



Republic of the Philippines
Department of Public Works and Highways
Province of Ilocos Norte
MUNICIPALITY OF MARCOS
OFFICE OF THE BUILDING OFFICIAL



ELECT. PERMIT NO: _____

OME-012-0

CERTIFICATE OF FINAL ELECTRICAL INSPECTION

THIS IS TO CERTIFY THE 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 PHILIPPINES ELECTRICAL CODE PROVISIONS.

NAME OF OWNER/APPLICANT:	LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS:	SITIO	BARANGAY	MUNICIPALITY
		MARCOS	ILOCOS NORTE
LOCATION OF INSTALLATION:		MARCOS	ILOCOS NORTE

TYPE OF OCCUPANCY

<input type="checkbox"/> A. Residential Dwelling	<input type="checkbox"/> E. Business and Merchandise	<input type="checkbox"/> I. Assembly Occupant 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. Institution	<input type="checkbox"/> H. Assembly other than Group	
START OF INSTALLATION _____	DATE OF COMPLETION _____	

OUTLETS, DEVICES, EQUIPMENTS

NUMBER OF OUTLETS	NUMBER OF EQUIPMENT/WIRING DEVICES
___ LIGHTS	___ TOGGLE SWITCH
___ CONVENIENCE OUTLETS	___ FA DETECTOR
___ SPO, AIRCON	___ BELLS, BUZZER
___ SPO COOKING UNIT	___ OTHERS
___ SPO WATER HEATER	___ PUSH BUTTON
___ SPO WATER PUMP	___

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:		
SIGNATURE:		
ADDRESS:		
PTR NO:		
CTC NO:		

ELECTRICAL CONTRACTOR (200 AMPHERE MAIN AND ABOVE)

NAME:	PCAB LIC. NO.	(SPECIAL ELECTRICAL)
	VALIDITY	
ADDRESS:		

TYPE OF INSTALLATION:		
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> NEW	<input type="checkbox"/> REMODEL / ALTERATION

TYPE OF INSTALLATION:		
<input type="checkbox"/> OPEN WIRING	<input type="checkbox"/> CONDUIT	<input type="checkbox"/> CABLE
<input type="checkbox"/> ARMORED CABLE	<input type="checkbox"/> RACEWAY	<input type="checkbox"/> OTHERS _____

INSPECTED BY:

RECEIVED BY:

ELECTRICAL INSPECTOR

(Signature Over Printed Name)

AMOUNT PAID _____

O. R. NO. _____

DATE: _____

ENGR. MARIELLE MENOR

ACTING BUILDING OFFICIAL

(Signature Over Printed Name)

NUMBER OF STOREYS	_____
ESTIMATED COST:	_____
ACTUAL COST:	
a.) Materials:	
1. Electrical Wirings	_____
2. Lighting Outlets	_____
3. Convenience Outlets	_____
4. Switches	_____
Others (specify)	_____
b.) Other Cost	_____
<i>NOTE: This includes Professional fees, permits and other fees</i>	

1. LOADS TO BE CONCERNED: <input type="checkbox"/> LIGHTS <input type="checkbox"/> SPO COOKING UNIT <input type="checkbox"/> CONVENIENCE OUTLETS <input type="checkbox"/> SPO WATER HEATER <input type="checkbox"/> SPO, AIRCON <input type="checkbox"/> SPO WATER PUMP	<input type="checkbox"/> TOGGLE SWITCH <input type="checkbox"/> FA DETECTOR <input type="checkbox"/> BELLS, BUZZER <input type="checkbox"/> OTHERS <input type="checkbox"/> PUSH BUTTON <input type="checkbox"/>
2. NATURE OF WORKS _____	
3. TYPE OF SERVICE: Voltage: _____ Size of Wire: _____ Phone: _____	
4. REMARKS: _____	

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

ELECTRICAL FEES Fees _____ Surcharge _____ Total _____ Computed by: _____ <div style="text-align: center;">Signature Over Printed Name</div>	PEE / REE / RME ADDRESS: _____ PRC REG NO: _____ VALIDITY: _____ PTR NO: _____ TIN: _____ CTC: _____ DATE ISSUED: _____ PLACE ISSUED: _____
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LOADS	

NATURE OF WORKS: _____	
INSPECTOR: _____	Contractor: _____
FEES P _____	
Paid Under Official Receipt No: _____	Owner/Occupant: _____
Date: _____	

INSPECTED BY:

RECEIVED BY:

ELECTRICAL INSPECTOR
(Signature Over Printed Name)

ENGR. MARIELLE MENOR

ACTING BUILDING OFFICIAL
(Signature Over Printed Name)

AMOUNT PAID _____ O. R. NO. _____ DATE: _____

NOTE: *Renewal or extension of this Permit and/or Final Certification of the Electrical are subject to inspection and payment of corresponding fees in conformity with the pertinent provisions of the "National Building Code" (P.D. 1096) rules and regulations.*