

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

MUNICIPALITY OF PANDAN
AREA CODE 06105

APPLICATION NO.

--

DATE APPLICATION FILED

--

Date of Proposed Start of Installation

Expected Date of Completion

APPLICATION FOR ELECTRICAL PERMIT

(Accomplish in print and in duplicate)

BOX 1 (TO BE ACCOMPLISHED BY A DULY QUALIFIED ELECTRICAL PRACTITIONER)

NAME OF OWNER/APPLICANT:		LAST NAME,	FIRST NAME,	MIDDLE NAME	TIN
ADDRESS:	NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY	TEL/FAX NO.
LOCATION OF INSTALLATION:	NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY	
SCOPE OF WORK:					
<input type="checkbox"/> NEW INSTALLATION		<input type="checkbox"/> ADDITION OF _____		<input type="checkbox"/> OTHERS (SPECIFY) _____	
<input type="checkbox"/> ANNUAL INSPECTION		<input type="checkbox"/> REPAIR OF _____			
<input type="checkbox"/> REMOVAL OF _____					
TYPE OF OCCUPANCY OR USE:					
<input type="checkbox"/> A. RESIDENTIAL DWELLING		<input type="checkbox"/> E. BUSINESS & MERCANTILE		<input type="checkbox"/> I. ASSEMBLY OCUPANT 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 I			
NUMBER OF OUTLETS:			NUMBER OF EQUIPMENT/WIRING DEVICES:		
____ LIGHT		____ SPO, COOKING UNIT		____ TOGGLE SWITCH	
____ CONVENIENCE/RECEPTACLE		____ SPO, WATER HEATER		____ FA DETECTOR/S	
____ SPO, AIRCON		____ SPO, WATER PUMP		____ BELLS/BUZZERS	
				____ OTHERS (See Attached List)	

BOX 2 (PROFESSIONAL ELECTRICAL ENGINEER WHO SIGNED AND SEALED PLANS & SPECIFICATION)

NAME		PRC REG. NO.	VALIDITY
ADDRESS		TEL/FAX NO.	
PTR NO.	DATE ISSUED	PLACE ISSUED	
SIGNATURE	DATE SIGNED	TIN	

BOX 3 (ELECTRICAL CONTRACTOR – 200 AMPERE MAIN AND ABOVE)

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

BOX 4 (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. VALIDITY
ADDRESS		TEL/FAX NO.
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE	DATE SIGNED	TIN

BOX 5 (OWNER/AUTHORIZED REPRESENTATIVE)

NAME	SIGNATURE	TIN	CTC NO. _____
			DATE ISSUED _____
			PLACE ISSUED _____

BOX 6 (TO BE RECEIVED BY RECEIVING/RECORDING SECTION)

ELECTRICAL PLANS & SPECIFICATIONS (5 SETS)	RECEIVED BY: _____ Signature Over Printed Name
	DATE RECEIVED: _____