DEPARTMENTAL QUALITY FORM
BSD-EPAF-01
Rev. No.: 01
Effectivity Date: 06-07-2012

SUBIC BAY METROPOLITAN AUTHORITY

SUBIC BAY METROPOLITAN AUTHORITY
BUILDING PERMIT & SAFETY DEPARTMENT

APPLICATION FOR ELECTRICAL PERMIT

APPLICATION NO. _____

DATE APPLICATION FILED _____

Date of Proposed Start of Installation _____

Expected Date of Completion _____

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

NAME OF OWNER/APPLICANT: LAST NAME FIRST NAME, MIDDLE NAME	TIN
ADDRESS:	TEL/FAX NO.
LOCATION OF INSTALLATION:	

SCOPE OF WORK:
- ☐ NEW INSTALLATION
- ☐ ANNUAL INSPECTION
- ☐ ADDITION OF _____
- ☐ REPAIR OF _____
- ☐ REMOVAL OF _____
- ☐ OTHERS (SPECIFY) _____

TYPE OF OCCUPANCY OR USE:
- ☐ A. RESIDENTIAL DWELLING
- ☐ B. RESIDENTIAL, HOTEL, APARTMENT
- ☐ C. EDUCATION & RECREATION
- ☐ D. INSTITUTIONAL
- ☐ E. BUSINESS & MERCHANTILE
- ☐ F. INDUSTRIAL
- ☐ G. STORAGE & HAZARDOUS
- ☐ H. ASSEMBLY OTHER THAN GROUP 1
- ☐ I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE
- ☐ J. ACCESSORY
- ☐ K. OTHERS (SPECIFY)

NUMBER OF OUTLETS:		NUMBER OF EQUIPMENT/WIRING DEVICES:	
____ LIGHT	____ SPO, COOKING UNIT	____ TOGGLE SWITCH	____ FA DETECTORS
____ CONVENIENCE/RECEPTACLE	____ SPO, WATER HEATER	____ BELLS/BUZZERS	____ OTHERS (See Attached List)
____ SPO, AIRCON	____ SPO, WATER PUMP	____ PUSH BUTTONS	

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-AMPERE MAIN AND ABOVE)

NAME	PCAB LIC. NO. VALIDITY (SPECIALTY ELECTRICAL)
ADDRESS	TEL/FAX NO.

BOX 4 (PERSON IN-CHARGE OF INSTALLATION)

☐ PROFESSIONAL ELECTRICAL ENGINEER	☐ REGISTERED ELECTRICAL ENGINEER	☐ REGISTERED MASTER ELECTRICIAN (Not exceeding 600 Volts & 500 kVA)
NAME		PRC REG. NO. VALIDITY
ADDRESS		TEL/FAX NO.
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE	DATE SIGNED	TIN

BOX 5 (OWNER/AUTHORIZED REPRESENTATIVE)

NAME	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: _____

PERMIT NO.

APPLICATION NO.

DATE ISSUED _____

DATE FILED _____

PAID UNDER O.R. NO. _____

AMOUNT _____

DATE _____

ELECTRICAL PERMIT

(To be Accomplished by the Office Concerned)

BOX 7

NAME OF OWNER/APPLICANT: LAST NAME	FIRST NAME,	MIDDLE NAME	TIN
ADDRESS:			TEL/FAX NO.
LOCATION OF INSTALLATION:			

BOX 8

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

BOX 9

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 BE 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:

_____ _____

ELECTRICAL ENGINEER OF THE BUILDING OFFICE
(Signature Over Printed Name)

DATE

PRC REG. NO. & VALIDITY

NOTED:

_____ _____

BUILDING OFFICIAL
(Signature Over Printed Name)

DATE

Note 1: This permit may be cancelled or revoked pursuant to Sections 305 and 306 of the National Building Code.
Note 2: Alterations on this form are not allowed.