



Republic of the Philippines  
Province of Cagayan  
Municipality of Sto. Niño

**OFFICE OF THE BUILDING OFFICIAL**

APPLICATION NO.

DATE APPLICATION FILLED

Date of proposed start of installation

Expected date of completion

**APPLICATION FOR ELECTRICAL PERMIT**  
(Accomplish in print and duplicate)

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

<b>NAME OF OWNER/APPLICANT</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MI</b>	<b>TIN</b>
<b>LOCATION OF INSTALLATION</b>	<b>STREET</b>	<b>BARANGAY</b>	<b>CITY/MUNICIPALITY</b>	<b>TEL/FAX NO.</b>
<b>SCOPE OF WORK:</b>		<input type="checkbox"/> ADDITION OF _____		<input type="checkbox"/> OTHERS (SPECIFY) _____
<input type="checkbox"/> NEW INSTALLATION		<input type="checkbox"/> REPAIR OF _____		
<input type="checkbox"/> ANNUAL INSPECTION		<input type="checkbox"/> REMOVAL OF _____		
<b>TYPE OF OCCUPANCY OF USE:</b>				
<input type="checkbox"/> A. RESIDENTIAL DWELLING		<input type="checkbox"/> E. BUSINESS & MERCHANTILE		<input type="checkbox"/> I. ACCESSORY
<input type="checkbox"/> B. RESIDENTIAL, HOTEL, APARTMENT		<input type="checkbox"/> F. INDUSTRIAL		<input type="checkbox"/> J. OTHERS(SPECIFY)
<input type="checkbox"/> C. EDUCATION & RECREATION		<input type="checkbox"/> G. STORAGE & HAZARDOUS		
<input type="checkbox"/> D. INSTITUTIONAL		<input type="checkbox"/> H. ASSEMBLY		
<b>NUMBER OF OTLETS:</b>			<b>NUMBER OF EQUIPMENT/WIRING DEVICE:</b>	
_ LIGHT			_ TOGGLE SWITCH	
_ CONVENIENCE/RECEPTACLE			_ FA DETECTORS	
_ SPO,AIRCON			_ BELL/BUZZERS	
_ SPO,COOKING UNIT			_ PUSH BUTTONS	
_ SPO,WATER HEATER				
_ SPO,WATER PUMP				

**BOX 2.( PROFESSIONAL ELECTRICAL ENGINEER WHO SIGNED & SEALED PLANS)**

NAME: DELFIN F. MADDARA	PRC NO.: 3202	VALIDITY:
ADDRESS: TUG. CITY	TEL FAX NO.:	
PTR NO.:	DATE ISSUED:	PLACE ISSUED: TUG. CITY
SIGNATURE	DATE SIGNED	TIN: 140-195-328

**BOX 3.( ELECTRICAL CONTRACTOR - 200 AMPERE MAIN AND ABOVE)**

<b>NAME</b>	<b>PCAB NO.</b>	<b>SPECIAL ELECTRICAL</b>
	<b>VALIDITY</b>	
<b>ADDRESS</b>	<b>TEL/FAX NO.</b>	

**BOX 4.( PERSON IN-CHARGE OF INSTALLATION)**

<input type="checkbox"/> REGISTERD ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED MASTER ELECTRICIAN ( Not exceeding 600 Volts & 500 KVA)
<b>NAME:</b>	<b>PRC NO.:</b>
<b>ADDRESS:</b>	<b>VALIDITY</b>
<b>PTR NO.:</b>	<b>TEL FAX NO.</b>
<b>DATE ISSUED:</b>	<b>PLACE ISSUED:</b>
<b>SIGNATURE:</b>	<b>TIN</b>
<b>DATE SIGNED:</b>	

**BOX 5.( OWNER AUTHORIZATION REPRESENTATIVE)**

<b>NAME</b>	<b>SIGNATURE</b>	<b>TIN</b>	<b>CTC NO</b>
			<b>DATE ISSUED:</b>
			<b>PLACE ISSUED:</b>

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

<b>ELECTRICAL PLANS AND SPECIFICATIONS ( 5 sets)</b>	<b>RECEIVED BY:</b> _____
	<b>DATE RECEIVED:</b> _____

DATE ISSUED \_\_\_\_\_  
 PAID UNDER O.R. NO.: \_\_\_\_\_  
 AMOUNT \_\_\_\_\_

**ELECTRICAL PERMIT**  
 (To be accomplished by the Office Concerned)

**BOX 1**

NAME OF OWNER/APPLICANT:		LAST NAME	FIRST NAME	MI	TIN
ADDRESS	NO.	STREET	BARANGAY	CITY/MUNICIPALITY	TEL/FAX NO.
LOCATION OF INSTALLATION:		NO.	STREET	BARANGAY	CITY/MUNICIPALITY

**BOX 2**

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

**BOX 3**

PERMITS IS HEREBY GRANTED TO INSTALL THE WIRING, DE VICES, AND EQUIPMENT ENUMERATED IN THE APPLICATION SUBJECT TO THE FOLLOWING CONDITIONS:

- 1 THAT THE PROPOSED INSTALLATION BE IN ACCORDANCE WITH THE APPROVED PLANS FILED WITH THIS OFFICE AND IN THE CONFORMITY WITH THE PROVISIONS OF THE LATEST EDITION OF THE PHILIPPINE ELECTRICAL CODE.
- 2 THAT A DULY LICENSED ELECTRICAL PRACTITIONER BE IN-CHARGED OF THE INSTALLATION/ CONSTRUCTION.
- 3 THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY THE ELECTRICAL PRACTITIONER IN-CHARGE OF THE INSTALLATION BE SUBMITTED NOT LATER THAN SEVEN (7) DAY ATER COMPLETION OF INSTALLATION.
- 4 THAT A CERTIFICATE OF FINAL ELECTRICAL INSPECTION BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.
- 5 THIS PERMIT SHALL BE POSTED AT THE DOOR OR SITE OF WORK.

APPROVED:

JACQUELOU A. BUNGOR  
**ELECTRICAL INSPECTOR**  
 (Signature over printed Name)

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
**PRC REG. NO. & VALIDITY**

NOTED

ZOILO P. PIÑERA  
**MUNICIPAL ENGINEER**  
**BUILDING OFFICIAL**  
 (Signature over printed Name)



Republic of the Philippines  
Province of Cagayan  
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**OFFICE OF THE BUILDING OFFICIAL**

**CERTIFICATE OF FINAL ELECTRICAL INSPECTION/COMPLETION**

THIS IS TO CERTIFY THAT FINAL INSPECTION OF THE ELECTRICAL INSTALLATION HAD BEEN CONDUCTED ON THE BUILDING AND/OR PREMISES COVERED BY BUILDING PERMIT NO. \_\_\_\_\_ ISSUED ON \_\_\_\_\_ AND THE SAME WERE FOUND COMPLETED IN ACCORDANCE WITH THE APPROVED PLANS AND SPECIFICATIONS ON FILE WITH THE OFFICE OF THE BUILDING OFFICIAL AND IN ACCORDANCE WITH THE PHILIPPINE ELECTRICAL CODE PROVISIONS.

<b>NAME OF OWNER/APPLICANT</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MI</b>	<b>TIN</b>
<b>LOCATION OF INSTALLATION</b>	<b>STREET</b>	<b>BARANGAY</b>	<b>CITY/MUNICIPALITY</b>	<b>TEL/FAX NO.</b>
<b>TYPE OF OCCUPANCY OF USE:</b>				
<input type="checkbox"/> A. RESIDENTIAL DWELLING <input type="checkbox"/> B. RESIDENTIAL, HOTEL, APARTMENT <input type="checkbox"/> C. EDUCATION & RECREATION <input type="checkbox"/> D. INSTITUTIONAL		<input type="checkbox"/> E. BUSINESS & MERCHANTILE <input type="checkbox"/> F. INDUSTRIAL <input type="checkbox"/> G. STORAGE & HAZARDOUS <input type="checkbox"/> H. ASSEMBLY		<input type="checkbox"/> I. ACCESSORY <input type="checkbox"/> J. OTHERS(SPECIFY)
<b>START OF INSTALLATION</b>			<b>DATE OF COMPLETION</b>	
<b>OUTLETS DEVICES EQUIPMENT</b>				
<b>NUMBER OF OTLETS:</b>			<b>NUMBER OF EQUIPMENT/WIRING DEVICE:</b>	
_ LIGHT _ CONVENIENCE/RECEPTACLE _ SPO,AIRCON			_ SPO,COOKING UNIT _ SPO,WATER HEATER _ SPO,WATER PUMP _ TOGGLE SWITCH _ BELL/BUZZERS _ PUSH BUTTONS _ FA DETECTORS _ OTHERS	

<b>PERSON IN-CHARGE OF INSTALLATION</b>		
<input type="checkbox"/> REGISTERD ELECTRICAL ENGINEER		<input type="checkbox"/> REGISTERED MASTER ELECTRICIAN ( Not exceeding 600 Volts & 500 KVA)
<b>NAME:</b>		<b>PRC NO.:</b> <b>VALIDITY</b>
<b>ADDRESS:</b>		<b>TEL FAX NO.</b>
<b>PTR NO.:</b>	<b>DATE ISSUED:</b>	<b>PLACE ISSUED:</b>
<b>SIGNATURE:</b>	<b>DATE SIGNED:</b>	<b>TIN</b>

<b>ELECTRICAL CONTRACTOR (200 AMPERE MAIN AND ABOVE)</b>		
<b>NAME</b>	<b>PCAB NO.</b>	<b>SPECIAL ELECTRICAL</b>
	<b>VALIDITY</b>	
<b>ADDRESS</b>	<b>TEL/FAX NO.</b>	
<b>TYPE OF INSTALLATION:</b>		
	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> NEW <input type="checkbox"/> REMODEL/ALTERATION
<b>TYPE OF WIRING:</b>		
<input type="checkbox"/> OPEN WIRING	<input type="checkbox"/> CONDUITS	<input type="checkbox"/> CABLE <input type="checkbox"/> ARMORED CABLE
<input type="checkbox"/> RACEWAYS	<input type="checkbox"/> OTHERS _____	

RECOMMENDING APPROVAL:

APPROVED BY:

**JACQUELOU A. BUNGOR**  
ELECTRICAL ENGINEER  
OF THE BUILDING OFFICE  
(Signature over printed Name)

**ZOILO P. PIÑERA**  
MUNICIPAL ENGINEER  
BUILDING OFFICIAL  
(Signature over printed Name)

