



Republic of the Philippines  
 Province of Palawan  
 Municipality of Aborlan

**OFFICE OF THE BUILDING OFFICIAL**

**ELECTRICAL PERMIT**

PERMIT NO.	<input type="text"/>	APPLICATION NO.	<input type="text"/>
DATE ISSUED	_____	DATE FILED	
PAID UNDER O.R. NO.	_____		
AMOUNT	_____		
DATE	_____		

**BOX 1**

NAME OF OWNER/APPLICANT TIN _____	LAST NAME	FIRST NAME	MIDDLE NAME	TEL/FAX NO.
				_____
ADDRESS	NO.	STREET	BARANGAY	CITY/MUNICIPALITY
LOCATION OF INSTALLATION	NO.	STREET	BARANGAY	CITY/MUNICIPALITY

**BOX 2**

ASSESSED FEED				
AMOUNT DUE	ASSESSED BY:	O.R. NUMBER	DATE PAID	

**BOX 3**

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

- 1.0 THAT THE PROPOSED INSTALLATION BE IN ACCORDANCE WITH THE APPROVED PLANS FILED WITH THIS OFFICE IN CONFORMITY WITH THE PROVISIONS OF THE LATEST EDITION OF THE PHILIPINE ELECTRICAL CODE.
- 2.0 THAT DULY LICENSED ELECTRICAL PRACTITIONER BE IN-CHARGE OF THE INSTALLATION/CONSTRUCTION.
- 3.0 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.
- 4.0 THAT CERTIFICATE OF FINAL ELECTRICAL INSPECTION BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.
- 5.0 THIS PERMIT SHALL BE POSTED AT THE DOOR OR SITE OF WORK.

APPROVED:

\_\_\_\_\_  
 ELECTRICAL ENGINEER OF THE BUILDING OFFICIAL

\_\_\_\_\_  
 DATE

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

NOTED:

**ENGR. ELBEN S PATEÑO**  
 Acting Building Official  
 (Signature Over Printed Name)

\_\_\_\_\_  
 DATE



Republic of the Philippines  
Province of Palawan  
Municipality of Aborlan

**OFFICE OF THE BUILDING OFFICIAL**

**APPLICATION FOR ELECTRICAL PERMIT**

APPLICATION NUMBER

DATE APPLICATION FILED

DATE OF PROPOSED START OF INSTALLATION

EXPECTED DATE OF COMPLETION

<b>BOX 1</b>					<b>(TO BE ACCOMPLISHED BY A DULY QUALIFIED ELECTRICAL PRACTITIONER)</b>									
NAME OF OWNER/APPLICANT		LAST NAME	FIRST NAME	MIDDLE NAME	TIN	TEL/FAX NO. _____								
ADDRESS	NO.	STREET	BARANGAY		CITY/MUNICIPALITY									
SCOPE OF WORK:														
<input type="checkbox"/> NEW INSTALLATION		<input type="checkbox"/> REPAIR OF _____		<input type="checkbox"/> ADDITION OF _____		<input type="checkbox"/> OTHERS (SPECIFY) _____								
<input type="checkbox"/> ANNUAL INSPECTION		<input type="checkbox"/> REMOVAL OF _____												
TYPE OF OCCUPANCY OR USE														
<input type="checkbox"/> A. RESIDENTIAL DWELLING			<input type="checkbox"/> E. BUSINESS & MERCHANTILE			<input type="checkbox"/> I. ASSEMB. OCCUPANT LOAD/MORE								
<input type="checkbox"/> B. RESIDENTIAL, HOTEL, APARTMENT			<input type="checkbox"/> F. INDUSTRIAL			<input type="checkbox"/> J. ACCESSORY								
<input type="checkbox"/> C. EDUCATION AND 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											
NUMBER OF OUTLETS														
_____ LIGHT		_____ SPO. COOKING UNIT		_____ TOGGLE SWITCH		_____ FA DETECTORS								
_____ CONVENIENCE RECEPTACLE		_____ SPO. WATER HEATER		_____ BELL/BUZZERS		_____ OTHERS (See Attached List)								
_____ SPO. AIRCON		_____ SPO. WATER PUMP		_____ PUSH BUTTONS										
<b>BOX 2</b>					<b>(PROFESSIONAL ELECTRICAL ENGINEER WHO SIGNED AND SEALED PLANS AND SPECIFICATIONS)</b>									
NAME					PRC REG. NO.		VALIDITY							
ADDRESS					TEL/FAX NO.									
PTR. NO.			DATE ISSUED		PLACE ISSUED									
SIGNATURE			DATE ISSUED		TIN									
<b>BOX 3</b>					<b>(ELECTRICAL CONTRACTOR-220 AMPERE MAIN AND ABOVE)</b>									
NAME			PCAB LIC. NO.		(SPECIALTY ELECTRICAL)									
ADDRESS			VALIDITY		TEL/FAX NO.									
<b>BOX 4</b>					<b>(PERSON IN-CHARGE OF INSTALLATION)</b>									
<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 ISSUED		TIN									
<b>BOX 5</b>					<b>(OWNER/AUTHORIZED REPRESENTATIVE)</b>									
NAME		SIGNATURE		TIN		CTC NO.								
					DATE ISSUED									
					PLACE ISSUED									
<b>BOX 6</b>					<b>(TO BE RECEIVED BY RECEIVING/RECORDING SECTION)</b>									