

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 RESIDENTIAL	
ADDRESS: NO., STREET,		BARANGAY,		CITY/MUNICIPALITY		ZIP CODE 2733	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 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		_____			
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		
_____ Date _____ 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		
<input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED MASTER ELECTRICIAN
_____ Date _____ (Signed and Sealed Over Printed Name)		
PRC. No	Validity	
PTR. No	Date Issued	
Issued at	TIN	
Address		

BOX 4

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

BOX 5

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