



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



OFFICE OF THE BUILDING OFFICIAL

ELECTRONICS PERMIT

APPLICATION NO.

ELP NO

BUILDING PERMIT NO.

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BOX 1 (TO BE ACCOMPLISHED 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	ZIP CODE	TELEPHONE NO
		SAN VICENTE	4609	
LOCATION OF CONSTRUCTION:	LOT NO. _____	BLK NO. _____	TCT NO. _____	TAX DEC. NO. _____
STREET _____	BARANGAY _____	CITY/ MUNICIPALITY OF SAN VICENTE		
SCOPE OF WORK				
<input type="checkbox"/> NEW INSTALLATION		<input type="checkbox"/> ANNUAL INSPECTION	<input type="checkbox"/> OTHERS (Specify) _____	

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)
NATURE OF INSTALLATION WORKS/EQUIPMENT SYSTEM:

- | | | |
|--|--|---|
| <input type="checkbox"/> TELECOMMUNICATION SYSTEM | <input type="checkbox"/> ELECTRONICS FIRE ALARM SYSTEM | <input type="checkbox"/> ELECTRONICS COMPUTERIZED PROCESS CONTROLS AUTOMATION SYSTEM |
| <input type="checkbox"/> BROADCASTING SYSTEM | <input type="checkbox"/> SOUND COMMUNICATION SYSTEM | <input type="checkbox"/> BUILDING AUTOMATION MANAGEMENT AND CONTROL SYSTEM |
| <input type="checkbox"/> TELEVISION SYSTEM | <input type="checkbox"/> CENTRALIZED CLOCK SYSTEM | <input type="checkbox"/> BUILDING WIRING UTILIZING COPPER CABLE, FIBER OPTIC CABLE OR OTHER MEDIAL ELECTRONICS SYSTEM |
| <input type="checkbox"/> INFORMATION TECHNOLOGY SYSTEM | <input type="checkbox"/> SOUND SYSTEM | |
| <input type="checkbox"/> SECURITY AND ALARM SYSTEM | <input type="checkbox"/> ELECTRONICS CONTROL AND CONVEYOR SYSTEM | |
| <input type="checkbox"/> ANY OTHER ELECTRONICS AND I.T. SYSTEMS, EQUIPMENT, APPARATUS, DEVICE AND/OR COMPONENT (Specify) _____ | | |

PREPARED BY _____

BOX 3

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

BOX 4

SUPERVISOR / IN-CHARGE OF ELECTRONICS WORKS	
Date _____	
PROFESSIONAL ELECTRONICS ENGINEER (Signed and Sealed Over Printed Name)	
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 6

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