



REPUBLIC OF THE PHILIPPINES
OFFICE OF THE CITY BUILDING OFFICIAL
LUCENA CITY
AREA CODE _____

CI - _____-2022
Issued on _____

CERTIFICATE OF FINAL INSPECTION/COMPLETION

THIS IS TO CERTIFY THAT FINAL INSPECTION OF THE ELECTRICAL INSTALLATION HAD BEEN CONDUCTED ON THE BUILDING AND/OR PREMISES COVERED BY ELECTRICAL PERMIT NO. _____ ISSUED ON _____ AND THE SAME WERE FOUND COMPLETED IN ACCORDANCE WITH THE APPROVED PLANS AND SPECIFICATIONS ON FILE WITH THE OFFICE OF THE BUILDING OFFICIAL AND ACCORDANCE WITH PHILIPPINE ELECTRICAL CODE PROVISIONS.

NAME OF OWNER	LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS	NO.	STREET	BARANGAY	CITY
LOCATION OF INSTALLATION	NO.	STREET	BARANGAY	CITY
TYPE OF OCCUPANCY OR USE:				
<input type="checkbox"/> A. RESIDENTIAL				
<input type="checkbox"/> E. BUSINESS & MERCANTILE				
<input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE				
<input type="checkbox"/> B. RESIDENTIAL, HOTEL, APARTMENT				
<input type="checkbox"/> F. INDUSTRIAL				
<input type="checkbox"/> J. ACCESSORY				
<input type="checkbox"/> C. EDUCATION & RECREATION				
<input type="checkbox"/> G. STORAGE & HAZARDOUS				
<input type="checkbox"/> K. OTHERS (SPECIFY) _____				
<input type="checkbox"/> D. INSTITUTIONAL				
<input type="checkbox"/> H. ASSEMBLY OTHER THAN GROUP 1				
START OF INSTALLATION		DATE COMPLETION		

OUTLET/DEVICES/EQUIPMENT			
NUMBER OF OUTLETS		NUMBER OF OUTLETS	
_____ LIGHTS	_____ SPO, COOKING UNIT	_____ TOGGLE SWITCH	_____ FE DETECTOR
_____ CONVENIENCE/RECEPTACLE	_____ SPO, WATER HEATER	_____ BELL/BUZZERS	_____ OTHERS (See Attached List)
_____ SPO, AIRCON	_____ SPO, WATER PUMP	_____ PUSH BUTTONS	

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. _____
SIGNATURE		VALIDITY _____
ADDRESS		
PTR NO.	DATE ISSUED	PLACE ISSUED
CTC NO.	DATE ISSUED	TIN

ELECTRICAL CONTRACTOR (200 AMPERE MAIN AND ABOVE)		
NAME	PCAB LIC. NO.	(SPECIALTY: ELECTRICAL)
	VALIDITY	
ADDRESS		TEL/FAX NO.

TYPE OF INSTALLATION:					
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> NEW	<input type="checkbox"/> SEPARATION	<input type="checkbox"/> REMODEL/ALTERATION	<input type="checkbox"/> RECONNECTION/RELOCATION	
TYPE OF WIRING:					
<input type="checkbox"/> OPEN WIRING	<input type="checkbox"/> CONDUIT	<input type="checkbox"/> CABLE	<input type="checkbox"/> ARMORED CABLE	<input type="checkbox"/> RACEWAYS	
<input type="checkbox"/> OTHERS					

INSPECTED BY:

RECOMMENDING APPROVAL:

APPROVED BY:

JUSTINO O. FORBES
Engineer IV

RHODENCIO L. TOLENTINO
(City Engineer/Building Official)

AMOUNT PAID P _____

O.R. NO. _____

DATE _____

NUMBER OF STORIES _____		
ESTIMATED COST _____		
ACTUAL COST _____		
a)	Materials (Total Cost)	P _____
	1. Electrical wires	_____
	2. Lighting outlets	_____
	3. Convenience outlets	_____
	4. Switches	_____
	5. Others (specify)	_____
b)	Other costs	_____
This includes professional fees, permit and other fees.		

1. Load to be connected:			
<u> </u> LIGHT	<u> </u> SPO, COOKING UNIT	<u> </u> TOGGLE SWITCH	<u> </u> FEDETECTOR
<u> </u> CONVENIENCE/RECEPTACLE	<u> </u> SPO,WATER HEATER	<u> </u> BELL/BUZZERS	<u> </u> OTHERS(See Attached List)
<u> </u> SPO, AIRCON	<u> </u> SPO,WATER PUMP	<u> </u> PUSH BUTTONS	
2. Nature of Works: <input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> RECONNECTION OF METER <input type="checkbox"/> RELOCATION OF METER <input type="checkbox"/> TEMPORARY CONNECTION <input type="checkbox"/> OTHERS			
3. Type of Service: Voltage <u> 230 V </u> Size of Wire 2 – <u> </u> mm ² Phone <u> </u>			
4. Remarks: _____ <div style="text-align: center;">* APPROVED *</div> _____ _____			

I hereby certify that the above data and information are true and correct to the best of my knowledge and beliefs.

ELECTRICAL FEES		PEE/REE/RME	
Fee P _____ Surcharge P _____ Total P _____		ADDRESS	
		PRC REG. NO.	VALIDITY
		PTR NO.	TIN
		CTC NO. _____ DATE ISSUED _____ PLACE ISSUED _____	
Computed by: _____ <div style="text-align: center;">Signature Over Printed Name</div>			

LOAD	
Nature of Works	
Inspector _____	Contractor _____
Fee:	
Paid under Official Receipt No. Date: _____	Owner/Occupant _____

NOTE: Renewal or extension of this permit and/or final certification of electrical installation are subject to inspection and payment of corresponding fees in conformity with provision of the "National Building Code" (P.D. 1096) and its implementing rules and regulations.