any): _____

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Municipal Engineering Office – LGU Manolo Fortich

MEO ANNEX 2

OCULAR INSPECTION/SURVEY/SITE VALIDATION REQUEST FORM

Date: _____
Request Number: _____
Requested by: _____
Position: _____
Contact Number: _____
Email: _____

Project Details:
Project Name/Description: _____
Location: _____

Type of Request:
 Ocular Inspection
 Survey
 Site Validation

Purpose of the Request:

Requested Date and Time for Ocular Inspection/Survey/Site Validation:
Date: _____
Time: _____ (AM/PM)

Site Contact Person (if applicable):
Name: _____
Position: _____
Contact Number: _____

Specific Areas/Points of Interest to Be Inspected/Surveyed/Validated:

Attachments (if any):
 Site Map/Plan
 Previous Survey/Inspection Reports
 Other Relevant Documents (please specify): _____

Approval:
 Approved
 Not Approved

Remarks (if not approved):

Authorized Signatory: _____
(Head of LGU Manolo Fortich or Designated Official)

=====
Date returned: _____
Processing Status:
 Pending
 Under Review
 Approved
 Completed

Comments (if any):

