

Republic of the Philippines
 Department of Public Works and Highways
 Pamahalaang Lungsod/Bayan ng
 Kalakhang Maynila/Lalawigan ng Zamboanga Sibugay

TANGGAPAN NG PINUNONG PANGGUSALI
(Office of the Building Official)
 PROCESSING AND EVALUATION DIVISION

APPLICATION NO.

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DATE APPLICATION FILED

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Date of Propose Start of Installation

APPLICATION FOR ELECTRICAL PERMIT

Expected Date Completion

(Accomplished in print in duplicate)

BOX 1 (TO BE ACCOMPLISHED BY A DULY QUALIFIED ELECTRICAL PRACTITIONER)

NAME OF OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN
ADDRESS	NO.	STREET,	BARANGAY,	CITY/MUNICIPALITY
LOCATION OF CONSTRUCTION:	NO.	STREET	BARANGAY,	CITY/MUNICIPALITY OF
SCOPE OF WORK				
<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> ADDITIONAL OF	_____		<input type="checkbox"/> OTHERS (SPECIFY)
<input type="checkbox"/> ANNUAL INSPECTION	<input type="checkbox"/> REPAIR OF	_____		
	<input type="checkbox"/> REMOVABLE OF	_____		
TYPE OF OCCUPANCY OR USE:				
<input type="checkbox"/> GROUP A: RESIDENTIAL DWELLING	<input type="checkbox"/> GROUP F: INDUSTRIAL	<input type="checkbox"/> GROUP K: OTHERS (SPECIFY)		
<input type="checkbox"/> GROUP B: RESIDENTIAL HOTEL, APARTMENT	<input type="checkbox"/> GROUP G: INDUSTRIAL STORAGE AND HAZARDOUS	_____		
<input type="checkbox"/> GROUP C: EDUCATIONAL, RECREATIONAL	<input type="checkbox"/> GROUP H: ASSEMBLY OTHER THAN GROUP 1			
<input type="checkbox"/> GROUP D: INSTITUTIONAL	<input type="checkbox"/> GROUP I: ASSEMBLY OCCUPANT 1000 OR MORE			
<input type="checkbox"/> GROUP E: BUSINESS AND MERCANTILE	<input type="checkbox"/> GROUP J: AGRICULTURAL ACCESSORY			
NUMBER OF OUTLETS:		NUMBER OF EQUIPMENT/WIRING DEVICES:		
_____ LIGHT	_____ SWITCHES	_____ TOGGLE SWITCH	_____ FA DETECTOR	
_____ CONVENIENCE/RECEPTACLE	_____ SPO, WATER HEATER	_____ BELLS/BUZZERS	_____ OTHER	
_____ SPO, AIRCON	_____ SPO, WATE PUMPS	_____ PUSH BOTTONS	(See attached list)	

BOX 2 (PROESSIONAL ELECTRICAL ENGINEER WHO SIGNED AND SEALED PLANS & SPECIFICATION)

NAME:		PRC REG. NO.
		VALIDITY
ADDRESS		TEL/FAX NO.
PTR NO.	DATE ISSUED:	PLACE ISSUED
SIGNATURE	DATE SIGNED:	TIN

BOX 3 (ELECTRICAL CONTRACTOR -200 AMPERE MAIN AND ABOVE)

NAME:		PCAB LIC. NO.	(SPECIALTY ELECTRICAL)
		VALIDITY	
ADDRESS		TEL/FAX NO.	

BOX 4 (PERSON IN-CHARGE OF INSTALLATION)

PROFESSIONAL ELECTRICAL ENGINEER	REGISTERED ELECTRICAL ENGINEER	PROFESSIONAL MASTER ELECTRICIAN (Not Exceeding 500 Volts & 500KVA)
NAME:		P.R.C. REG. NO
		VALIDITY
ADDRESS		TEL/FAX NO.
PTR NO.	DATE ISSUED	PALCE ISSUED
SIGNATURE	DATE ISSUED	TIN

BOX 5 (OWNER/AUTHORIZED REPRESENTATIVE)

NAME	SIGNATURE	TIN	CTC NO. _____
			DATE ISSUED _____
			PLACE ISSUED _____

BOX 6 (TO BE RECEIVED BY RECEIVING/RECORDING SECTION)

ELECTRICAL [PLANS & SPECIFICATIONS (5 SETS)]	RECEIVED BY: _____ Signature Over Printed Nmae
	DATE RECEIVED: _____

