

Republic of the Philippines  
Municipality/ City of **PUERTO PRINCESA**  
Province of **PALAWAN**

**OFFICE OF THE BUILDING OFFICIAL**

APPLICATION NUMBER
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DATE APPLICATION FILED
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DATE OF PROPOSED START IF INSTALLATION \_\_\_\_\_

EXPECTED DATE OF COMPLETION \_\_\_\_\_

**APPLICATION FOR ELECTRICAL PERMIT**

(Accomplished in print & in duplicate)

<b>BOX 1</b> (TO BE ACCOMPLISHED BY A DULY QUALIFIED ELECTRICAL PRACTITIONER)				
NAME OF OWNER/ APPLICANT: LAST NAME		FIRST NAME	MIDDLE NAME	TIN NO.: _____
ADDRESS NO.	STREET	BARANGAY	CITY/ MUNICIPALITY	
LOCATION IF INSTALLATION NO.	STREET	BARANGAY	CITY/ MUNICIPALITY	
SCOPE OF WORK:	<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> ADDITION OF _____	<input type="checkbox"/> REMOVAL OF _____	
	<input type="checkbox"/> ANNUAL INSPECTION	<input type="checkbox"/> REPAIR OF _____	<input type="checkbox"/> OTHERS (SPECIFY) _____	
TYPE OF OCCUPANCY OR USE				
<input type="checkbox"/> A. RESIDENTIAL DWELLING		<input type="checkbox"/> E. BUSINESS & MERCANTILE		<input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD OR 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"/> OTHERS (SPECIFY)
<input type="checkbox"/> D. INSTITUTIONAL		<input type="checkbox"/> ASSEMBLY OTHER THAN GROUP 1 _____		
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> (PROFFESIONAL ELECTRICAL ENGINEER WHO SIGNED AND SEALED PLANS AND SPECIFICATIONS)				
NAME:		PRC.REG. NO.	VALIDITY:	
ADDRESS:		TEL. MOBILE NO.		
PTR NO.	DATE ISSUED:	TEL. MOBILE NO.		
SIGNATURE:		DATE ISSUED:	TIN:	
<b>BOX 3</b> (ELECTRICAL CONTRACTOR 200 AMPERES MAIN AND ABOVE)				
NAME:		PCAB LIC. NO.	(SPECIFY ELECTRICAL)	
ADDRESS:		VALIDITY:	TEL./MOBILE NO.	
<b>BOX 4</b> (PERSON IN-CHARGE OF INSTALLATION)				
<input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER		REGIS <input type="checkbox"/> ED ELECTRICAL ENGINEER	REGIS <input type="checkbox"/> ED MASTER ELECTRICIAN (NOT EXCEEDING 600V & 500KVA)	
NAME:		PRC REG. NO.	VALIDITY NO.	
ADDRESS:		TEL. MOBILE. NO.		
PTR NO.	DATE ISSUED:	PLACE ISSUED:		
SIGNATURE:		DATE ISSUED:	TIN NO.:	
<b>BOX 5</b> (OWNER/ AUTHORIZED REPRESENTATIVE)				
NAME		SIGNATURE	TIN.:	C.T.C. NO.
				DATE /PLACE ISSUED:
<b>BOX6</b> (TO BE RECEIVED BY RECEIVING/ RECORDING SECTION)				
ELECTRICAL PLANS & SPECIFICATIONS (5 SETS)			RECEIVED BY: _____ Signature over Printed Name	
			DATE RECEIVED:	