

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

 DISTRICT/CITY MUNICIPALITY
 AREA CODE _____

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
LOCATION OF INSTALLATION: NO., STREET, BARANGAY, CITY/MUNICIPALITY			
SCOPE OF WORK:			
<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> ADDITIONAL OF _____	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 & MERCHANT	<input type="checkbox"/> I. ASSEMBLY OCCUPANT 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	____ FA DETECTORS
____ CONVENIENCE/RECEPTABLE	____ SPO, WATER HEATER	____ BELLS/BUZZER	____ OTHERS (see attached list)
____ SPO, AIRCON	____ SPO, WATER PUMP	____ PUSH BUTTONS	

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

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 (PERSONS IN-CHARGE OF INSTALLATION)

<input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED ELEC'L. ENGINEER (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
			PLACED ISSUED

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

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