



Republic of the Philippines
Bangsamoro Autonomous Region in Muslim Mindanao
Province of Maguindanao
MUNICIPALITY OF SULTAN KUDARAT
OFFICE OF THE MUNICIPAL ENGINEER
Area Code: 12046



APPLICATION FOR ELECTRICAL PERMIT

APPLICATION NO.
2022-07EP-0002-R

DATE APPLICATION FILED
01/07/2022

Date of Proposed Start of Installation

Expected Date of Completion

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

NAME OF OWNER / APPLICANT	LASTNAME	FIRSTNAME	MIDDLE NAME	T.I.N
	LAUT,	ADIL	M	
ADDRESS	NO	STREET	BARANGAY	CITY/MUNICIPALITY
		Makaguiling	Sultan Kudarat, Maguindanao	
LOCATION OF INSTALLATION	NO	STREET	BARANGAY	CITY/MUNICIPALITY
		Pinaring	Sultan Kudarat, Maguindanao	
SCOPE OF WORK				
<input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> ADDITION OF <input type="checkbox"/> REMOVAL OF				
<input type="checkbox"/> ANNUAL INSPECTION <input type="checkbox"/> REPAIR OF <input type="checkbox"/> OTHER _(specify)				
TYPE OF OCCUPANCY				
<input type="checkbox"/> A. RESIDENTIAL WELLING <input type="checkbox"/> E. BUSINESS AND MERCANTILE <input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE				
<input type="checkbox"/> B. RESIDENTIAL, HOTEL, APARTMENT <input type="checkbox"/> F. MORE INDUSTRIAL <input type="checkbox"/> J. ACCESSORY				
<input type="checkbox"/> C. EDUCATION AND RECREATION <input type="checkbox"/> G. STORAGE AND HAZARDOUS <input type="checkbox"/> K. OTHERS (specify)				
<input type="checkbox"/> D. INSTITUTIONAL <input type="checkbox"/> H. ASSEMBLY OCCUPANT LESS THAN 1000				
NUMBER OF OUTLETS		NUMBER OF EQUIPMENT / WIRING DEVICE		
LIGTH		TOGGLE SWITCH		
CONVENIENCE/ RECEPTACLE		BELL/BU		
SPO, AIRCON		PUSH BUTTONS		
		FADETECTOR		
		OTHERS (See attached list)		

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

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

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

NAME	PCABLIC NO	(SPECIAL ELECTRICAL)
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 600Volts and 500kVA)
NAME	PRC REG NO.	VALIDITY
ADDRESS	TEL / FAX NO.	
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE	DATE ISSUED	TIN

BOX 5 (OWNER / AUTHORIZED REPRESENTATIVE)

NAME	SIGNATURE	TIN	CTC NO.
		[tin5]	DATE ISSUED
			PLACE ISSUED

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

ELECTRICAL PLANS AND SPECIFICATIONS (5 SETS)	RECEIVED BY
	DATE RECEIVED