

Republic of the Philippines
City/Municipality of **ISULAN**
Province of **SULTAN KUDARAT**
OFFICE OF THE BUILDING OFFICIAL
ELECTRONICS PERMIT

APPLICATION NO.	ELECTRONICS PERMIT NO.	BUILDING PERMIT NO.
<div></div>	<div></div>	<div></div>

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.	
LOCATION OF CONSTRUCTION: LOT NO: BLK. NO. TCT NO: TAX DEC. NO:													
STREET				BARANGAY				CITY/MUNICIPALITY					
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 MANAGE- MENT 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 SPECIFICATION	
DATE	
PROFESSIONAL ELECTRONICS ENGINEER (Signed & 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 4

SUPERVISOR/INCHARGE OF ELECTRONICS WORKS	
Date	
PROFESSIONAL ELECTRONICS ENGINEER (Signed & Sealed Over Printed name)	
Address	
PRC No.	Validity
PTR No	Date Issued
Issued at	TIN

BOX 6

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

