

SUBIC BAY METROPOLITAN AUTHORITY BUILDING PERMIT & SAFETY DEPARTMENT

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

APPLICATION FOR ELECTRICAL PERMIT

PPLICATION NO.					DATE	E APPLICATION FILED	
Date of Proposed Start of Installation						Expected Date of Completion	
Date of Proposed Start of Installation						Expected Date of Completion	
OX 1 (TO BE ACCOMPLISHED BY A DULY QU						[
NAME OF OWNER/APPLICANT: V LAS	TNAME		FIRST NAM	ЛЕ, Γ	MIDDLE NAME	TIN	
ADDRESS:						TEL/FAX NO.	
LOCATION OF INICTALLATION.						Indiration and normalis	
LOCATION OF INSTALLATION:							
SCOPE OF WORK:		ON OF			OTH	IERS (SPECIFY)	
☐ ANNUAL INSPECTION [_ REMUV	AL UF		VA ASSA			
TYPE OF OCCUPANCY OR USE:							
□ A. RESIDENTIAL DWELLING□ B. RESIDENTIAL, HOTEL, APARTI				ERCHANTILE	☐ I. ASSEMBLY (OCCUPANT LOAD 1000 OR MORE	
				ZARDOUS			
D. INSTITUTIONAL		☐ H. ASSE	MBLY OTH	HER THAN GROUP 1			
NUMBER OF OUTLETS: NUMBER OF EQUIPMENT/WIRIN							
LIGHT CONVENIENCE/RECEPTACLE	SP	O, COOKING	UNIT	TOGGLE BELLS/B	SWITCH	FA DETECTORS OTHERS (See Attached List)	
SPO, AIRCON		O, WATER PL		PUSH B		OTTILITO (See Attached List	
OY 2 (PROFESSIONAL FLECTRICAL ENGINE	ER WHO S	IGNED AND	SEALED PL	ANS & SPECIFICATION	ONS)	MAISWARE WELLTHAM	
BOX 2 (PROFESSIONAL ELECTRICAL ENGINEER WHO SIGNED AND SEALED PLANS & SPECIFICATIONS NAME					UMIT	PRC REG. NO. VALIDITY	
ADDRESS					TEL/EAX NO	TEL/FAX NO.	
						PLACE ISSUED	
			DATE ISSUED				
SIGNATURE DATE				ED TIN			
OX 3 (ELECTRICAL CONTRACTOR - 200-AM	PERE MAII	V AND ABOV	E)				
NAME PCAB LIC					B LIC. NO. (SPECIALTY ELECTRICAL)		
				VALIDITY			
ADDRESS					TEL/FAX NO.		
OX 4 (PERSON IN-CHARGE OF INSTALLATI	ON)						
UX 4 (PERSUN IN-CHARGE OF INSTALLATI	UNI				- 10		
☐ PROFESSIONAL ELECTRICAL ENGINEER ☐ REGI			STERED ELECTRICAL ENGINEER			RED MASTER ELECTRICIAN sceeding 600 Volts & 500 kVA)	
NAME					PRC REG. NO.	VALIDITY	
ADDRESS					TEL/FAX NO.		
PTR NO.	DATE ISSUED				PLACE ISSUE	PLACE ISSUED	
SIGNATURE	DATE SIGNED				TIN	TIN	
	7						
30X 5 (OWNER/AUTHORIZED REPRESENTA	TIVE)						
NAME	NAME SIGNATURE		TIN		CTC NO.	CTC NO	
)	
				-	PLACE ISSUE	D	
30X 6 (TO BE RECEIVED BY RECEIVING/REC	ORDING S	ECTION)					
STO TIO DE MEDELVED DE MEDELVINAD/MED	22						
ELECTRICAL PLANS & SPECIFICATIONS (5 SETS)				RECEIVED BY:	Signature O	ver Printed Name	
			DATE RECEIVED:				

PERMIT NO.			APPLIC	ATION NO.					
DATE ISSUED PAID UNDER O.R. NO AMOUNT DATE			DATE FI	LED					
ELECTRICAL PERMIT (To be Accomplished by the Office Concerned)									
SOX 7	LACTALANA	FIRST NAME,	AUD DIE HAGE	I-m					
NAME OF OWNER/APPLICANT:	LAST NAME	MIDDLE NAME	TIN						
ADDRESS:	ADDRESS:								
LOCATION OF INSTALLATION:									
30X 8									
ASSESSED FEES									
AMOUNT DUE	ASSESSE	ED BY	O.R. NUMBER	DATE PAID					
		31101111311311313		REVIEWED					
	3			CHIEF, PROCESSING DIV./SEC.					
BOX 9		TOURO PARTENSIA O TSAN	1100A 31 1 1	IAVIUIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII					
	INSTALL THE ELECTRI	CAI WIRING DEVICES AN	D FOUIPMENT ENUMERATED) IN THE APPLICATION SUBJECT TO					
THE FOLLOWING CONDITIONS:									
	 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.								
111012/14	 THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY THE ELECTRICAL PRACTITIONER IN-CHARGE OF THE INSTALLATION BE SUBMIT- TED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION. 								
5. THIS PERMIT SHALL BE POSTED AT THE DOOR OR SITE OF WORK.									
APPROVED:									
FLECTRICAL ENG	NEER OF THE BUILDING	G OFFICE	DAT	F					
(Signature Over Printed Name)									
PRC R	EG. NO. & VALIDITY								
NOTED:									
	ILDING OFFICIAL re Uver Printed Name)		DAT	E					

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.