

Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
 OFFICE OF THE LOCAL BUILDING OFFICIAL

PANABO CITY
 AREA CODE _____

APPLICATION NO.

DATE FILED

Date of Proposed start of Installation

Expected Date of Completion

APPLICATION FOR ELECTRICAL PERMIT

(Accomplished in print and in Duplicate)

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

NAME OF OWNER/APPLICANT	LAST NAME	FIRST NAME	MIDDLE NAME	TIN
ADDRESS	NO.	STREET	BARANGAY	CITY/MUNICIPALITY
LOCATION OF INSTALLATION	NO.	STREET	BARANGAY	CITY/MUNICIPALITY
SCOPE OF WORK <input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> ADDITION OF _____ <input type="checkbox"/> OTHERS (Specify) _____ <input type="checkbox"/> ANNUAL INSPECTION <input type="checkbox"/> REPAIR OF _____ <input type="checkbox"/> REMOVAL _____				
TYPE OF OCCUPANCY OR USE: <input type="checkbox"/> A. RESIDENTIAL DWELLING <input type="checkbox"/> E. BUSINESS & MERCANTILE <input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 100 OR MORE <input type="checkbox"/> B. RESIDENTIAL HOTEL APARTMENT <input type="checkbox"/> F. INDUSTRIAL <input type="checkbox"/> J. ACCESSORY <input type="checkbox"/> C. EDUCATION AND 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 I				
NUMBER OF OUTLETS _____ LIGHT _____ CONVENIENCE/RECEPTACLE _____ SPO. AIRCON		NUMBER OF EQUIPMENT/WIRING DEVICES _____ SPO COOKING UNIT _____ SPO. COOKING HEATER _____ SPO WATER PUMP _____ TOGGLE SWITCH _____ BELLS BUZZER _____ PUSH BOTTON _____ FIRE ALARM/SMOKE DETECTORS _____ OTHERS (See attached List)		

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

NAME EDGAR L. EBUEN	PRC REG. NO. _____ VALIDITY _____
ADDRESS DAVAO CITY	TEL/FAX NO. _____
PTR NO. 003613	DATE ISSUED 01/04/2023 PLACE ISSUED _____
SIGNATURE _____	TIN 174 - 624 - 580 - 000

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"/> PROFESIONAL ENGINEER <input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER <input type="checkbox"/> REGISTERED MASTER ELECTRICIAN (not exceeding 600 volts and 500 KVA)			
NAME EDGAR L. EBUEN	PRC REG. NO. _____ VALIDITY _____		
ADDRESS DAVAO CITY	TEL/FAX NO. _____		
PTR NO. 003613	DATE ISSUED 01/04/2023 PLACE ISSUED _____		
SIGNATURE _____	TIN 174 - 624 - 580 - 000		

BOX 5 (OWNER/AUTHORIZED REPRESENTATIVE)

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

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

<p>ELECTRICAL PLANS & SPECIFICATIONS (5 SETS)</p>	<p>RECEIVED BY: _____ Signature over printed Name</p> <p>DATE RECEIVED: _____</p>
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