

Republic of the Philippines
Municipality / City of **QUEZON**
Province of **BUKIDNON**

OFFICE OF THE BUILDING OFFICIAL

CERTIFICATE OF FINAL ELECTRICAL INSPECTION/COMPLETION

THIS IS TO CERTIFY THAT FINAL INSPECTION OF THE ELECTRICAL INSTALLATION HAD BEEN CONDUCTED ON THE BUILDING AND / OR PREMESIS COVERED BY BUILDING PERMIT NO. _____ ISSUED ON _____ AND THE SAME WERE FOUND COMPLETED IN ACCORDANCE WITH THE APPROVED PLANS AND SPECIFICATIONS ON FILE WITH THE OFFICE OF THE BUILDING OFFICIAL AND IN ACCORDANCE WITH THE PHILIPPINE ELECTRICAL CODE PROVISIONS.

NAME OF OWNER/APPLICANT		LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	NO.	STREET	BARANGAY	CITY/MUNICIPALITY
LOCATION OF INSTALLATION		NO.	STREET	BARANGAY CITY/MUNICIPALITY
TYPE OF OCCUPANCY				
<input type="checkbox"/> A. RESIDENTIAL DWELLING	<input type="checkbox"/> E. BUSINESS & MERCANTILE	<input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE		
<input type="checkbox"/> B. RESIDENTIAL, HOTEL, APARTMENT	<input type="checkbox"/> F. INDUSTRIAL	<input type="checkbox"/> J. ACCESSORY		
<input type="checkbox"/> C. EDUCATIONAL RECREATION	<input type="checkbox"/> G. STORAGE & HAZARDOUS	<input type="checkbox"/> K. OTHERS (SPECIFY)		
<input type="checkbox"/> D. INSTITUTIONAL	<input type="checkbox"/> H. ASSEMBLY OR OTHER THAN GROUP I			
DATE OF INSTALLATION :		DATE OF COMPLETION :		
OUTLETS/DEVICES/EQUIPMENT				
NUMBER OF OUTLETS		NUMBER OF EQUIPMENT/WIRING DEVICES:		
____ LIGHTS	____ SPO. COOKING UNIT	____ TOGGLE SWITCH	____ FA DETECTORS	
____ CONV. & RECEPTACLE	____ SPO. WATER HEATER	____ BELLS/BUZZERS	____ OTHERS(See Attached list)	
____ SPO. AIRCON	____ SPO. WATER PUMP	____ PUSH BUTTONS		
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. :		
SIGNATURE :		VALIDITY :		
ADDRESS :				
PTR NO. :	DATE ISSUED :	PLACE ISSUED :		
CTC NO. :	DATE ISSUED :	TIN :		
ELECTRICAL CONTRACTOR (200 AMPERES MAIN AND ABOVE)				
NAME :		PCAB LIC. NO. :	(SPECIALTY)	
ADDRESS :		VALIDITY :	TEL/FAX NO.	
TYPE OF INSTALLATION				
<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> NEW	<input type="checkbox"/> REMODEL / ALTERATION	
TYPE/S OF WIRING				
<input type="checkbox"/> OPEN WIRING	<input type="checkbox"/> CONDUITS	<input type="checkbox"/> CABLE	<input type="checkbox"/> ARMORED CABLE	
<input type="checkbox"/> OTHERS				
INSPECTED BY :		APPROVED BY :		NOTED BY :
_____ ELECTRICAL INSPECTOR		_____ ELECTRICAL ENGINEER OF THE BUILDING OFFICE		ROY N. NIONES, CE Municipal Engineer
_____ PRC. REG. NO. & VALIDITY		_____ PRC. REG. NO. & VALIDITY		
AMOUNT PAID Php _____ O.R. NO.: _____ DATE: _____				