

Republic of the Philippines  
City/Municipality of \_\_\_\_\_  
Province of \_\_\_\_\_

**OFFICE OF THE BUILDING OFFICIAL**

**ELECTRICAL PERMIT**

APPLICATION NO.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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BUILDING PERMIT NO.

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**BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)**

|   |   |                            |   |                             |                              |                               |     |
|---|---|----------------------------|---|-----------------------------|------------------------------|-------------------------------|-----|
| OWNER/APPLICANT   |   | LAST NAME                  |   | FIRST NAME                  |                              | M.I.                          | TIN |
| FOR CONSTRUCTION OWNED<br>BY AN ENTERPRISE                |   |                            | FORM OF OWNERSHIP                                       |                             |                              | USE OR CHARACTER OF OCCUPANCY |     |
| ADDRESS:  | NO.,  | STREET,                    | BARANGAY,   | CITY/MUNICIPALITY           | ZIP CODE                     | TELEPHONE NO                  |     |
| LOCATION OF CONSTRUCTION:                                 |   | LOT NO. _____              | BLK NO. _____   | TCT NO. _____               | TAX DEC. NO. _____           |                               |     |
| STREET _____  |   | BARANGAY _____             |   | CITY/ MUNICIPALITY OF _____ |                              |                               |     |
| <b>SCOPE OF WORK</b>                                      |   |                            |   |                             |                              |                               |     |
| <input type="checkbox"/> NEW INSTALLATION                 | <input type="checkbox"/> RECONNECTION OF SERVICE ENTRANCE |                            | <input type="checkbox"/> RELOCATION OF SERVICE ENTRANCE |                             |                              |                               |     |
| <input type="checkbox"/> ANNUAL INSPECTION                | <input type="checkbox"/> SEPARATION OF SERVICE ENTRANCE   |                            | <input type="checkbox"/> OTHERS (Specify) _____         |                             |                              |                               |     |
| <input type="checkbox"/> TEMPORARY                        | <input type="checkbox"/> UPGRADING OF SERVICE ENTRANCE    |                            | _____   |                             |                              |                               |     |
| <b>SUMMARY OF ELECTRICAL LOADS/CAPACITIES APPLIED FOR</b> |   |                            |   |                             |                              |                               |     |
| TOTAL CONNECTED LOAD                                      |   | TOTAL TRANSFORMER CAPACITY |   |                             | TOTAL GENERATOR/UPS CAPACITY |                               |     |
| _____ kVA   |   | _____ kVA                  |   |                             | _____ kVA                    |                               |     |

**BOX 2 (TO BE ACCOMPLISHED IN PRINT BY THE DESIGN PROFESSIONAL)**

|  |  |           |             |
|--|--|-----------|-------------|
| <b>DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS</b>   |  |           |             |
| _____ Date _____<br><br><b>PROFESSIONAL ELECTRICAL ENGINEER</b><br>(Signed and Sealed Over Printed Name) |  | Address   |             |
|  |  | PRC. No   | Validity    |
|  |  | PTR. No   | Date Issued |
|  |  | Issued at | TIN         |

**BOX 3**

|   |   |  |
|---|---|--|
| <b>SUPERVISOR / IN-CHARGE OF ELECTRICAL WORKS</b>         |   |  |
| <input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER | <input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER | <input type="checkbox"/> REGISTERED MASTER ELECTRICIAN |
| _____ Date _____<br>(Signed and Sealed Over Printed Name) |   |  |
| PRC. No   | Validity  |  |
| PTR. No   | Date Issued   |  |
| Issued at   | TIN   |  |
| Address   |   |  |

**BOX 4**

|   |             |              |
|---|-------------|--------------|
| <b>BUILDING OWNER</b>                             |             |              |
| _____ Date _____<br>(Signature Over Printed Name) |             |              |
| Address   |             |              |
| C.T.C. No.  | Date Issued | Place Issued |

**BOX 5**

|   |             |              |
|---|-------------|--------------|
| <b>WITH MY CONSENT: LOT OWNER</b>                 |             |              |
| _____ Date _____<br>(Signature Over Printed Name) |             |              |
| Address   |             |              |
| C.T.C. No.  | Date Issued | Place Issued |

