



OFFICE OF THE BUILDING OFFICIAL

OME-011-0

APPLICATION NO.

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DATE OF APPLICATION FILED

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DATE OF PROPOSED START OF INSTALLATION

EXPECTED DATE OF COMPLETION

APPLICATION FOR ELECTRICAL PERMIT

(ACCOMPLISHED IN PRINT AND IN DUPLICATE)

BOX 1 (TO BE ACCOMPLISHED BY A DULY QUALIFIED ELECTRICAL PRACTITIONER)

OWNER	LAST NAME	FIRST NAME	M.I.	TIN
ADDRESS: NO: STREET BARANGAY CITY / MUNICIPALITY				
MARCOS				
LOCATION OF INSTALLATION				
MARCOS		ILOCOS NORTE		
SCOPE OF WORK:				
<input type="checkbox"/>	NEW INSTALLATION	<input type="checkbox"/>	REPAIR OF _____	
<input type="checkbox"/>	ANNUAL INSPECTION	<input type="checkbox"/>	REMOVAL OF _____	
<input type="checkbox"/>	ADDITION OF	<input type="checkbox"/>	OTHERS (Specify) _____	
USE OR TYPE OF OCCUPANCY				
<input type="checkbox"/>	A. RESIDENTIAL DWELLING	<input type="checkbox"/>	G. STORAGE & HAZARDOUS	
<input type="checkbox"/>	B. RESIDENTIAL, HOTEL, APARTMENT	<input type="checkbox"/>	H. ASSEMBLY OTHER THAN GROUP	
<input type="checkbox"/>	C. EDUCATION & RECREATION	<input type="checkbox"/>	I. ASSEMBLY OCCUPANT LOAD 1000 or MORE	
<input type="checkbox"/>	D. INSTITUTIONAL	<input type="checkbox"/>	J. ACCESSORIES	
<input type="checkbox"/>	E. BUSINESS & MERCHANTILE	<input type="checkbox"/>	K. OTHERS (Specify)	
<input type="checkbox"/>	F. INDUSTRIAL	<input type="checkbox"/>		
NUMBER OF OUTLETS		NUMBER OF EQUIPMENT OR WIRING DEVICE		
___ LIGHT	___ SPO, COOKING UNIT	___ TOGGLE SWITCH	___ FA DETECTOR	
___ CONVENIENCE / RECEPTACLE	___ SPO, WATER HEATER	___ BELLS / BUZZER	___ OTHERS (See Attached List)	
___ SPO, AIRCON	___ SPO, WATER PUMP	___ PUSH BUTTON		

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

NAME:	P.R.C. REG. NO:	VALIDITY
ADDRESS:	TEL./FAX / CELLPHONE NO:	
P.T.R. NO:	PLACE ISSUED:	
SIGNATURE	T.I.N.	
	DATE SIGNED	

BOX 3 (ELECTRICAL CONTRACTOR - 200 AMPERE and ABOVE)

NAME:	P.C.A.B.. NO:	VALIDITY
ADDRESS:	TEL./FAX / CELLPHONE 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:	P.R.C. REG. NO:	VALIDITY
ADDRESS:	TEL./FAX / CELLPHONE NO:	
P.T.R. NO:	PLACE ISSUED:	
SIGNATURE	T.I.N.	
	DATE SIGNED	

BOX 5 (OWNER / AUTHORIZED REPRESENTATIVE)

NAME:	SIGNATURE	C.T.C. NO:
T.I.N.		DATE ISSUED
		PLACE ISSUE

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

ELECTRICAL PLANS AND SPECIFICATIONS (5 SETS)	RECIEVE BY:	ENGR. MARIELLE MENOR SIGNATURE OVER PRINTED NAME	DATE RECEIVED



Republic of the Philippines
 Department of Public Works and Highways
 Province of Ilocos Norte
MUNICIPALITY OF MARCOS



OFFICE OF THE BUILDING OFFICIAL

PERMIT NUMBER:

APPLICATION NUMBER:

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

OME-011-0

ELECTRICAL PERMIT

(To be Accomplished by the Office Concerned)

BOX 1

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

BOX 2

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

BOX 3

PERMIT IS HEREBY GRANTED TO INSTALL THE ELECTRICAL WIRING, DEVICES AND EQUIPMENT ENUMERATED IN THE APPLICATION SUBJECT TO THE FOLLOWING CONDITIONS:

1. *THAT THE PROPOSED INSTALLATION BE IN ACCORDANCE WITH THE APPROVED PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE PROVISIONS OF THE LATEST EDITION OF THE PHILIPPINE ELECTRICAL CODE.*
2. *THAT A DULY LICENSED ELECTRICAL PRACTITIONER BE IN-CHARGE OF THE INSTALLATION.*
3. *THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY THE ELECTRICAL PRACTITIONER IN-CHARGE OF THE INSTALLATION BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION.*
4. *THAT A CERTIFICATE OF FINAL ELECTRICAL INSPECTION BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.*
5. *THIS PERMIT SHALL BE POSTED AT THE DOOR OR SITE WORK.*

APPROVED BY: _____ **NOTED:** _____

 ELECTRICAL ENGINEER OF THE OBO
 (Signature Over Printed Name)
 DATE: _____

ENGR. MARIELLE MENOR

 ACTING BUILDING OFFICIAL
 (Signature Over Printed Name)
 DATE: _____

NOTE 1. **THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTION 305 and 306 of the NATIONAL BUILDING CODE.**
 NOTE 2. **ALTERATION ON THIS FORM ARE NOT ALLOWED.**