

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
OFFICE OF THE BUILDING OFFICIAL

MUNICIPALITY OF PANDAN
AREA CODE _____

CERTIFICATE OF COMPLETION
Electrical Works

THIS IS TO CERTIFY THAT THE ELECTRICAL INSTALLATION/WORKS OF THE BUILDING AND/OR PREMISES COVERED BY BUILDING PERMIT NO. _____ ISSUED ON _____ HAS BEEN COMPLETED IN ACCORDANCE WITH THE APPROVED PLAND AND SPECIFICATIONS ON FILE WITH THE OFFICE OF THE BUILDING OFFICIAL AND THAT THE SAID INSTALLATION/WORKS IS READY FOR FINAL INSPECTION.

NAME OF 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"/> RESIDENTIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> SPECIAL BUILDINGS	<input type="checkbox"/> OTHERS (SPECIFY)
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> THEATERS	<input type="checkbox"/> HOSPITALS	_____
<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> SHOPPING MALLS	<input type="checkbox"/> WAREHOUSES	_____
<input type="checkbox"/> OFFICE BUILDING	<input type="checkbox"/> ASSEMBLY HALLS	<input type="checkbox"/> TOWNHOUSES	_____
START OF INSTALLATION _____		DATE OF COMPLETION _____	

OUTLETS/DEVICES/EQUIPMENT			
NUMBER OF OUTLETS:		NUMBER OF EQUIPMENTS/WIRING DEVICES	
_____ LIGHT	_____ SPO, AIRCON	_____ TOGGLE SWITCH	_____ OTHERS (See attached List)
_____ CONVENIENCE/RECEPTACLE	_____ SPO, COOKING UNIT	_____ BELLS/BUZZERS	_____
_____ TEL/TC/COMPUTER	_____ SPO, WATER HEATER	_____ PUSH BUTTONS	_____
_____ SIGNALING SYSTEM	_____ SPO, WATER PUMP	_____ FA DETECTORS	_____

IN-CHARGE OF INSTALLATION		
<input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTRERED 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	PLACE ISSUED
CTC NO.	DATE ISSUED	TIN

ELECTRICAL CONTRACTOR – IF APPLICABLE		
NAME	PCAB LIC. NO. VALIDITY	(SPECIALTY ELECTRICAL)
ADDRESS		TEL/FAX NO.

OWNER/APPLICANT
(Signature Over Printed Name)