

Republic of the Philippines
City of Imus
Province of Cavite
OFFICE OF THE BUILDING OFFICIAL
MECHANICAL PERMIT

APPLICATION NO.	MP NO	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							
<input type="checkbox"/> NEW CONSTRUCTION		<input type="checkbox"/> RENOVATION _____		<input type="checkbox"/> RAISING _____			
<input type="checkbox"/> ERECTION		<input type="checkbox"/> CONVERSION _____		<input type="checkbox"/> DEMOLITION _____			
<input type="checkbox"/> ADDITION		<input type="checkbox"/> REPAIR _____		<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____			
<input type="checkbox"/> ALTERATION		<input type="checkbox"/> MOVING _____		<input type="checkbox"/> OTHERS (Specify) _____			

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

INSTALLATION AND OPERATION OF:

<input type="checkbox"/> BOILER	<input type="checkbox"/> CENTRAL AIRCONDITIONING	<input type="checkbox"/> DUMBWAITER
<input type="checkbox"/> PRESSURE VESSEL	<input type="checkbox"/> MECHANICAL VENTILLATION	<input type="checkbox"/> PUMPS
<input type="checkbox"/> INTERNAL COMBUSTION ENGINE	<input type="checkbox"/> ESCALATOR	<input type="checkbox"/> COMPRESSED AIR, VACUUM, INSTITUTIONAL and/or INDUSTRIAL GAS
<input type="checkbox"/> REFRIGERATION AND ICE MAKING	<input type="checkbox"/> MOVING SIDEWALK	<input type="checkbox"/> PNEUMATIC TUBES, CONVEYORS and/or MONORAILS
<input type="checkbox"/> WINDOW TYPE AIRCONDITIONING	<input type="checkbox"/> FREIGHT ELEVATOR	<input type="checkbox"/> FUNICULAR
<input type="checkbox"/> PACKAGED/ SPLIT TYPE	<input type="checkbox"/> PASSENGER ELEVATOR	
<input type="checkbox"/> OTHERS (Specify) _____	<input type="checkbox"/> CABLE CAR	

PREPARED BY _____

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS

PROFESSIONAL MECHANICAL ENGINEER
(Signed and Sealed Over Printed Name)
Date _____

Address

PRC. No

Validity

PTR. No

Date Issued

Issued at

TIN

BOX 4

SUPERVISOR / IN-CHARGE OF MECHANICAL WORKS

☐ PROFESSIONAL MECHANICAL ENGINEER ☐ MECHANICAL ENGINEER

(Signed and/or Sealed Over Printed Name)
Date _____

Address

PRC. No

Validity

PTR. No

Date Issued

Issued at

TIN

BOX 5

BUILDING OWNER

(Signature Over Printed Name)
Date _____

Address

C.T.C. No.

Date Issued

Place Issued

BOX 6

WITH MY CONSENT: LOT OWNER

(Signature Over Printed Name)
Date _____

Address

C.T.C. No.

Date Issued

Place Issued