

OFFICE OF THE BUILDING OFFICIAL
ELECTRICAL PERMIT

APPLICATION NO.

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EP 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 <div><input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> RECONNECTION OF SERVICE ENTRANCE <input type="checkbox"/> RELOCATION OF SERVICE ENTRANCE <input type="checkbox"/> ANNUAL INSPECTION <input type="checkbox"/> SEPARATION OF SERVICE ENTRANCE <input type="checkbox"/> OTHERS (Specify) _____ <input type="checkbox"/> TEMPORARY <input type="checkbox"/> UPGRADING OF SERVICE ENTRANCE _____</div>								
SUMMARY OF ELECTRICAL LOADS/CAPACITIES APPLIED FOR								
TOTAL CONNECTED LOAD _____ kVA		TOTAL TRANSFORMER CAPACITY _____ kVA		TOTAL GENERATOR/UPS CAPACITY _____ kVA				

BOX 2 (TO BE ACCOMPLISHED IN PRINT BY THE DESIGN PROFESSIONAL)

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS		
_____ PROFESSIONAL ELECTRICAL ENGINEER (Signed and Sealed Over Printed Name)	Address	
	PRC. No	Validity
	PTR. No	Date Issued
	Issued at	TIN

BOX 3

SUPERVISOR / IN-CHARGE OF ELECTRICAL WORKS		
<div><input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER <input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER <input type="checkbox"/> REGISTERED MASTER ELECTRICIAN</div> <div>_____ (Signed and Sealed Over Printed Name) Date _____</div>		
PRC. No	Validity	
PTR. No	Date Issued	
Issued at	TIN	
Address		

BOX 4

BUILDING OWNER		
_____ (Signature Over Printed Name) Date _____		
Address		
C.T.C. No.	Date Issued	Place Issued

BOX 5

WITH MY CONSENT: LOT OWNER		
_____ (Signature Over Printed Name) Date _____		
Address		
C.T.C. No.	Date Issued	Place Issued

ELECTRICAL CONTRACTOR (200-AMPERE MAIN AND ABOVE)

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