

REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS  
OFFICE OF THE LOCAL BUILDING OFFICIAL

**AYUNGON**  
DISTRICT/CITY/MUNICIPALITY

AREA CODE: \_\_\_\_\_

APPLICATION NO. \_\_\_\_\_

PERMIT NO. \_\_\_\_\_



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

DATE FILLED: \_\_\_\_\_

PAID UNDER O.R.NO. \_\_\_\_\_

AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_

**ELECTRICAL PERMIT**

(To be accomplished by the Office Concerned)

BOX 1

|                           |           |            |             |                   |
|---------------------------|-----------|------------|-------------|-------------------|
| NAME OF OWNER/APPLICANT:  | LAST NAME | FIRST NAME | MIDDLE NAME | TIN               |
| ADDRESS:                  | NO.       | STREET     | BARANGAY    | CITY/MUNICIPALITY |
| LOCATION OF INSTALLATION: | NO.       | STREET     | BARANGAY    | CITY/MUNICIPALITY |

BOX 2

| ASSESSED FEES |             |              |                            |
|---------------|-------------|--------------|----------------------------|
| AMOUNT DUE    | ASSESSED BY | O.R. NUMBERS | DATE PAID                  |
|               |             |              |                            |
|               |             |              | REVIEWED                   |
|               |             |              | CHIEF, PROCESSING DIV/SEC. |

BOX 3

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 APPROVED PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE PROVISIONS OF THE LATEST EDITION OF THE PHILIPPINE ELECTRICAL CODE.
2. THAT A DULY LICENSED ELECTRICAL PRACTITIONER IN CHARGE 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) DAYS AFTER COMPLETION OF THE 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:*

**ENGR. DERRICK E. CHAVEZ**  
ELECTRICAL ENGINEER OF THE BUILDING OFFICIAL  
(SIGNATURE OVER PRINTED NAME)

\_\_\_\_\_  
DATE

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

*NOTED:*

**ENGR. GERARDO O. CIPRIANO, JR.**  
BUILDING OFFICIAL  
(SIGNATURE OVER PRINTED NAME)

\_\_\_\_\_  
DATE

*Note:* 1. This permit may be cancelled or revoked pursuant to section 305 and 306 of the National Building Code.

*Note:* 2. Alterations on this form are not allowed.

Province of Negros Oriental  
**MUNICIPALITY OF AYUNGON**  
 OFFICE OF THE LOCAL BUILDING

Area Code: 6210

APPLICATION NO.

Date of Proposed Start of Installation

DATE APPLICATION FILED

Expected Date of Completion

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

BOX 1

|  |   |            |   |             |
|--|---|------------|---|-------------|
| NAME OF OWNER/APPLICANT                              | LAST NAME   | FIRST NAME | MIDDLE NAME   | TIN         |
| ADDRESS NO.  | STREET  | BARANGAY   | MUNICIPALITY  | TEL/FAX NO. |
| LOCATION OF INSTALLATION NO.                         | STREET  | BARANGAY   | MUNICIPALITY  |             |
| SCOPE OF WORK  |   |            |   |             |
| <input type="checkbox"/> NEW INSTALLATION            | <input type="checkbox"/> ADDITION OF _____              |            | <input type="checkbox"/> OTHERS(SPECIFY)                        |             |
| <input type="checkbox"/> ANNUAL INSPICTION           | <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.RESIDENTIA, HOTEL, APART. | <input type="checkbox"/> F. INDUSTRIAL                  |            | <input type="checkbox"/> J. ACCESSORY                           |             |
| <input type="checkbox"/> C.EDUCATIONAL & RECREATION  | <input type="checkbox"/> G. STOREGE & HAZARDOUS         |            | <input type="checkbox"/> K. OTHERS(SPECIFY)                     |             |
| <input type="checkbox"/> D.INSTITUTIONAL             | <input type="checkbox"/> H. ASSEMBLY OTHER THAN GROUP I |            |   |             |
| NUMBER OF OUTLETS                                    |   |            | NUMBER OF EQUIPMENT/WIRING DEVICES                              |             |
| <input type="checkbox"/> LIGHT                       | <input type="checkbox"/> SPO,COOKING UNIT               |            | <input type="checkbox"/> TOGGLE SWITCH                          |             |
| <input type="checkbox"/> CONVENIENCE/RECEPTACLE      | <input type="checkbox"/> SPO,WATER HEATER               |            | <input type="checkbox"/> BELLS/BUZZER                           |             |
| <input type="checkbox"/> SPO,AIRCON                  | <input type="checkbox"/> SPO,WATER PUMP                 |            | <input type="checkbox"/> PUSH BOTTONS                           |             |
|  | <input type="checkbox"/> FA DEVICES                     |            | <input type="checkbox"/> OTHER(SEE ATTACHED LIST)               |             |

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

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

BOX 3 ELECTRICAL, CONTRACTOR-200 AMPER MAIN AND ABOVE

|         |             |                    |
|---------|-------------|--------------------|
| NAME:   | PCAB LIC NO | SPECIAL ELECTRICAL |
|         | VALIDITY    |                    |
| ADDRESS |             |                    |

BOX 4(PERSON IN CHARGE OF INSTALLATION)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGR. | <input type="checkbox"/> REG. ELECTRICAL ENGR. | <input type="checkbox"/> REGISTERED MASTER ELECTRICIAN |
|  |  | (Not exceeding 500 volts & 500KVA)                     |
| NAME   |  | PRC REG. NO.   |
| ADDRESS  | DATE ISSUED                                    | TEL/FAX NO.  |
| PTR NO.  | DATE SIGNED                                    | PLACE ISSUED   |
| SIGNATURE  |  | TIN  |

BOX 5 (OWNER/AUTHORIZED REPRESENTATIVE)

|       |           |     |              |
|-------|-----------|-----|--------------|
| OWNER | SIGNATURE | TIN | CTC NO.      |
|       |           |     | DATE ISSUED  |
|       |           |     | PLACE ISSUED |

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

|  |                             |
|--|-----------------------------|
| ELECTRICAL PLANS & SPECIFICATIONS (5 SETS) | RECEIVED BY: _____          |
|  | Signature Over Printed Name |
|  | DATE RECEIVED _____         |