



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

CERTIFICATE OF FINAL ELECTRICAL INSPECTION/COMPLETION

THIS IS TO CERTIFY THAT FINAL INSPECTION OF THE ELECTRICAL INSTALLATION HAD BEEN CONDUCTED ON THE BUILDING AND/OR PREMISES COVERED BY BUILDING PERMIT NO. _____ ISSUED ON _____ AND THE SAME WERE FOUND COMPLETED IN ACCORDANCE WITH THE APPROVED PLANS AND SPECIFICATIONS ON FILE WITH THE OFFICE OF THE BUILDING OFFICIAL AND WITH PHILIPPINE ELECTRICAL CODE PROVISIONS.

NAME OF OWNER/APPLICANT: _____		
ADDRESS: _____		
LOCATION OF INSTALLATION: _____		
TYPE OF OCCUPANCY OR USE:		
<input type="checkbox"/> A. RESIDENTIAL DWELLING	<input type="checkbox"/> E. BUSINESS & MERCANTILE	<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. EDUCATIONAL & RECREATIONAL	<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 I	
START OF INSTALLATION _____ DATE OF COMPLETION _____		

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

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. _____
SIGNATURE _____		VALIDITY _____
ADDRESS _____		
PTR NO. _____	DATE ISSUED _____	PLACE ISSUED _____
CTC NO. _____	DATE ISSUED _____	TIN _____

ELECTRICAL CONTRACTOR (200-AMPERE MAIN AND ABOVE)		
NAME _____	PCAB LIC. NO. _____ VALIDITY _____	(SPECIALTY ELECTRICIAN)
ADDRESS _____		TEL/FAX NO. _____

TYPE OF INSTALLATION:	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> NEW	<input type="checkbox"/> REMODEL/ALTERATION
TYPES OF WIRING	<input type="checkbox"/> CONDUITS	<input type="checkbox"/> CABLE	<input type="checkbox"/> ARMORED CABLE
OPEN WIRING	<input type="checkbox"/> RACEWAYS	OTHERS _____	

CHECKED & INSPECTED:

ISSUED:

 ELECTRICAL ENGINEER OF THE BUILDING OFFICE

 BUILDING OFFICIAL

AMOUNT PAID P _____ O.R. NO. _____ DATE _____

