

Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
OFFICE OF THE LOCAL BUILDING OFFICIAL

ISULAN
District/ City/ Municipality
Area Code 12024

Application No.

Date Application Filed

Date of Proposed Start of Installation

Expected Date of Completion

APPLICATION FOR ELECTRICAL PERMIT
(Accomplish in print and in duplicate)

BOX 1 (TO BE ACCOMPLISHED BY A DULY QUALIFIED ELECTRICAL PRACTITIONER)

Name of Owner/ Applicant				Last Name,		First Name,		Middle Name		TIN	
Address		No.,		Street,		Barangay,		City/ Municipality		TEL/ FAX NO.	
Location of Installation		No.,		Street,		Barangay,		City/ Municipality			
SCOPE OF WORK:				<input type="checkbox"/> Addition of _____				<input type="checkbox"/> OTHERS (SPECIFY)			
<input type="checkbox"/> New Installation				<input type="checkbox"/> Repair of _____				_____			
<input type="checkbox"/> Annual Inspection				<input type="checkbox"/> Removal of _____				_____			
TYPE OF OCCUPANCY OR USE:											
<input type="checkbox"/> A. Residential Dwelling				<input type="checkbox"/> E.Business & Mercantile				<input type="checkbox"/> I. Assembly Occupant Load 1000 more			
<input type="checkbox"/> B. Residential, Hotel, Apartment				<input type="checkbox"/> F. Industrial				<input type="checkbox"/> J. Accessory			
<input type="checkbox"/> C. Education & Recreation				<input type="checkbox"/> G. Storage & Hazardous				<input type="checkbox"/> K. Others (Specify) _____			
<input type="checkbox"/> D. Institutional				<input type="checkbox"/> H. Assembly other than Group I							
NUMBER OF OUTLETS:						NUMBER OF EQUIPMENT/ WIRING DEVICES					
_____ Light		_____ SPO, Cooking Unit		_____ Toggle Switch		_____ FA Detectors					
_____ Convenience/ Receptacle		_____ SPO, Water Heater		_____ Bells/ Buzzer		_____ Others (see Attached list)					
_____ SPO, Aircon		_____ SPO, Water Pump		_____ Push Buttons							

BOX 2 (PROFESSIONAL ELECTRICAL ENGINEER WHO SIGNED AND SEALED PLANS & SPECIFICATIONS)

NAME		PRC REG. NO.		VALIDITY	
ADDRESS		TEL/FAX NO.			
PTR NO.		DATE ISSUED		PLACE ISSUED	
SIGNATURE		DATE SIGNED		TIN	

BOX 3 (ELECTRICAL CONTRACTOR - 200 AMPERE MAIN AND ABOVE)

NAME		PCAB LICENSE NO.		(SPECIALTY ELECTRICAL)	
		VALIDITY			
ADDRESS		TEL/FAX NO.			

BOX 4 (PERSON IN-CHARGE OF INSTALLATION)

<input type="checkbox"/> Professional Electrical Engineer		<input type="checkbox"/> Registered Electrical Engineer		<input type="checkbox"/> Registered Master Electrician (Not Exceeding 600 Volts & 500 kVA)	
NAME		PRC REG. NO.		VALIDITY	
ADDRESS		TEL/FAX NO.			
PTR NO.		DATE ISSUED		PLACE ISSUED	
SIGNATURE		DATE SIGNED		TIN	

BOX 5 (OWNER/ AUTHORIZED REPRESENTATIVE)

NAME		SIGNATURE		TIN		CTC NO. _____	
						DATE ISSUED _____	
						PLACE ISSUED _____	

BOX 6 (TO BE RECEIVED BY RECEIVING/ RECORDING SECTION)

ELECTRICAL PLANS & SPECIFICATIONS (5 SETS)		RECEIVED BY: _____ Signature Over Printed Name	
		DATE RECEIVED: _____	

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