## Republic of the Philippines City of Baguio Province of Benguet

## OFFICE OF THE BUILDING OFFICIAL PERMIT FOR TEMPORARY SERVICE CONNECTION

| CONTROL NO.   |                            |                                       |                           |                              | PTSC ! | NO. |  |
|---|----------------------------|---------------------------------------|---------------------------|------------------------------|--------|-----|--|
|   |                            |                                       |                           |                              |        |     |  |
| BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWN   | JER/APPLICANT              | )                                     |                           | _                            |        |     |  |
| OWNER/APPLICANT: LAST NAME FIRST NAME   |                            |                                       | M.I. TIN                  |                              |        |     |  |
|   |                            | _                                     |                           |                              |        |     |  |
| FOR CONSTRUCTION OWNED  | FORM OF OWN                | USE OR CHARACTER OF OCCUPANCY         |                           |                              |        |     |  |
|   |                            |                                       |                           |                              |        |     |  |
| BY AN ENTERPRISE  |                            | TIP COPE CONTINUE TAKE TO THE APPRECA |                           |                              |        |     |  |
| ADDRESS: NO., STREET, BARANGAY,   | CITY/M<br>E                | ZIP CODE<br>2600                      | CONTACT NO./EMAIL ADDRESS |                              |        |     |  |
| LOCATION OF CONSTRUCTION: LOT NO BL   | K NO                       | TAX DEC. NO.                          |                           |                              |        |     |  |
| STREET  | BARANGAY                   |                                       |                           | CITY OF BAGUIO               |        |     |  |
| PURPOSE:  | D TEGTING                  | □ отн                                 | FRS (Specify)             |                              |        |     |  |
| FOR CONSTRUCTION FOR TESTING OTHERS (Specify)   |                            |                                       |                           |                              |        |     |  |
| SUMMARY OF ELECTRICAL LOADS / CAPACITIES APPLIED FOR                                      |                            |                                       |                           |                              |        |     |  |
| TOTAL CONNECTED LOAD  | TOTAL TRANSFORMER CAPACITY |                                       |                           | TOTAL GENERATOR/UPS CAPACITY |        |     |  |
| kVA   | kVA                        |                                       |                           | kVA                          |        |     |  |
| BOX 2 (TO BE ACCOMPLISHED IN PRINT BY THE DESIGN DESIGN PROFESSIONAL, PLANS AND SPECIFICA |                            |                                       |                           |                              |        |     |  |
|   |                            | Address                               |                           |                              |        |     |  |
|   |                            | PRC. No.                              | . No. Validity            |                              |        |     |  |
|   |                            | PTR No.                               | Date Issued               |                              |        |     |  |
| PROFESSIONAL ELECTRICAL ENGINEER  |                            |                                       |                           |                              |        |     |  |
| (Signed and Sealed Over Printed Nat<br>Date   | me)<br>                    | Issued at                             | TIN                       |                              |        |     |  |
| BOX 3 (TO BE ACCOMPLISHED IN BY THE OWNER.  | /APPLICANT                 |                                       |                           |                              |        |     |  |
| OWNER / APPLICANT   |                            | Address                               |                           |                              |        |     |  |
|   | C.T.C. No.                 |                                       |                           |                              |        |     |  |
|   | Date Issued                |                                       |                           |                              |        |     |  |
| (Signed and Sealed Over Printed Nar   | ne)                        | Place Issued                          |                           |                              |        |     |  |

## BOX 4 (TO BE ACCOMPLISHED BY THE PROCESSING & EVALUATION DIVISION)

| FEE PAID:   | OFFICIAL RECEIPT NO.:  |  |  |  |  |
|---|--|--|--|--|--|
| DATE PAID:  | DATE ISSUED :  |  |  |  |  |
| BOX 5 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)   |  |  |  |  |  |
| ACTION TAKEN:   |  |  |  |  |  |
| with postal address at to connect the electrical installation with the authoriz                 | red load and purpose specified therewith pursuant to trical Code, the National Building Code and its |  |  |  |  |
| date after which period the service shall be disconnected unless                                |  |  |  |  |  |
| actually extended or renewed before the expiry date.  |  |  |  |  |  |
| This permit shall be suspended or revoked a change in the wiring system have rendered it unsafe | any time before its expiration whenever alterations or   |  |  |  |  |
| PERMIT ISSUED BY:   |  |  |  |  |  |
| City Government D CITY BUILDIN  | NG OFFICIAL  |  |  |  |  |