

Republic of the Philippines
OFFICE OF THE CITY ARCHITECT
 Butuan City

PERMIT NO.

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APPLICATION NO.

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DATE ISSUED : _____
 PAID UNDER O.R. NO. : _____
 AMOUNT : _____
 DATE : _____

DATE FILED: _____

ELECTRICAL PERMIT

BOX 1

OWNER / APPLICANT	LAST NAME	FIRST NAME	MIDDLE NAME	TIN
ADDRESS NO.	STREET	BARANGAY	CITY / MUNICIPALITY	TEL NO. / CELL NO.
LOCATION OF INSTALLATION NO.	STREET	BARANGAY	CITY / MUNICIPALITY	

BOX 1

ASSESSED FEES			
AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID
			REVIEWED _____ CHIEF PROCESSING DIV/SEC

BOX 2

PERMIT IS HEREBY GRANTED TO INSTALL THE ELECTRICAL WIRING DEVICES AND EQUIPMENT ENUMERATED IN THE APPLICATION SUBJECT TO THE FOLLOWING CONDITIONS.

1. THAT THE PROPOSED INSTALLATION BE IN ACCORDANCE WITH THE APPROVE PLANS WITH THE OFFICE AND IN CONFORMITY WITH THE PROVISIONS OF THE LATEST EDITION OF THE PHILIPPINE ELECTRICAL CODE.
2. THAT A DULY LICENSED ELECTRICAL PRACTITIONER BE INCHARGE OF THE INSTALLATION CONSTRUCTION.
3. THAT A CERIFICATE OF COMPLETION DULY SIGNED BY THE ELECTRICAL PRACTITIONER INCHARGE OF THE INSTALLATION BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLITION OF THE INSTALLATION.
4. THAT A CERFICATION OF FINAL ELECTRICAL INSPECTION BE SECURED PRICE TO THE ACTUAL OCCUPANCY OF THE BUILDING.
5. THIS PERMIT SHALL BE POSTED AT THE DOOR OR SITE OF WORK.

APPROVED:

 ELECTRICAL ENGINEER OF THE BUILDING OFFICE

 DATE

 PRC. REG. NO. & VALIDITY

NOTED:

 BUILDING OFFICIAL
 (Signature over Printed Name)

 DATE

NOTE: 1. This permit may be cancelled or revoke pursuant to Section 305 and 306 of the National Building Code.
 NOTE: 2. Alteration of this form are not allowed.

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APPLICATION NO. _____

DATE APPLICATION FILED _____

DATE ISSUED : _____
 PAID UNDER O.R. NO. : _____
 AMOUNT : _____
 DATE : _____

APPLICATION FOR ELECTRICAL PERMIT

Date of Proposed Start of Installation _____

Expected Date of Completion _____

(Accomplished in Print and in duplicated)

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

OWNER / APPLICANT	LAST NAME	FIRST NAME	MIDDLE NAME	TIN
ADDRESS NO.	STREET	BARANGAY	CITY / MUNICIPALITY	TEL NO. / CELL 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 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		
NUMBER OF OUTLETS		NUMBER OF EQUIPMENT/WIRING DEVICES		
_____ LIGHT	_____ SPO COOKING UNIT	_____ TOGGLE SWITCH	_____ PA DETECTORS	
_____ CONVENIENCE RECEPTACLE	_____ SPO WATER HEATER	_____ BELL / BUZZERS	_____ OTHERS _____	
_____ SPO AIRCON	_____ SPO WATER PUMP	_____ PUSH BUTTONS		

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

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

BOX 3 (ELECTRICAL CONTRACTOR – 290 AMPERE MAIN AND ABOVE)

NAME	PCUB KUG 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 800 Volts 2500 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	RECEIVED BY: _____ <i>Signature over Printed Name</i>
	DATE RECEIVED: _____