

**REPUBLIC OF THE PHILIPPINES
CITY OF ROXAS
PROVINCE OF CAPIZ
OFFICE OF THE BUILDING OFFICIAL**

APPLICATION NO.

DISTRICT/ CITY/ MUNICIPALITY
AREA CODE _____

DATE APPLICATION FILED

Date of Proposed Start of Installation

Expected Date of Completion

APPLICATION FOR ELECTRICAL PERMIT
(Accomplish in print and in duplicate)

BOX 1 (TO BE ACCOMPLISHED BY DULY QUALIFIED ELECTRICAL PRACTICE)

NAME OF OWNER/ APPLICANT	LAST NAME,	FIRST NAME	MIDDLE NAME	TIN
ADDRESS	NO.	STREET	BARANGAY	CITY/ MUNICIPALITY
LOCATION OF INSTALLATION	NO.	STREET	BARANGAY	CITY/ MUNICIAPITY
SCOPE OF WORK <input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> ANNUAL INSPECTION <input type="checkbox"/> ADDITION OF <input type="checkbox"/> REPAIR OF <input type="checkbox"/> REMOVAL OF <input type="checkbox"/> OTHERS (SPECIFY)				
TYPE OF OCCUPANCY OR USE <input type="checkbox"/> A. RESIDENTIAL DWELLING <input type="checkbox"/> B. RESIDENTIAL, HOTEL, APARTMENT <input type="checkbox"/> C. EDUCATION AND RECREATION <input type="checkbox"/> D. INSTITUTIONAL <input type="checkbox"/> E. BUSINESS & MERCHANTILE <input type="checkbox"/> F. INDUSTRIAL <input type="checkbox"/> G. STORAGE & HAZARDOUS <input type="checkbox"/> H. ASSEMBLY OTHER THAN GROUP 1 <input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE <input type="checkbox"/> J. ACCESSORY <input type="checkbox"/> K OTHERS (SPECIFY)				
NUMBER OF OUTLETS ___ LIGHT ___ CONVENIENCE/ RECEPTACLE ___ SPO; AIRCON		NUMBER OF EQUIPMENT/ WIRING DEVICES ___ SPO; COOKING UNIT ___ SPO; WATER HEATER ___ SPO; WATER PUMP ___ TOGGLE SWITCH ___ BELL/ BUZZERS ___ PUSH BUTTONS ___ FA DETECTORS ___ OTHERS (see Attached List)		

BOX 2 (PROFESSIONAL ELECTRICAL ELECTRICAL ENGINEER WHO SIGNED AND SEALED PLANS & SPECIFICATION)

NAME	PRC REG. NO.	VALIDITY
ADDRESS	TEL./ FAX NO.	
PTR No.	DATE ISSUED:	PLACE ISSUED
SIGNATURE	DATE SIGNED	TIN

BOX 3 (ELECTRICAL CONTRACTOR- 200 AMPERE MAIN AND ABOVE)

NAME	PCAB LIC. NO.	SSPECIALTY ELECTRICAL
ADDRESS	VALIDITY	TEL./ FAX NO.

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/AUTHORIZED REPRESENTATIVE)

NAME	SIGNATURE	TIN	CTC NO.
			DATE ISSUED
			PLACE ISSUED

BOX 6 (TO BE RECEIVED BY RECEIVING/ RECORDING SECTION)

ELECTRICAL PLANS & SPECIFICATIONS	RECEIVED BY: _____ Signature Over Printed Name
	DATEC RECEIVED: _____