

**REPUBLIC OF THE PHILIPPINES
CITY OF ROXAS
PROVINCE OF CAPIZ**

AREA CODE: 06003

APPLICATION NO.

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PERMIT NO.

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MECHANICAL PERMIT

DATE OF APPLICATION

DATE ISSUED

BOX 1 (TO BE ACCOMPLISHED BY PROFESSIONAL MECHANICAL ENGINEER IN PRINT)

NAME OF OWNER/APPLICANT	LASTNAME	FIRST NAME	M.I	TAX ACCT. NO.
ADDRESS	NO., STREET,	BARANGAY	CITY/MUNICIPALITY	TELEPHONE NO.
LOCATION OF INSTALLATION	NO., STREET,	BARANGAY	CITY/ MUNICIPALITY	TELEPHONE NO.
SCOPE OF WORKS	<input type="checkbox"/> ADDITION OF	BUILDING PERMIT NO.		
<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> REMOVAL OF	CERTIFICATE OF OCCUPANCY NO.		
	<input type="checkbox"/> OTHERS (SPECIFY)			

USE OR TYPE OF OCCUPANCY

- | | |
|--|---|
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> AGRICULTURAL |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> LANDSCAPING |
| <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> OTHERS (SPECIFY) |
| <input type="checkbox"/> INSTITUTIONAL | |

INSTALLATION AND OPERATION OF

- | | | |
|---|--|---|
| <input type="checkbox"/> BOILER | <input type="checkbox"/> CENTRAL AIR- CONDITIONING | <input type="checkbox"/> DUMBWAITER |
| <input type="checkbox"/> PRESSURE VESSELS | <input type="checkbox"/> MECHANICAL VENTILATION | <input type="checkbox"/> PUMPS |
| <input type="checkbox"/> INTERNAL COMBUSTION ENGINE | <input type="checkbox"/> ESCALATOR | <input type="checkbox"/> COMPRESSED AIR, VACUUM, |
| <input type="checkbox"/> REFRIGERATION & ICE- MAKING | <input type="checkbox"/> MOVING SIDEWALK | INSTITUTIONAL and/or INDUSTRIAL GAS |
| <input type="checkbox"/> WINDOW TYPE AIR- CONDITION | <input type="checkbox"/> FREIGHT ELEVATOR | <input type="checkbox"/> PNEUMATIC TUBES, CONVEYORS |
| <input type="checkbox"/> PACKAGE AIR- CONDITIONING UNIT | <input type="checkbox"/> PASSENGER ELEVATOR | and/or MONORAILS |
| <input type="checkbox"/> OTHERS (SPECIFY) _____ | | |

PROPOSED DATE OF INSTALLATION _____
TOTAL INSTALLATION COST: _____

EXPECTED DATE OF COMPLETION: _____
PREPARED BY: _____

BOX 2 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL) **ACTION TAKEN:**

PERMIT IS HEREBY GRANTED TO INSTALL THE MECHANICAL EQUIPMENT ENUMERATED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS.

1. THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE " NATIONAL BUILDING CODE".
2. THAT A DULY LICENSED PROFESSIONAL MECHANICAL ENGINEER BE ENGAGED TO UNDERTAKE THE INSTALLATION/ CONSTRUCTION.
3. THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY A PROFESSIONAL MECHANICAL ENGINEER IN- CHARGE OF INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION
4. THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING
5. THAT AN ANNUAL CERTIFICATE OF INSPECTION SHALL BE SECURED FOR THE CONTINOUS OPERATION OF THE MECHANICAL EQUIPMENT INSTALLED .

ENGR. ANTONIO V. AMOROSO, JR.

BUILDING OFFICIAL

NOTE:

THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTIONS 305 & 306 OF THE " NATIONAL BUILDING CODE"

DATE

BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)

BUILDING DOCUMENTS	
(FIVE (5) SETS EACH)	
<input type="checkbox"/> MECHANICAL PLANS & SPECIFICATIONS <input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> COST ESTIMATES <input type="checkbox"/> OTHERS (SPECIFY) _____

BOX 4 (TO BE ACCOMPLISHED BY THE DIVISION/ SECTION CONCERNED)

ASSESSED FEE				
	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID
MECHANICAL				
			REVIEWED: CHIEF, PROCESSING DIV./ SEC.	

BOX 5 (TO BE ACCOMPLISHED BY THE DIVISION/ SECTION CONCERNED)

PROGRESS FLOW						
NOTED: CHIEF, PROCESSING DIVISION/ SECTION	IN		OUT		ACTION/ REMARKS	PROCESSED BY
	DATE	TIME	DATE	TIME		
RECEIVING AND RECORDING						
MECHANICAL						

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SETFORTH.

BOX 6

PROF. MECH. ENGINEER		P.R.C. REG. NO.
SIGNED AND SEALED PLANS & SPECIFICATIONS		
PRINT NAME		
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TAN

SIGNATURE		

A P P L I C A N T		
RES. CERT. NO.	DATE ISSUED	PLACE ISSUED

BOX 7

PROF. MECH. ENGINEER		P.R.C. REG. NO.
IN- CHARGE OF INSTALLATION		
PRINT NAME		
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TAN