



SUBIC BAY
METROPOLITAN AUTHORITY

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

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: | | <input type="checkbox"/> ADDITION OF _____ | | <input type="checkbox"/> OTHERS (SPECIFY) _____ | |
| <input type="checkbox"/> NEW INSTALLATION | | <input type="checkbox"/> REPAIR OF _____ | | _____ | |
| <input type="checkbox"/> ANNUAL INSPECTION | | <input type="checkbox"/> REMOVAL OF _____ | | _____ | |
| TYPE OF OCCUPANCY OR USE: | | | | | |
| <input type="checkbox"/> A. RESIDENTIAL DWELLING | | <input type="checkbox"/> E. BUSINESS & MERCHANTILE | | <input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE | |
| <input type="checkbox"/> B. RESIDENTIAL, HOTEL, APARTMENT | | <input type="checkbox"/> F. INDUSTRIAL | | <input type="checkbox"/> J. ACCESSORY | |
| <input type="checkbox"/> C. EDUCATION & RECREATION | | <input type="checkbox"/> G. STORAGE & HAZARDOUS | | <input type="checkbox"/> K. OTHERS (SPECIFY) | |
| <input type="checkbox"/> D. INSTITUTIONAL | | <input type="checkbox"/> H. ASSEMBLY OTHER THAN GROUP 1 | | _____ | |
| NUMBER OF OUTLETS: | | | NUMBER OF EQUIPMENT/WIRING DEVICES: | | |
| ___ LIGHT | | ___ SPO, COOKING UNIT | | ___ TOGGLE SWITCH | |
| ___ CONVENIENCE/RECEPTACLE | | ___ SPO, WATER HEATER | | ___ BELLS/BUZZERS | |
| ___ SPO, AIRCON | | ___ SPO, WATER PUMP | | ___ PUSH BUTTONS | |
| | | | ___ FA DETECTORS | | |
| | | | ___ OTHERS (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-AMPERE MAIN AND ABOVE)

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

BOX 4 (PERSON IN-CHARGE OF INSTALLATION)

| | | |
|---|---|---|
| <input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER | <input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER | <input type="checkbox"/> 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: _____ |

