



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

DPWH FORM NO. 77-006-E  
Revision No. 00



**AREA CODE: 06003**

## CERTIFICATE OF FINAL ELECTRICAL INSPECTION/COMPLETION

THIS IS TO CERTIFY THAT FINAL INSPECTION OF THE ELECTRICAL INSTALLATION HAS 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 IN ACCORDANCE WITH PHILIPPINE ELECTRICAL CODE PROVISIONS.

NAME OF OWNER/APPLICANT	LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	NO.,	STREET	BARANGAY CITY/MUNICIPALITY
LOCATION OF INSTALLATION CITY/MUNICIPALITY	NO.,	STREET	BARANGAY
TYPE OF OCCUPANCY OR USE:			
<input type="checkbox"/> A. RESIDENTIAL DWELLING	<input type="checkbox"/> E. BUSINESS & MERCHANTILE	<input type="checkbox"/> I. ASSEMBLY 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. EDUCATION & RECREATION	<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:		NUMBER OF EQUIPMENT/WIRING DEVICES:	
___ LIGHT	___ SPO, COOKING UNIT	___ TOGGLE SWITCH	___ FA DETECTORS
___ CONVENIENCE/RECEPTACLE	___ SPO, WATER HEATER	___ BELLS/BUZZERS	___ OTHERS (See Attached List)
___ SPO, AIRCON	___ SPO, WATER PUMP	___ PUSH BUTTON	_____

PERSON IN-CHARGE OF INSTALLATION		
<input type="checkbox"/> PROFESIONAL 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. _____	(SPECIALTY ELECTRICAL) VALIDITY _____
ADDRESS _____		TEL/FAX NO. _____

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

INSPECTED BY:	RECOMMENDING APPROVAL:	APPROVED BY:
<b>LEO T. BENJAMIN</b>	<b>DELFIN B. BORDA</b>	<b>ENGR. ANTONIO V. AMOROSO, JR.</b>
ELECTRICAL INSPECTOR (Signature Over Printed Name)	ELECTRICAL ENGINEER OF THE BUILDING OFFICE (Signature Over Printed Name)	Building Official (Signature Over Printed Name)
PRC REG. NO. & VALIDITY _____	PRC REG. NO. & VALIDITY _____	
AMOUNT PAID P _____	O. R NO. _____	DATE _____

NUMBER OF STOREYS _____
ESTIMATED COST _____
ACTUAL COST _____
a) b) Materials (Total Cost) P 1. Electrical Wires _____ 2. Lighting outlets _____ 3. Convenience outlets _____ 4. Switches _____ Others (specify) _____ a) Other Costs _____
This includes professional fees, permits and other fees.



<b>1. Loads to be Connected:</b> <input type="checkbox"/> LIGHT <input type="checkbox"/> CONVENIENCE/RECEPTACLE <input type="checkbox"/> SPO, AIRCON <input type="checkbox"/> SPO, COOKING UNIT <input type="checkbox"/> SPO, WATER HEATER <input type="checkbox"/> SPO, WATER PUMP	<input type="checkbox"/> TOGGLE SWITCH <input type="checkbox"/> BELLS/BUZZERS <input type="checkbox"/> PUSH BUTTON <input type="checkbox"/> FA DETECTORS <input type="checkbox"/> OTHERS (See Attached List)
<b>2. Nature of Works:</b> _____	
<b>3. Type of Service:</b> Voltage _____ Size of Wire _____ Phone _____	
<b>4. Remarks:</b> _____	

I hereby certify that the above data and information are true and correct to the best of my knowledge and belief

<b>ELECTRICAL FEES</b> Fee P _____ Surcharge P _____ Total P _____	<b>PEE/REE/RME</b> <b>ADDRESS</b> <b>PRC REG NO.</b> _____ <b>VALIDITY</b> _____ <b>PTR NO.</b> _____ <b>TIN</b> _____ <b>CTC NO.</b> _____ <b>DATE ISSUED</b> _____ <b>PLACE ISSUED</b> _____
<b>Computed by:</b> _____ Signature Over Printed Name	

<b>LOAD</b>	
<b>Nature of Work:</b> _____	
Inspector _____ Fee: P _____	Contractor _____
Paid under Official Receipt No _____ Date _____	Owner/Occupant _____

RECOMMENDING APPROVAL:

APPROVED BY:

**DELFIN B. BORDA**  
ELECTRICAL ENGINEER OF THE BUILDING OFFICE  
(Signature Over Printed Name)

**ENGR. ANTONIO V. AMOROSO, JR.**  
BUILDING OFFICIAL  
(Signature Over Printed Name)

\_\_\_\_\_  
**PRC REG. NO. & VALIDITY**

NOTE: Renewals or extension of this permit and/ or final certification of the electrical installation are subject and payment of corresponding in conformity with pertinent provisions of the "National Building Code" (P.D 1096 and its implementing rules and regulations.