



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

ELECTRONICS PERMIT APPLICATION FORM

Application No. : _____

BOX 1 [TO BE ACCOMPLISHED BY OWNER / AUTHORIZED REPRESENTATIVE]

APPLICANT (OWNER / REPRESENTATIVE):	COMPANY [BUSINESS NAME(TRADE NAME)]:	TIN:
BUSINESS ADDRESS:		
TEL. / FAX:	MOBILE:	EMAIL:
LOCATION OF CONSTRUCTION / INSTALLATION:		
SCOPE OF WORK: <input type="checkbox"/> NEW / PROPOSED INSTALLATION <input type="checkbox"/> EXISTING INSTALLATION <input type="checkbox"/> OTHERS (SPECIFY) _____		

BOX 2 [TO BE ACCOMPLISHED BY PROFESSIONAL ELECTRONICS ENGINEER (PECE)]

NATURE OF INSTALLATION WORKS & EQUIPMENT SYSTEMS:	
<input type="checkbox"/> TELECOMMUNICATION SYSTEM	<input type="checkbox"/> NAVIGATIONAL AIDS AND CONTROLS
<input type="checkbox"/> BROADCASTING SYSTEM	<input type="checkbox"/> INDOOR AND OUTDOOR SIGNAGES
<input type="checkbox"/> TELEVISION SYSTEM	<input type="checkbox"/> ELECTRONICS CONTROL AND CONVEYOR SYSTEM
<input type="checkbox"/> INFORMATION TECHNOLOGY SYSTEM	<input type="checkbox"/> ELECTRONICS/COMPUTERIZED PROCESS CONTROLS & AUTOMATION SYSTEM
<input type="checkbox"/> SECURITY AND ALARM SYSTEM	<input type="checkbox"/> BUILDING AUTOMATION MANAGEMENT AND CONTROL SYSTEM
<input type="checkbox"/> ELECTRONICS FIRE ALARM SYSTEM	<input type="checkbox"/> BUILDING WIRING UTILIZING COPPER CABLE, FIBER OPTIC CABLE OR OTHER MEDIAL ELECTRONICS SYSTEM
<input type="checkbox"/> SOUND COMMUNICATION SYSTEM	
<input type="checkbox"/> ANY OTHER ELECTRONICS AND I.T. SYSTEMS, EQUIPMENT, APPARATUS, DEVICE AND/OR COMPONENT (Pls. Specify) _____	

BOX 3 [PROFESSIONAL ELECTRONICS ENGINEER (PECE)]

BOX 4 [SUPERVISOR / IN-CHARGE OF ELECTRONICS WORKS]

_____ PROFESSIONAL ELECTRONICS ENGINEER Date (Signed and Sealed Over Printed Name)				_____ PROF./REG. ELECTRONICS ENGINEER Date (Signature Over Printed Name)			
ADDRESS			MOBILE	ADDRESS			MOBILE
PRC REGISTRATION NUMBER			VALIDITY	PRC REGISTRATION NUMBER			VALIDITY
PTR NUMBER	DATE ISSUED	PLACE ISSUED	TIN	PTR NUMBER	DATE ISSUED	PLACE ISSUED	TIN

BOX 5 [TO BE ACCOMPLISHED BY OWNER / AUTHORIZED REPRESENTATIVE]

_____ (Signature Over Printed Name / Position)		_____ (Date)	
C. T. C. No.	Date Issued	Place Issued	TIN

BOX 6 [ELECTRONICS DOCUMENTS (5 SETS)]

<input type="checkbox"/> GENERAL LAYOUT PLAN	<input type="checkbox"/> ELECTRONICS DATA SHEET
<input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> EQUIPMENT SPECIFICATION
<input type="checkbox"/> OTHERS (Specify) _____	