

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF PUBLIC WORKS, TRANSPORTATION AND COMMUNICATIONS
OFFICE OF THE BUILDING OFFICIAL

ISULAN

DISTRICT/CITY/MUNICIPALITY

AREA CODE 12024

APPLICATION NO.

[illegible]

MECHANICAL PERMIT

PERMIT NO.

[illegible]

DATE OF APPLICATION

DATE ISSUED

BOX 1 (TO BE ACCOMPLISHED BY PROFESSIONAL MECHANICAL ENGINEER IN PRINT)

NAME OF OWNER/APPLICANT LAST NAME, FIRST NAME, M.I		TAX ACCOUNT NO.
ADDRESS NO., STREET, BARANGAY, CITY/MUNICIPALITY		TELEPHONE NO.
LOCATION OF INSTALLATION NO., STREET, BARANGAY, CITY/MUNICIPALITY		
SCOPE OF WORK <input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> ADDITION OF _____ BUILDING PERMIT NO. _____ <input type="checkbox"/> REMOVAL OF _____ <input type="checkbox"/> OTHERS (SPECIFY) _____ CERT. OF OCCUPANCY NO. _____		
USE OR TYPE OF OCCUPANCY <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> LANDSCAPING <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHERS (SPECIFY) _____ <input type="checkbox"/> INSTITUTIONAL		
INSTALLATION AND OPERATION OF <div> <input type="checkbox"/> BOILER <input type="checkbox"/> CENTRAL AIR CONDITIONING <input type="checkbox"/> DUMBWAITER <input type="checkbox"/> PRESSURE VESSELS <input type="checkbox"/> MECHANICAL VENTILATION <input type="checkbox"/> PUMPS <input type="checkbox"/> INTERNAL COMBUSTION ENGINE <input type="checkbox"/> ESCALATOR <input type="checkbox"/> COMPRESSED AIR, VACUUM, <input type="checkbox"/> REFRIGERATION & ICE MAKING <input type="checkbox"/> MOVING SIDEWALK INSTITUTIONAL and/or INDUS- <input type="checkbox"/> WINDOW TYPE AIR-CONDITION <input type="checkbox"/> FREIGHT ELEVATOR TRIAL GAS <input type="checkbox"/> PACKAGE AIR-CONDITIONING UNIT <input type="checkbox"/> PASSENGER ELEVATOR <input type="checkbox"/> PNEUMATIC TUBES, CONVEYORS and/or MONORAILS <input type="checkbox"/> OTHERS (SPECIFY) _____ </div>		
PROPOSED DATE OF INSTALLATION _____		EXPECTED DATE OF COMPLETION _____
TOTAL INSTALATION COST _____		PREPARED BY _____

BOX 2 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)

ACTION TAKEN:

PERMIT IS HEREBY GRANTED TO INSTALL THE MECHANICAL EQUIPMENTS ENUMERATED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS:

1. THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS FILED WITH THIS OFFICE AND IN COFORMITY WITH THE" NATIONAL BUILDING CODE".
2. THAT A DULY LICENSED PROFESSIONAL MECHANICAL ENGINEER BE ENGAGED TO UNDERTAKE THE INSTALLATION/CONSTRUCTION.
3. THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY A PROFES- SIONAL MECHANICAL ENGINEER IN CHARGE OF INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION.
4. THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.
5. THAT AN ANNUAL CERTIFICATE OF INSPECTION SHALL BE SECURED FOR THE CONTINUOUS OPERATION OF THE MECHANICAL EQUIPMENT INSTALLED.

ENGR. DANDY A. LOYOLA

BUILDING OFFICIAL

DATE _____

NOTE:

THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTIONS 305 & 306 OF THE "NATIONAL BUILDING CODE".

