

REPUBLIC OF THE PHILIPPINES
 PROVINCE OF AKLAN
MUNICIPALITY OF NABAS
 OFFICE OF THE BUILDING OFFICIAL

AREA CODE 5607

PERMIT NO.

APPLICATION NO.

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

ELECTRICAL PERMIT

(To be Accomplish by the Office Concerned)

BOX 1

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

BOX 2

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

BOX 3

PERMIT IS HEREBY GRANTED TO INSTALL THE ELECTRICAL WARNING, DEVICES AND (NUMERATED 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 PROVISION OF THE LATEST EDITION OF THE PHILIPPINE ELECTRICAL CODE.
2. THAT A DULY LICENSED ELECTRICAL PRACTITIONER BE IN-CHARGE OF THE INSTALLATION/CONSTRUCTION
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 OF WORK.

APPROVED:

 ELECTRICAL ENGINEER OF THE BUILDING OFFICE
 (Signature Over Printed Name)

 DATE

 PRC REG. NO. & VALIDITY

NOTED:

 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.*

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 OFFICE OF THE BUILDING OFFICIAL

APPLICATION NO. _____

DATE APPLICATION FILED _____

Date of Proposed Start of Installation _____

APPLICATION FOR ELECTRICAL PERMIT
 (Accomplish in print and in duplicate)

Expected Date of Completion _____

BOX 1 (TO BE ACCOMPLISHED BY PROFESSIONAL ELECTRICAL ENGINEERING/MASTER ELECTRICAL, IN PRINT)

NAME OF OWNER/APPLICANT : LAST NAME,			FIEST NAME,	MIDDLE NAME	TAX IDENT. NO
ADDRESS:	NO.,	STREET,	BARANGAY	CITY/MUNICIPALITY	TEL/FAX NO.
LOCATION OF INSTALLATION:		NO.,	STREET,	BARANGAY	CITY/MUNICIPALITY
SCOPE OF WORK					
<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> ADDITION OF _____	<input type="checkbox"/> REPAIR OF _____	<input type="checkbox"/> OTHERS (SPECIFY) _____	<input type="checkbox"/> ANNUAL INSPECTION	<input type="checkbox"/> REMOVAL OF _____
USER OR TYPE OF OCCUPANCY OR USE:					
<input type="checkbox"/> A. RESIDENTIAL	<input type="checkbox"/> E. BUSINESS MERCANTILE	<input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 100 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. INSTITUTIONAL	<input type="checkbox"/> H. ASSEMBLY OTHER THAN GROUP 1	
NUMBER OF OUTLETS:			NUMBER OF EQUIPMENT/WARNING DEVICES		
_____ LIGHT	_____ SPO. COOKING UNIT	_____ TOGGLE SWITCH	_____ FA DETECTOR	_____ CONVENIENCE/RECEPTACLE	_____ SPO. WATER HEATER
_____ SPO. AIRCON	_____ SPO. WATER PUMP	_____ BELLS/BUZZER	_____ OTHER (Use Attached List)	_____ PUSH BUTTONS	

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

NAME		PRC REG. NO.	VALIDITY
ADDRESS		TEL./FAX NO.	
PTR NO.	DATE ISSUED	PLACED ISSUED	
SIGNATURE	DATE SIGNED	TIN	

BOX 3 (ELECTRICAL CONTRACTOR - 200 AMPERE MAIN AND ABOVE)

NAME		PCAB LIC. NO	(SPECIALLY ELECTRICAL)
		VALIDITY	
ADDRESS		TEL./FAX NO.	

BOX 4 (PERSON IN-CHARGE OF INSTALLATION)

<input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER	REGISTERED MASTER ELECTRICAL (Not Exceeding 800 Volts & 500 KVA)	
NAME		PRC REG. NO.	VALIDITY
ADDRESS		TEL./FAX NO.	
PTR NO.	DATE ISSUED	PLACE ISSUED	
SIGNATURE	DATE SIGNED	TIN	

BOX 5 (OWNER/AUTHORIZED REPRESENTATIVE)

NAME	SIGNATURE	TIN	CTC NO. _____
			DATE ISSUED _____
			PLACED ISSUED _____

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

ELECTRICAL PLANS & SPECIFICATION (5SETS)	RECEIVED BY: _____ Signature Over Printed Name
	DATE RECORDED _____