



Republic of the Philippines
Municipality of **SAN VICENTE**
Province of **CAMARINES NORTE**



OFFICE OF THE BUILDING OFFICIAL
MECHANICAL PERMIT

APPLICATION NO.

MP NO

BUILDING PERMIT NO.

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BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)

OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE	FORM OF OWNERSHIP	USE OR CHARACTER OF OCCUPANCY		
ADDRESS: NO., STREET,	BARANGAY,	CITY/MUNICIPALITY SAN VICENTE	ZIP CODE 4609	TELEPHONE NO
LOCATION OF CONSTRUCTION: STREET _____	LOT NO. _____ BARANGAY _____	BLK NO. _____ TCT NO. _____	TAX DEC. NO. _____ CITY/ MUNICIPALITY OF SAN VICENTE	
SCOPE OF WORK				
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ERECTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION	<input type="checkbox"/> RENOVATION _____ <input type="checkbox"/> CONVERSION _____ <input type="checkbox"/> REPAIR _____ <input type="checkbox"/> MOVING _____	<input type="checkbox"/> RAISING _____ <input type="checkbox"/> DEMOLITION _____ <input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____ <input type="checkbox"/> OTHERS (Specify) _____		

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)**INSTALLATION AND OPERATION OF:**

- | | | |
|---|--|---|
| <input type="checkbox"/> BOILER | <input type="checkbox"/> CENTRAL AIRCONDITIONING | <input type="checkbox"/> DUMBWAITER |
| <input type="checkbox"/> PRESSURE VESSEL | <input type="checkbox"/> MECHANICAL VENTILLATION | <input type="checkbox"/> PUMPS |
| <input type="checkbox"/> INTERNAL COMBUSTION ENGINE | <input type="checkbox"/> ESCALATOR | <input type="checkbox"/> COMPRESSED AIR, VACUUM, INSTITUTIONAL
and/or INDUSTRIAL GAS |
| <input type="checkbox"/> REFRIGERATION AND ICE MAKING | <input type="checkbox"/> MOVING SIDEWALK | <input type="checkbox"/> PNEUMATIC TUBES, CONVEYORS
and/or MONORAILS |
| <input type="checkbox"/> WINDOW TYPE AIRCONDITIONING | <input type="checkbox"/> FREIGHT ELEVATOR | <input type="checkbox"/> FUNICULAR |
| <input type="checkbox"/> PACKAGED/ SPLIT TYPE AIRCONDITIONING | <input type="checkbox"/> PASSENGER ELEVATOR | |
| <input type="checkbox"/> OTHERS (Specify) _____ | <input type="checkbox"/> CABLE CAR | |

PREPARED BY _____

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
PROFESSIONAL MECHANICAL ENGINEER (Signed and Sealed Over Printed Name) Date _____	
Address _____	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 5

BUILDING OWNER		
(Signature Over Printed Name) Date _____		
Address _____		
C.T.C. No.	Date Issued	Place Issued

BOX 4

SUPERVISOR / IN-CHARGE OF MECHANICAL WORKS	
<input type="checkbox"/> PROFESSIONAL MECHANICAL ENGINEER <input type="checkbox"/> MECHANICAL ENGINEER	
_____ (Signed and/or Sealed Over Printed Name) Date _____	
Address _____	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 6

WITH MY CONSENT: LOT OWNER		
(Signature Over Printed Name) Date _____		
Address _____		
C.T.C. No.	Date Issued	Place Issued