



Republic of the Philippines
OFFICE OF THE CITY BUILDING OFFICIAL
BAGUIO CITY
AREA CODE 2600

CERTIFICATION OF FINAL ELECTRICAL INSPECTION/COMPLETION

THIS IS TO CERTIFY THAT FINAL INSPECTION OF THE ELECTRICAL INSTALLATION HAD BEEN CONDUCTED ON THE BUILDING AND/OR PREMISES 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 WITH THE PHILIPPINE ELECTRICAL CODE PROVISIONS.

NAME OF OWNER/APPLICANT:		LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS:		NO.		STREET		BARANGAY	
						CITY/MUNICIPALITY Baguio City	
LOCATION OF INSTALLATION:		NO.		STREET		BARANGAY	
						CITY/MUNICIPALITY Baguio City	
Type of Occupancy or Use:							
<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. 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: _____			

OUTLET/DEVICES/EQUIPMENT	
Number of Outlets:	Number of Equipment/Writing Devices:
_____ Light	_____ Toggle Switch
_____ Convenience/Receptacle	_____ FA Detectors
_____ SPO, Air con	_____ Bells/Buzzers
_____ SPO, Cooking Unit	_____ Others (see attached list)
_____ SPO, Water Heater	_____ Push Buttons
_____ SPO, Water Pump	

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:	TIN NO.
CTC NO.	DATE ISSUED:	PLACE ISSUED:

ELECTRICAL CONTRACTOR (200 AMPERE MAIN AND ABOVE)	
NAME:	PCAB LIC NO. (Specialty – Electrical)
	VALIDITY:
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"/> Conduits
<input type="checkbox"/> Others _____	<input type="checkbox"/> Cable
<input type="checkbox"/> Raceways	

INSPECTED BY: _____ APPROVED: _____ NOTED: _____

ELECTRICAL INSPECTOR ELECTRICAL ENGINEER OF THE BUILDING OFFICE CITY BUILDING OFFICIAL

PRC REG. NO. & VALIDITY PRC REG. NO. & VALIDITY

AMOUNT PAID: _____ OR NO.: _____ DATE: _____

NUMBER OF STOREYS _____	
ESTIMATED COST _____	
ACTUAL COST _____	
a) Materials (Total Cost)	P _____
1. Electrical Wire	_____
2. Lighting Outlets	_____
3. Convenience Outlets	_____
4. Switches	_____
Others (specify)	_____
b) Other Costs	_____
(this includes professional fees, permits and other fees)	

1. Tools to be connected		
_____ LIGHT	_____ SPO, COOKING UNIT	_____ TOGGLE SWITCH
_____ CONV./RECEPTACLE	_____ SPO, WATER HEATER	_____ BELLS/BUZZERS
_____ SPO, AIRCON	_____ SPO, WATER PUMP	_____ PUSH BUTTONS
		_____ FA DETECTORS
		_____ OTHERS (SEE ATTCHED LIST)
2. Nature of Works: _____		
3. Type of Service: Voltage _____ Size of Wire _____ Phone _____		
4. Remarks: _____		

I hereby certify that the above data and information are true and correct to the best of my knowledge and belief.

ELECTRICAL FEES	PEE/REE/ME	
Fee P _____	ADDRESS	
Surcharge _____	PRC. REG. NO.	VALIDITY
Total _____	PTR NO.	TIN:
	CTC NO.	
	DATE ISSUED	
Computed by: _____	PLACED ISSUED	
Signature Over Printed Name		

LOAD	

Nature of Work:

Inspector: _____	Contractor: _____
Fee: _____	
Paid under Official Receipt No.: _____	Owner/Occupant _____
Date: _____	

APPROVED BY:

NOTED:

ELECTRICAL ENGINEER OF THE BUILDING OFFICE

BUILDING OFFICIAL

PRC REG. NO. & VALID