

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
OFFICE OF THE BUILDING OFFICIAL
CITY OF ESCALANTE
AREA CODE: 06095

APPLICATION NO

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DATE OF APPLICATION FILED

**APPLICATION FOR
ELECTRICAL PERMIT**

(Accomplish in print)

BOX 1 (To be accomplished by duly qualified electrical practitioner)

NAME OF OWNER/APPLICANT: LAST NAME,			FIRST NAME,		MIDDLE INITIALS		TAX ACCT. NO.	
ADDRESS: NO,		STREET,		BARANGAY,		CITY		TELEPHONE NO.
LOCATION OF INSTALLATION: NO,		STREET,		BARANGAY,		CITY		
SCOPE OF WORK:		<input type="checkbox"/> ALTERATION OF EXISTING INSTALLATION			<input type="checkbox"/> OTHERS			
<input type="checkbox"/> NEW INSTALLATION		<input type="checkbox"/> REPAIR OF EXISTING INSTALLATION			_____			
<input type="checkbox"/> ADDITIONAL INSTALLATION		<input type="checkbox"/> REMOVAL OF EXISTING INSTALLATION			_____			
TYPE OF OCCUPANCY OR USE:		<input type="checkbox"/> INDUSTRIAL			<input type="checkbox"/> MARINAS AND BOATYARDS			
<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> INSTITUTIONAL			<input type="checkbox"/> OTHERS: _____			
<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> AGRICULTURAL BUILDINGS			_____			
NUMBER OF DEVICES AND EQUIPMENTS TO BE INSTALLED:								
LIGHTS _____		S WITCHES _____		CONV. OUTLETS _____				
BELL SYSTEM _____		ELECTRIC RANGE _____		WATER HEATER _____ KW _____				
AIR CONDITIONING UNIT _____		TELEPHONE SET _____		MOTORS _____ HP _____				
OTHERS _____								
DATE OF PROPOSED START OF INSTALLATION _____				APPROXIMATELY COST OF ELECTRICAL INSTALLATION _____				
EXPECTED DATE OF COMPLETION _____				ESTIMATED BY _____				

BOX 2 (Person who prepared electrical sketches)

<input type="checkbox"/> PROFESSIONAL EE		<input type="checkbox"/> REGISTERED EE		<input type="checkbox"/> MASTER ELECTRICIAN	
NAME:				REG. NO.:	
ADDRESS:					
P.T.R. NO.:		DATE ISSUED:		PLACE ISSUED:	
SIGNATURE:		DATE SIGNED:		TAN:	

BOX 3 (Person who signed and sealed plans and specification)

NAME:				P.E.E REG. NO.:	
ADDRESS:					
P.T.R. NO.:		DATE ISSUED:		PLACE ISSUED:	
SIGNATURE:		DATE SIGNED:		TAN:	

BOX 4 (Person incharge of Installation)

<input type="checkbox"/> PROFESSIONAL EE		<input type="checkbox"/> REGISTERED EE		<input type="checkbox"/> MASTER ELECTRICIAN	
NAME:				REG. NO.:	
ADDRESS:					
P.T.R. NO.:		DATE ISSUED:		PLACE ISSUED:	
SIGNATURE:		DATE SIGNED:		TAN:	

BOX 5 (Owner)

SIGNATURE	TAN	RES. CERT. NO.	DATE ISSUED	PLACE ISSUED
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BOX 6 (To be received by the Receiving /Recording Section)

ELECTRICAL DOCUMENTS TO BE SUBMITTED [SIX (6) SETS EACH]	
<input type="checkbox"/> ELECTRICAL PLANS & SPECIFICATION	<input type="checkbox"/> ELECTRICAL SKETCHES