

Republic of the Philippines
Province of Nueva Ecija
SCIENCE CITY OF MUÑOZ
OFFICE OF THE BUILDING OFFICIAL

DISTRICT/CITY/MUNICIPALITY

AREA CODE

APPLICATION NO.

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PERMIT NO.

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**APPLICATION FOR
ELECTRICAL PERMIT**

DATE OF APPLICATION

DATE ISSUED

BOX 1 (TO BE ACCOMPLISHED BY PROFESSIONAL ELECTRICAL ENGINEER/MASTER ELECTRICIAN, IN PRINT)

NAME OF OWNER/APPLICANT	LASTNAME, FIRST NAME, M.I.	TIN
ADDRESS	NO., STREET, BARANGAY, CITY/MUNICIPALITY	TELEPHONE NO.
LOCATION OF INSTALLATION	NO., STREET, BARANGAY, CITY/MUNICIPALITY	
SCOPE OF WORK	OTHERS (SPECIFY)	
<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> ADDITION OF _____	<input type="checkbox"/> _____ OF _____
<input type="checkbox"/> ANNUAL INSPECTION	<input type="checkbox"/> REPAIR OF _____	<input type="checkbox"/> _____ OF _____
	<input type="checkbox"/> REMOVAL OF _____	<input type="checkbox"/> _____ OF _____
USE OR TYPE OF OCCUPANCY		
<input type="checkbox"/> RESIDENTIAL _____	<input type="checkbox"/> AGRICULTURAL _____	
<input type="checkbox"/> COMMERCIAL _____	<input type="checkbox"/> STREET FURNITURE, LANDSCAPING _____	
<input type="checkbox"/> INDUSTRIAL _____	<input type="checkbox"/> SIGNBOARDS _____	
<input type="checkbox"/> INSTITUTIONAL _____	<input type="checkbox"/> OTHERS (SPECIFY) _____	
NUMBER OF OUTLETS AND EQUIPMENT TO BE INSTALLED		
<input type="checkbox"/> LIGHTS _____	<input type="checkbox"/> SWITCHES _____	<input type="checkbox"/> CONV OUTLETS _____
<input type="checkbox"/> BELLSYSTEM _____	<input type="checkbox"/> ELECTRIC RANGE _____ KW _____	<input type="checkbox"/> WATER HEATER _____ KW _____
<input type="checkbox"/> AIRCONDITIONING SYSTEM _____	<input type="checkbox"/> TELEPHONE _____	<input type="checkbox"/> MOTORS _____
<input type="checkbox"/> OTHER (SPECIFY) _____		
DATE OF PROPOSED START OF CONSTRUCTION _____	ESTIMATED COST OF ELECTRICAL INSTALLATION _____	

EXPECTED DATE OF COMPLETION _____

PREPARED BY _____

BOX 2 (TO BE ACCOMPLISHED BY RECEIVING & RECORDING SECTION)

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

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SETFORTH

BOX 3 (Person who signed and sealed plans & specifications)

ELECTRICAL ENGINEER/ MASTER ELECTRICIAN		P.R.C. REG. No.
PRINT NAME		
ADDRESS		
P.T.R. No.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN

BOX (PERSON IN-CHARGE OF THE INSTALLATIONS)

ELECTRICAL ENGINEER/ MASTER ELECTRICIAN		P.R.C REG. No.
PRINT NAME		
ADDRESS		
P.T.R. No.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN

BOX 4

SIGNATURE OWNER	TIN	RES. CERT NO.	DATE ISSUED	PLACE ISSUED

