



OFFICE OF THE BUILDING OFFICIAL

W.P. No. _____

C.E.I. _____

Date: _____

Date: _____

CERTIFICATE OF FINAL ELECTRICAL INSPECTION/COMPLETION

This is to certify that the final inspection of the Electrical Installation had been conducted on the Building and/or premises covered by Electrical Permit No. _____, issued on _____ and the same were found completed in accordance with the approved plans and specification on file with the Department of the City Engineering in accordance with the latest Philippine Electrical Code Provisions.

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 OR USE

<input type="checkbox"/> A. Residential Dwelling	<input type="checkbox"/> E. Business & Mercantile	<input type="checkbox"/> I. Assembly Occupant Load 100 or 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	
START OF INSTALLATION:		DATE OF COMPLETION:

OUTLETS / DEVICES EQUIPMENT

NUMBER OF OUTLETS:	NUMBER OF EQUIPMENT/WIRING DEVICES:
____ LIGHTS	____ TOGGLE SWITCH
____ CONVENIENCE / RECEPTACLE	____ BELLS, BUZZER
____ SPO AIRCON	____ PUSH BUTTON
____ SPO COOKING UNIT	____ FA DETECTORS
____ WATER HEATER	____ OTHERS
____ WATER PUMP	SEE ATTACHED FILES

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:		
SIGNATURE:		
ADDRESS:		
PTR NO.:		
CTC NO.:		

ELECTRICAL CONTRACTOR (200 AMPERE MAIN AND ABOVE)

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

TYPE OF INSTALLATION:
<input type="checkbox"/> TEMPORARY <input type="checkbox"/> NEW <input type="checkbox"/> REMODEL / ALTERATION
TYPE OF WIRING:
<input type="checkbox"/> OPEN WIRING <input type="checkbox"/> CONDUIT <input type="checkbox"/> CABLE <input type="checkbox"/> ARMoured CABLE <input type="checkbox"/> RACEWAYS
<input type="checkbox"/> OTHERS: _____

INSPECTED / ISSUED BY:

NOTED:

ELECTRICAL INSPECTOR

ARCH. ALFREDO G. GARCIA
ACTING CITY BUILDING OFFICIAL

AMOUNT PAID: _____ O.R. NO.: _____ DATE: _____