

Republic of the Philippines
City/Municipality of **QUEZON**
Province of **BUKIDNON**
OFFICE OF THE BUILDING OFFICIAL

MECHANICAL PERMIT

APPLICATION NO.

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MP NO

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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		ZIP CODE	TELEPHONE NO												
LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO. _____ STREET _____ BARANGAY _____ CITY/ MUNICIPALITY OF _____																			
SCOPE OF WORK <table border="0"><tr><td><input type="checkbox"/> NEW CONSTRUCTION</td><td><input type="checkbox"/> RENOVATION _____</td><td><input type="checkbox"/> RAISING _____</td></tr><tr><td><input type="checkbox"/> ERECTION</td><td><input type="checkbox"/> CONVERSION _____</td><td><input type="checkbox"/> DEMOLITION _____</td></tr><tr><td><input type="checkbox"/> ADDITION</td><td><input type="checkbox"/> REPAIR _____</td><td><input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____</td></tr><tr><td><input type="checkbox"/> ALTERATION</td><td><input type="checkbox"/> MOVING _____</td><td><input type="checkbox"/> OTHERS (Specify) _____</td></tr></table>								<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) _____
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<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"/> CENTRAL AIRCONDITIONING	<input type="checkbox"/> DUMBWAITER
<input type="checkbox"/> PRESSURE VESSEL	<input type="checkbox"/> MECHANICAL VENTILLATION	<input type="checkbox"/> PUMPS
<input type="checkbox"/> INTERNAL COMBUSTION ENGINE	<input type="checkbox"/> ESCALATOR	<input type="checkbox"/> COMPRESSED AIR, VACUUM, INSTITUTIONAL and/or INDUSTRIAL GAS
<input type="checkbox"/> REFRIGERATION AND ICE MAKING	<input type="checkbox"/> MOVING SIDEWALK	<input type="checkbox"/> PNEUMATIC TUBES, CONVEYORS and/or MONORAILS
<input type="checkbox"/> WINDOW TYPE AIRCONDITIONING	<input type="checkbox"/> FREIGHT ELEVATOR	<input type="checkbox"/> FUNICULAR
<input type="checkbox"/> PACKAGED/ SPLIT TYPE AIRCONDITIONING	<input type="checkbox"/> PASSENGER ELEVATOR	
<input type="checkbox"/> OTHERS (Specify) _____	<input type="checkbox"/> CABLE CAR	
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

BOX 7

RECEIVED BY:	DATE:
FIVE (5) SETS OF MECHANICAL DOCUMENTS	
<input type="checkbox"/> MECHANICAL PLANS AND SPECIFICATIONS	<input type="checkbox"/> COST ESTIMATES
<input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> OTHERS (Specify) _____

BOX 8

PROGRESS FLOW					
	IN		OUT		PROCESSED BY:
	DATE	TIME	DATE	TIME	
MECHANICAL					
OTHERS (Specify)					

BOX 9

ACTION TAKEN:

PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:

1. That the proposed mechanical works shall be in accordance with the mechanical plans filed with this Office and in conformity with the latest Philippine Mechanical Code, the National Building Code and its IRR.
2. That prior to any mechanical installation, a duly accomplished prescribed **“NOTICE OF CONSTRUCTION”** shall be submitted to the Office of the Building Official.
3. That upon completion of the mechanical works, the licensed supervisor/in-charge shall submit the entry to the logbook duly signed and sealed to the building official including as-built plans and other documents and shall also accomplish the certificate of completion stating that the mechanical works conform to the provision of the Philippine Mechanical Code, the National Building Code and its IRR.
4. That this permit is **null and void** unless accompanied by the building permit.
5. That a Certificate of Operation shall be issued for the continuous use of mechanical installations.

PERMIT ISSUED BY:

ROY N. NIONES, CE

BUILDING OFFICIAL
(Signature Over Printed Name)
Date _____