



**SUBIC BAY METROPOLITAN AUTHORITY
BUILDING PERMIT & SAFETY DEPARTMENT**

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

APPLICATION FOR MECHANICAL PERMIT

APPLICATION NO. _____

PERMIT NO. _____

DATE OF APPLICATION _____

DATE ISSUED _____

BOX 1 (TO BE ACCOMPLISHED BY PROFESSIONAL MECHANICAL ENGINEER IN PRINT)

NAME OF OWNER/APPLICANT	LAST NAME, FIRST NAME, M.I.	TAXPAYER IDENTIFICATION NO.
ADDRESS	NO., STREET	TELEPHONE NO.
LOCATION OF INSTALLATION	NO., STREET	
SCOPE OF WORK		
<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> ADDITIONAL OF _____ <input type="checkbox"/> REMOVAL OF _____ <input type="checkbox"/> OTHERS SPECIFY _____	BUILDING PERMIT NO. _____ CERTIFICATE OF OCCUPANCY NO. _____
USE OR TYPE OF OCCUPANCY		
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> LANDSCAPING <input type="checkbox"/> OTHERS (SPECIFY) _____	
INSTALLATION AND OPERATION OF		
<input type="checkbox"/> BOILER <input type="checkbox"/> PRESSURE VESSELS <input type="checkbox"/> INTERNAL COMBUSTION ENGINE <input type="checkbox"/> REFRIGERATION & ICE MAKING <input type="checkbox"/> WINDOW TYPE AIR CONDITIONING <input type="checkbox"/> PACKAGE AIR CONDITIONING UNIT	<input type="checkbox"/> CENTRAL AIR CONDITIONING <input type="checkbox"/> MECHANICAL VENTILATION <input type="checkbox"/> ESCALATOR <input type="checkbox"/> MOVING SIDEWALK <input type="checkbox"/> FREIGHT ELEVATOR <input type="checkbox"/> PASSENGER ELEVATOR	<input type="checkbox"/> DUMBWAITER <input type="checkbox"/> PUMPS <input type="checkbox"/> COMPRESSED AIR VACUUM, INSTITUTIONAL and/or INDUSTRIAL GAS <input type="checkbox"/> PNEUMATIC TUBES CONVEYORS and/or MONORAILS
<input type="checkbox"/> OTHERS (SPECIFY) _____		
PROPOSED DATE OF INSTALATION _____	EXPECTED DATE OF COMPLETION _____	
TOTAL INSTALLATION COST _____	PREPARED BY _____	

BOX 2 (TO BE ACCOMPLISHED BY BUILDING OFFICIAL)

ACTION TAKEN:	
PERMIT IS HEREBY GRANTED TO INSTALL THE MECHANICAL EQUIPMENT ENUMERATED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS:	
<ol style="list-style-type: none"> 1. THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE "NATIONAL BUILDING CODE". 2. THAT A DULY LICENSED PROFESSIONAL MECHANICAL ENGINEER BE ENGAGED TO UNDERTAKE THE INSTALLATION CONSTRUCTION. 3. THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY A PROFESSIONAL MECHANICAL ENGINEER IN CHARGE OF INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION. 4. THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING. 5. THAT AN ANNUAL CERTIFICATE OF INSPECTION SHALL BE SECURED FOR THE CONTINUOUS OPERATION OF THE MECHANICAL EQUIPMENT. 	
_____ BUILDING OFFICIAL	_____ DATE
NOTE: "THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTIONS 305 & 306 OF THE "NATIONAL BUILDING CODE".	

BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING AND RECORDING SECTION)

<input type="checkbox"/> MECHANICAL PLANS AND SPECIFICATIONS <input type="checkbox"/> COST ESTIMATES	BUILDING DOCUMENTS (FIVE (5) SETS EACH)	<input type="checkbox"/> BILL OF MATERIALS <input type="checkbox"/> OTHERS (SPECIFY)
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BOX 4 (TO BE ACCOMPLISHED BY THE DIVISION/SECTION CONCERNED)

ASSESSED FEES				
	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID
MECHANICAL				
				REVIEWED
				_____ CHIEF PROCESSING DIV./SECTION

BOX 5 (TO BE ACCOMPLISHED BY THE DIVISION/SECTION CONCERNED)

PROGRESS FLOW						
NOTED: CHIEF, PROCESSING DIVISION/SECTION	IN		OUT		ACTION/REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
RECEIVING AND RECORDING						
MECHANICAL						

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SET FORTH.

BOX 6

PROF. MECHANICAL ENGINEER SIGNED AND SEALED PLANS & SPECIFICATIONS	PRC. REG. NO.	SIGNATURE		
PRINT NAME		_____ APPLICANT		
ADDRESS		RES. CERT. NO.	DATE ISSUED	PLACE ISSUED
P.T.R. NO.	DATE ISSUED	PLACE ISSUED		
SIGNATURE		TIN		

BOX 7

PROF. MECHANICAL ENGINEER IN-CHARGE OF INSTALLATION	PRC. REG. NO.			
PRINT NAME				
ADDRESS				
P.T.R. NO.	DATE ISSUED	PLACE ISSUED		
SIGNATURE		TIN		