



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



OFFICE OF THE BUILDING OFFICIAL

ELECTRONICS PERMIT

APPLICATION NO.

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ELP NO

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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