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Expected Date of Completion

(Accomplish in print and in duplicate)

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

() NEW INSTALLATION () ADDITION OF _____ () OTHERS (Specify) _____
() ANNUAL INSPECTION () REPAIR OF _____
() REMOVAL OF _____

☐ A. RESIDENTIAL DWELLING ☐ E. BUSINESS & MERCANTILE ☐ I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE
☐ B. RESIDENTIAL HOTEL APARTMENT ☐ F. INDUSTRIAL ☐ J. ACCESSORY
☐ C. EDUCATION AND RECREATION ☐ G. STORAGE & HAZARDOUS ☐ K. OTHERS (Specify) _____
☐ D. INSTITUTIONAL ☐ H. ASSEMBLY OTHER THAN GROUP I

_____ LIGHT	_____ SPO, COOKING UNIT
_____ CONVENIENCE/RECEPTACLE	_____ SPO, WATER HEATER
_____ SPO, AIRCON	_____ SPO, WATER PUMP

_____ TOGGLE SWITCH	_____ FA DETECTORS
_____ BELLS / BUZZERS	_____ OTHERS (See Attached List)
_____ PUSH BUTTONS	

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

NAME	PCAB LIC. NO.	(SPECIALTY - ELECTRICAL)
	VALIDITY	
ADDRESS	TEL./FAX NO.	

() PROFESSIONAL ELECTRICAL ENGINEER () REGISTERED ELECTRICAL ENGINEER () REGISTERED MASTER ELECTRICIAN (Not Exceeding 600 volts and 500 KVA)		
NAME		PRC REG. NO. VALIDITY
ADDRESS		TEL/FAX NO.
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE	DATE SIGNED	TIN

NAME	SIGNATURE	TIN	CTC NO.
			DATE ISSUED
			PLACE ISSUED

ELECTRICAL PLANS & SPECIFICATIONS (5 SETS)	RECEIVED BY:
	<div style="text-align: right;"> <div style="border-bottom: 1px solid black; width: 150px; margin: 0 auto;"></div> Signature Over Printed Name </div>
	DATE RECEIVED:



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
OFFICE OF THE CITY BUILDING OFFICIAL
CALOOCAN CITY
DISTRICT/CITY/MUNICIPALITY
AREA CODE. 1400



PERMIT FOR TEMPORARY SERVICE CONNECTION

PAID UNDER O.R. NO. : _____
AMOUNT : _____
DATE ISSUED : _____

Permit No. _____
Date _____

BOX 1

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

BOX 2

PURPOSE:

☐ CONSTRUCTION LIGHTING & POWER ☐ CEMETERY LIGHTING & POWER ☐ CARNIVAL / FIESTA LIGHTING & POWER

☐ CHRISTMAS DECORATIVE LIGHTING ☐ OTHERS (Specify) _____

BOX 3

NUMBER OF OUTLETS : LIGHTS _____ SWITCHES _____

OTHERS : _____

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.	VALIDITY
ADDRESS	TEL/FAX NO.	
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE	DATE SIGNED	TIN

BOX 5

OWNER/APPLICANT			
NAME	SIGNATURE	TIN	CTC NO. _____
			DATE ISSUED _____
			PLACE ISSUED _____

BOX 6

PERMIT IS HEREBY GRANTED TO CONNECT TEMPORARY ELECTRICAL INSTALLATION WITH THE AUTHORIZED LOAD SPECIFIED ABOVE LOCATED AT _____ FOR A PERIOD OF _____ DAYS FROM DATE _____ AFTER WHICH PERIOD THE SERVICE SHALL BE DISCONNECTED.

THIS PERMIT SHALL BE SUSPENDED OR REVOKED ANY TIME BEFORE ITS EXPIRATION WHENEVER ALTERATIONS OR CHANGES IN THE ELECTRICAL WIRING SYSTEM HAVE RENDERED IT UNSAFE.

APPROVED: _____ NOTED: _____

ELECTRICAL ENGINEER OF THE BUILDING OFFICE
(Signature Over Printed Name)

BUILDING OFFICIAL
(Signature Over Printed Name)

PRC REG. NO. AND VALIDITY

