Republic of the Philippines
Municipality of San Vicente
Province of Ilocos Sur

OFFICE OF THE BUILDING OFFICIAL

ELECTRICAL PERMIT

APPLICATION NO. | **EP NO.** | **BUILDING PERMIT NO.**

BOX 1(TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)

OWNER/ APPLICANT LAST NAME M.I.	FIRST NAME	TIN

FOR CONSTRUCTION OWNED BY AN ENTERPRISE	FORM OF OWNERSHIP	USE OR CHARACTER OF OCCUPANCY

ADDRESS NO. STREET BARANGAY CITY/MUNICIPALITY ZIP CODE	CONTACT NO./EMAIL ADDRESS

LOCATION OF CONSTRUCTION: LOT.NO. _____ BLK NO._____ TCT NO._____ TAX DEC.NO._____

STREET_____ BARANGAY_____ CITY/MUNICIPALITY OF _____

SCOPE OF WORK

☐ NEW CONSTRUCTION ☐ RECONNECTION OF SERVICE ENTRANCE ☐ RELOCATION OF SERVICE ENTANCE
☐ ANNUAL INSPECTION ☐ SEPARATION OF SERVICE ENTRANCE ☐ OTHERS (Specify)_____
☐ TEMPORARY ☐ UPGRADING OF SERVICE ENTRANCE _____

SUMMARY OF ELECTRICAL LOADS/CAPACITIES APPLIED FOR

TOTAL CONNECTED LOAD	TOTAL TRANSFORMER CAPACITY	TOTAL GENERATOR/UPS CAPACITY
_____KVA	_____KVA	_____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

☐ PROFESSIONAL ELECTRICAL ENGINEER ☐ REGISTERED ELECTRICAL ENGINEER ☐ REGISTERED MASTER ELECTRICIAN

_____ Date_____
PROFESSIONAL ELECTRICAL ENGINEER
(Signed and Sealed Over Printed Name)

PRC. No.	Validity
PTR No.	Date Issued
Issued at	TIN
Address	

BOX 4

BUILDING OWNER

_____Date_____
(Signature Over Printed Name)

Address		
C.T.C. No.	**Date Issued**	**Place Issued.**

BOX 5

WITH MY CONSENT**: LOT OWNER**

_____Date_____
(Signature Over Printed Name)

Address		
C.T.C.	**Date Issued**	**Place Issued**

SCHEDULE OF INSPECTION

1._____ 2. _____ 3._____ 4._____

ACTUAL CONNECTED LOADS

NAME OF APLLICANT: _____ PERMIT #_____

ADDRESS: _____

1.Loads to be connected:			
_____ LIGHT	_____ SPO, COOKING UNIT	_____ TOGGLE	_____ FA DETECTORS
_____ CONVENIENCE/RECEPTACLE	_____ SPO, WATER HEATER	_____ BELL/BUZZER	_____ OTHERS
_____ SPO, AIRCON	_____ SPO, WATER PUMP	_____ PUSH BUTTON	_____ (See Attached List)
2. Nature of Works:	**Main CB:**		**No. of Circuit**
3. Type of Service:	Voltage:	PH:	Size of S.E. Conductor:
4. Remarks: _____			

I hereby certify that the above data and information are true and correct to the best knowledge and belief:

ELECTRICAL FEES	Person In-charge of Installation _____ PEE/REE/RME (Signed and Sealed Over Printed Name)
Fee P _____ Surcharge P _____ Total P _____ ISSUED	ADDRESS PRC REG. NO.: PTR NO.: VALIDITY: CTC NO. DATE ISSUED: PLACE ISSUED

WORKSHEET

LOADS

NATURE OF WORK:

INSPECTOR: _____ Signature over Printed Name	**REMARKS**: _____ _____
Fee: P	**DATE:** **TIME:**
Paid under Official Receipt No. _____ Date:	Performed in the presence of: _____ Owner/Applicant/Representative:

RECOMMENDING APPROVAL

_____

APPROVED

_____
ELECTRICAL ENGINEER OF THE BUILDING OFFICIAL

ENGR. JOHN JOSHUA R. RODILLAS
LOCAL BUILDING OFFICIAL

NOTE: Renewal or extension of this permit and/or final certification of the electrical installation are subject and payment of corresponding fees in conformation with pertinent of the "National Building Code" (P.D. 1096) and its implementing rules and regulations.