



SUBIC BAY METROPOLITAN AUTHORITY BUILDING PERMIT & SAFETY DEPARTMENT

PERMIT FOR TEMPORARY SERVICE CONNECTION

Paid under O.R. No. _____
 Amount _____
 Date _____

Permit No. _____

 Date _____

BOX 1

NAME OF OWNER/APPLICANT:	TIN
ADDRESS:	TEL/FAX NO
LOCATION OF INSTALLATION: NO.	

BOX 2

PURPOSE:

CONSTRUCTION LIGHTING & POWER CARNIVAL/FIESTA & POWER
 CHRISTMAS DECORATIVE LIGHTING OTHERS (SPECIFY) _____

BOX 3

NUMBER OF OUTLETS: LIGHTS _____ SWITCHES _____
 OTHERS _____

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/APPLICANT			
NAME	SIGNATURE	TIN	CTC NO. _____
			DATE ISSUED _____
			PLACE ISSUED _____

BOX 6

PERMIT IS HEREBY GRANTED TO CONNECT TEMPORARY ELECTRICAL INSTALLATION WITH THE AUTHORIZED LOAD SPECIFIED ABOVE LOCATED AT _____ FOR A PERIOD OF _____ DAYS FROM DATE _____ AFTER WHICH PERIOD THE SERVICE SHALL BE DISCONNECTED.

THIS PERMIT SHALL BE SUSPENDED OR REVOKED ANY TIME BEFORE IT'S EXPIRATION WHENEVER ALTERATION OR CHANGES IN THE ELECTRICAL WIRING SYSTEM HAVE RENDERED IT UNSAFE.

 ELECTRICAL ENGINEER OF THE BUILDING OFFICE

_____ Date _____

 BUILDING OFFICIAL

_____ Date _____