



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



OFFICE OF THE BUILDING OFFICIAL

ELECTRICAL PERMIT

APPLICATION NO.

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EP NO

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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: 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"/> RECONNECTION OF SERVICE ENTRANCE <input type="checkbox"/> RELOCATION OF SERVICE ENTRANCE <input type="checkbox"/> ANNUAL INSPECTION <input type="checkbox"/> SEPARATION OF SERVICE ENTRANCE <input type="checkbox"/> OTHERS (Specify) _____ <input type="checkbox"/> TEMPORARY <input type="checkbox"/> UPGRADING OF SERVICE ENTRANCE							
SUMMARY OF ELECTRICAL LOADS/CAPACITIES APPLIED FOR							
TOTAL CONNECTED LOAD _____ kVA		TOTAL TRANSFORMER CAPACITY _____ kVA		TOTAL GENERATOR/UPS CAPACITY _____ kVA			

BOX 2 (TO BE ACCOMPLISHED IN PRINT BY THE DESIGN PROFESSIONAL)

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

BOX 3

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

BOX 4

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

BOX 5

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