

REPUBLIC OF THE PHILIPPINES
 DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
 OFFICE OF THE LOCAL BUILDING OFFICIAL

DISTRICT/CITY/MUNICIPALITY _____
 AREA CODE _____

APPLICATION NO. _____

DATE APPLICATION FILED _____

Date of Proposed Start of Installation _____

APPLICATION FOR ELECTRICAL PERMIT
 (Accomplish in print and in duplicate)

Expected Date of Completion _____

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

NAME OF OWNER/APPLICANT:			LAST NAME,	FIRST NAME,	MIDDLE NAME	TIN
ADDRESS:	NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY	TEL/FAX NO.	
LOCATION OF INSTALLATION:	NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY		
SCOPE OF WORK:	<input type="checkbox"/> ADDITION OF _____ <input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> REPAIR OF _____ <input type="checkbox"/> ANNUAL INSPECTION <input type="checkbox"/> REMOVAL OF _____		<input type="checkbox"/> OTHERS (SPECIFY) _____			
TYPE OF OCCUPANCY OR USE:						
<input type="checkbox"/> A. RESIDENTIAL DWELLING <input type="checkbox"/> B. RESIDENTIAL, HOTEL, APARTMENT <input type="checkbox"/> C. EDUCATION & RECREATION <input type="checkbox"/> D. INSTITUTIONAL		<input type="checkbox"/> E. BUSINESS & MERCANTILE <input type="checkbox"/> F. INDUSTRIAL <input type="checkbox"/> G. STORAGE & HAZARDOUS <input type="checkbox"/> H. ASSEMBLY OTHER THAN GROUP I		<input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE <input type="checkbox"/> J. ACCESSORY <input type="checkbox"/> K. OTHERS (SPECIFY) _____		
NUMBER OF OUTLETS:			NUMBER OF EQUIPMENT/WIRING DEVICES:			
LIGHT _____ CONVENIENCE/RECEPTACLE _____ SPO, AIRCON _____		SPO, COOKING UNIT _____ SPO, WATER HEATER _____ SPO, WATER PUMP _____		TOGGLE SWITCH _____ BELLS/BUZZERS _____ PUSH BUTTONS _____		FA DETECTORS _____ OTHERS (See Attached List) _____

BOX 2 (PROFESSIONAL ELECTRICAL ENGINEER WHO SIGNED AND SEALED PLANS & SPECIFICATIONS)

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)

<input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED MASTER ELECTRICIAN (Not Exceeding 600 Volts & 500 kVA)
NAME		PRC REG. NO.
ADDRESS		VALIDITY
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE	DATE SIGNED	TIN

BOX 5 (OWNER/AUTHORIZED REPRESENTATIVE)

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

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

RECEIVED BY: _____
