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

LA TRINIDAD BENGUET District/City/Municipality

AREA CODE 010107

PPLICATION NO.				DATE OF APPLICATION FILE	
	A DOT TO A	TION FOD			
		TION FOR	and the second second		
		AL PERMI		Expected Date of Completion	
OX 1 (To be accomplished by a duly qualifi	ed Electrical Practit			- TANKE PEROATION NO	
AME OF OWNER/APPLICANT LAST NAI	VIE FIRS	TNAME	MIDDLE NAME	TAX IDENTIFICATION NO.	
		CITY/MUNICIP/		TEL/FAX NO.	
DORESS NO. STREET	BARANGAY	GII 1/MONION			
OCATION OF INSTALLATION NO.	STREET	BARANGAY		CITYMUNICIPALITY	
OPE OF WORK					
☐ NEW INSTALLATION ☐ ANNUAL INSPECTION	☐ ADDITION OF ☐ REPAIR OF ☐ REMOVAL OF		OTHERS (Sp	ecity)	
(PE OF OCCUPANCY OR USE D. A. RESIDENTIAL DWELLING B. RESIDENTIAL; HOTEL, APARTMENT C. EDUCATION AND RECREATION D. INSTITUTIONAL	☐ E.BUSINESS AND M☐ F. INDUSTRIAL.☐ G. STORAGE & HA	ZARDOUS E	I ASSEMBLY (J. ACCESSOR K. OTHERS (S		
CONVENIENCE/RECEPTAGLE SPC	D, COOKING UNIT D, WATER HEATER D, WATER PUMP	NUMBER OF EQUIPM TOGGLE SWITCE BELLS/BUZZER PUSH BUTTONS	H -	FA DETECTORS OTHERS (Specify)	
OX 2 (Professional Electrical Engineer who		olans and specification	is)		
AME			PRC REG. NO	YALIDITY	
DDRESS			TEL/FAX NO.		
TR.NO.	DATE ISSUED		PLACE ISSUE	P	
GNATURE	DATE SIGNED		TIN		
OX 3 (Electrical Contractor - 200 Ampere	Main and Ahove)		100		
AME		PCAB LIC. NO.	(SPECIA	LTY ELECTRICAL)	
DDRESS .	***	VALIDITY	L/FAX NO.		
OX 4 (Person In-Charge of Installation)				RED MASTER ELECTRICIAN	
PROFESSIONAL ELECTRICAL ENGINEER	REGISTERED ELECTRICAL ENGINEER		(Not es	(ceeding 600 Volts & 500 kva)	
NAME PRC REC			PRC REG. NO). VALIDITY	
DDRESS			TEUFAX NO.		
TR NO.	DATE ISSUED P		PLACE ISSUE	PLACE ISSUED	
IGNATURE	DATE SIGNED		TIN		
OX 5 (Owner/Authorized Representative)					
NAME	SIGNA	TURE TII	CTC NO		
			DATE IS		
BOX 6 (To be received by Receiving/Record	ing Section)				
□ ELECTRICAL PLANS & SPECIF	FICATIONS (5 SET	S) RECEIVED	BYS	Separation Over Printed News	

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ELECTRICAL PERMIT				
TE ISSUED (To be Accomplished by the Office Concerned) OUNT TE			DATE FILED	
OX 1				
AME OF OWNER/APPLICANT	LAST NAME FIRST	NAME MIDDLE N	AME TAX IDENTIFICATION NO.	
ADDRESS NO.	STREET BARANGAY	CITY/MUNICIPALITY	TEL/FAX NO.	
OCATION OF INSTALLATION	NO. STREET	BARANGAY	CITY/MUNICIPALITY	
OX 2				
	ASSESSE	D FEES		
AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID	
			REVIEWED	
			CHIEF, PROCESSING DIVISIONSECTION	
OX 3				
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