



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: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO. _____		STREET _____ BARANGAY _____ CITY/ MUNICIPALITY OF SAN VICENTE					
SCOPE OF WORK <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> RENOVATION _____ <input type="checkbox"/> RAISING _____ <input type="checkbox"/> ERECTION <input type="checkbox"/> CONVERSION _____ <input type="checkbox"/> DEMOLITION _____ <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR _____ <input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____ <input type="checkbox"/> ALTERATION <input type="checkbox"/> MOVING _____ <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"/> PRESSURE VESSEL <input type="checkbox"/> INTERNAL COMBUSTION ENGINE <input type="checkbox"/> REFRIGERATION AND ICE MAKING <input type="checkbox"/> WINDOW TYPE AIRCONDITIONING <input type="checkbox"/> PACKAGED/ SPLIT TYPE AIRCONDITIONING <input type="checkbox"/> OTHERS (Specify) _____	<input type="checkbox"/> CENTRAL AIRCONDITIONING <input type="checkbox"/> MECHANICAL VENTILLATION <input type="checkbox"/> ESCALATOR <input type="checkbox"/> MOVING SIDEWALK <input type="checkbox"/> FREIGHT ELEVATOR <input type="checkbox"/> PASSENGER ELEVATOR <input type="checkbox"/> CABLE CAR	<input type="checkbox"/> DUMBWAITER <input type="checkbox"/> PUMPS <input type="checkbox"/> COMPRESSED AIR, VACUUM, INSTITUTIONAL and/or INDUSTRIAL GAS <input type="checkbox"/> PNEUMATIC TUBES, CONVEYORS and/or MONORAILS <input type="checkbox"/> FUNICULAR
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 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 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