

OFFICE OF THE CITY ARCHITECT

Butuan City

APPLICATION NO.

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DATE APPLICATION FILED

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

Date of Proposed Start of Installation

APPLICATION FOR ELECTRICAL PERMIT

(Accomplished in Print and in duplicated)

Expected Date of Completion

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

ELECTRICAL PLANS & SPECIFICATIONS	RECEIVED BY: _____ <i>Signature over Printed Name</i>
	DATE RECEIVED: _____

