





REPUBLIC OF THE PHILIPPINES  
 City/Municipality of \_\_\_\_\_  
 Province of \_\_\_\_\_  
**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
ADDRESS: NO.	STREET,	BARANGAY,	CITY/MUNICIPALITY	ZIP CODE	TELEPHONE NO.
<b>SCOPE OF WORK</b>					
<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			
<b>SUMMARY OF ELECTRICAL LOAD/CAPACITIES APPLIED FOR</b>					
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 ENGINEER	
<input type="checkbox"/> REGISTERED MASTER ELECTRICIAN			
_____ Date _____ (Signed and Sealed Over Printed Name)			
PRC. No.		Validity	
PTR. No.		Date Issued	
Issued No.		TIN	
Address			

**BOX 4**

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

BOX 6

RECEIVED BY _____	RECEIVED BY _____
FIVE (5) SETS OF ELECTRICAL DOCUMENTS	
<input type="checkbox"/> ELECTRICAL PLANS AND SPECIFICATIONS	<input type="checkbox"/> EXPECTED DATE OF COMPLETION/INSTALLATION/CONSTRUCTION
<input type="checkbox"/> SPECIAL FIXTURES AND EQUIPMENT	_____
<input type="checkbox"/> PROPOSED STARTING DATE OF INSTALLATION/CONSTRUCTION	<input type="checkbox"/> OTHERS (Specify) _____
_____	_____

BOX 7

PROGRESS FLOW					
	IN		OUT		PROCESSED BY:
	DATE	TIME	DATE	TIME	
ELECTRICAL					_____ ELECTRICAL ENGINEER (Signature Over Printed Name)  PRC Reg. No.: _____ Validity: _____
OTHERS (Specify)					

BOX 8

**ACTION TAKEN**

PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:

1. That is proposed electrical works shall be in accordance with the electrical plans filled with this Office and in conformity with the provisions of the latest Philippine Electrical Codes, the National Building Code and its IRR.
2. That prior to any electrical installation, the Owner/Permittee shall submit a duly accomplished prescribed **Notice of Construction** to the Office of the Building Official.
3. That for installed electrical capacity of 200 amperes and above 230 volts nominal and above, a specialty electrical contractor duly licensed by the Philippine Contractors Accreditation Board (PCAB) shall be required.
4. That a duly licensed electrical practitioner shall be in-charge of the installation, and that upon completion of the electrical works, he shall submit the entry of the logbook duly signed and sealed to the OBO including as-built plans and the other documents. He shall also accomplish the Certificate of Completion starting that the electrical works conform to the provisions of the Philippine Electrical Codes, the National Building Code and its IRR.
5. **That this permit is null and void** unless accomplished by the building permit except for projects involving purely electrical works in which case only the building permit under of the existing building/structure shall be required.
6. That a Certificate of Final Electrical Inspection (CFEI) shall be secured prior to the actual occupancy of the building.
7. That this permit shall be posted at the door or site of work.

**PERMIT ISSUED BY:**

\_\_\_\_\_  
 BUILDING OFFICIAL  
 (Signature Over Printed Name)  
 Date \_\_\_\_\_



BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)

<b>BUILDING DOCUMENTS</b>	
(FIVE (5) SETS EACH)	
<input type="checkbox"/> MECHANICAL PLANS & SPECIFICATIONS	<input type="checkbox"/> BILL OF MATERIALS
<input type="checkbox"/> COST OF ESTIMATES	<input type="checkbox"/> OTHERS (SPECIFY) _____

BOX 4 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

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

BOX 5 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

PROGRESS FLOW						
NOTED: CHIEF, PROCESSING DIVISION/SECTION	IN		OUT		ACTION/REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
RECEIVING AND RECORDING						
SANITARY						

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVESETFORTH.

BOX 6

<b>PROF. MECH. ENGINEER</b>		P.R.C. REG. No.
SIGNED AND SEALED PLANS & SPECIFICATION		
PRINT NAME		
ADDRESS		
P.T.R. No.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN

BOX 6

SIGNATURE  _____		
APPLICANT		
RES. CERT NO.	DATE ISSUED	PLACE ISSUED

BOX 7

<b>PROF. MECH. ENGINEER</b>		P.R.C. REG. No.
IN-CHARGE OF INSTALLATION		
PRINT NAME		
ADDRESS		
P.T.R. No.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN

REPUBLIC OF THE PHILIPPINES  
**OFFICE OF THE BUILDING OFFICIAL**  
 BATANGAS CITY

APPLICATION NO.

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PERMIT NO.

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**SANITARY/PLUMBING PERMIT**

DATE OF APPLICANT \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

BOX 1 (TO BE ACCOMPLISHED BY SANITARY ENGINEERING/MASTER PLUMBER, IN PRINT)

NAME OF OWNER/APPLICANT	LAST NAME, FIRST NAME M.I	TAX ACCT. NO.
ADDRESS	NO., STREET, BARANGAY, CITY/MUNICIPALITY	TELEPHONE NO.

LOCATION OF INSTALLATION NO., STREET, BARANGAY, CITY/MUNICIPALITY

**SCOPE OF WORK**

NEW INSTALLATION     
  ADDITION OF \_\_\_\_\_     
 OTHERS (SPECIFY) \_\_\_\_\_  
 REPAIR OF \_\_\_\_\_     
  \_\_\_\_\_ OF \_\_\_\_\_  
 REMOVAL OF \_\_\_\_\_     
  \_\_\_\_\_ OF \_\_\_\_\_

**USE OR TYPE OF OCCUPANCY**

RESIDENTIAL \_\_\_\_\_     
  AGRICULTURAL \_\_\_\_\_  
 COMMERCIAL \_\_\_\_\_     
  PARKS, PLAZA, MONUMENTS \_\_\_\_\_  
 INDUSTRIAL \_\_\_\_\_     
  RECREATIONAL \_\_\_\_\_  
 INSTITUTIONAL \_\_\_\_\_     
  OTHERS(SPECIFY) \_\_\_\_\_

**FIXTURES TO BE INSTALLED**

QTY.	NEW		KIND OF FIXTURES	QTY.	EXISTING		KIND OF FIXTURES
	FIXTURES	FIXTURES			FIXTURES	FIXTURES	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER CLOSET	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BIDETTE
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FLOOR DRAIN	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LAUNDRY TRAYS
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LAVATORIES	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DENTAL CUSPIDOR
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> KITCHEN SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GAS HEATER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FAUCET	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ELECTRIC HEATER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SHOWER HEAD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER BOILER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER METER	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DRINKING FOUNTAIN
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GREASE TRAP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BAR SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BATH TUBS	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SODA FOUNTAIN SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLOP SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LABORATORY SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> URINAL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> STERILIZER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AIR CONDITIONING UNIT	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SWIMMING POOL
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER TANK/RESERVIOR	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHERS(SPECIFY) _____
TOTAL				TOTAL			

WATER DISTRIBUTION SYSTEM     
  SANITARY SEWER SYSTEM     
  STORM DRAINAGE SYSTEM

<p><b>WATER SUPPLY:</b></p> <input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL & PUMP SET <input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM <input type="checkbox"/> OTHERS	<p><b>SYSTEM OF DISPOSAL</b></p> <input type="checkbox"/> WASTE WATER TREAT PLANT <input type="checkbox"/> SURFACE DRAINAGE <input type="checkbox"/> SEPTIC VAULT/IMHOFF TANK <input type="checkbox"/> STREET CANAL <input type="checkbox"/> SANITARY SEWER CONNECTION <input type="checkbox"/> WATER COURSE <input type="checkbox"/> SUB-SURFACE SAND FILTER
NUMBER OF STOREYS OF BUILDING _____	TOTAL AREA OF BUILDING/SUBDIVISION _____ SQ. M.
PROPOSED DATE _____	TOTAL COST OF INSTALLATION P _____
START OF INSTALLATION _____	PREPARED BY: _____
EXPECTED DATE _____	
OF COMPLETION _____	

BOX 2 (TO BE ACCOMPLISHED BY BUILDING OFFICIAL)

**ACTION TAKEN**

PERMIT IS HEREBY GRANTED TO INSTALL THE SANITARY/PLUMBING FIXTURE ENUMERATED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS:

1. THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE NATIONAL BUILDING CODE.
2. THAT A DULY LICENSED SANITARY ENGINEER, MASTER PLUMBER BE ENGAGED TO UNDERTAKE THE INSTALLATION/CONSTRUCTION.
3. THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY A SANITARY ENGINEER/MASTER PLUMBER IN CHARGE OF INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION.
4. THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING

\_\_\_\_\_  
 BUILDING OFFICIAL  
 \_\_\_\_\_  
 DATE

**NOTE:**  
 THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTION 305&306 OF THE "NATIONAL BUILDING CODE"

BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)

<b>BUILDING DOCUMENTS</b>			
<input type="checkbox"/> SANITARY PLUMBING PLANS & SPECIFICATIONS <input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> COST ESTIMATES <input type="checkbox"/> OTHERS (SPECIFY) _____		

BOX 4 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

<b>ASSESSED FEES</b>				
	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID

BOX 5 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

<b>PROGRESS FLOW</b>						
NOTED: CHIEF, PROCESSING DIVISION/SECTION	IN		OUT		ACTION/REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
RECEIVING AND RECORDING						
SANITARY						

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVESETFORTH.

BOX 6

<b>SANITARY ENGINEER/MASTER PLUMBER</b>		P.R.C. REG. No.
SIGNED AND SEALED PLANS & SPECIFICATION		
PRINT NAME		
ADDRESS		
P.T.R. No.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN

BOX 6

SIGNATURE		
_____		
APPLICANT		
RES. CERT NO.	DATE ISSUED	PLACE ISSUED

BOX 7

<b>SANITARY ENGINEER/MASTER PLUMBER</b>		P.R.C. REG. No.
IN-CHARGE OF INSTALLATION		
PRINT NAME		
ADDRESS		
P.T.R. No.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN