

**REPUBLIC OF THE PHILIPPINES  
CITY OF BACOLOD  
OFFICE OF THE BUILDING OFFICIAL**

APPLICATION NO.

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DISTRICT/ CITY/ MUNICIPALITY

AREA CODE \_\_\_\_\_

PERMIT NO.

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**MECHANICAL PERMIT**

DATE OF APPLICATION \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

BOX 1 (TO BE ACCOMPLISHED BY PROFESSIONAL MECHANICAL ENGINEER IN PRINT)

NAME OF OWNER/APPLICANT	LASTNAME	FIRST NAME	M.I	TAX ACCT. NO.
ADDRESS	NO., STREET,	BARANGAY	CITY/MUNICIPALITY	TELEPHONE NO.
LOCATION OF INSTALLATION	NO., STREET,	BARANGAY	CITY/ MUNICIPALITY	TELEPHONE NO.
SCOPE OF WORKS	<input type="checkbox"/> ADDITION OF	BUILDING PERMIT NO. _____		
<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> REMOVAL OF	CERTIFICATE OF OCCUPANCY NO. _____		
	<input type="checkbox"/> OTHERS ( SPECIFY)			
<b>USE OR TYPE OF OCCUPANCY</b>				
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> AGRICULTURAL			
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> LANDSCAPING			
<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHERS (SPECIFY)			
<input type="checkbox"/> INSTITUTIONAL				
<b>INSTALLATION AND OPERATION OF</b>				
<input type="checkbox"/> BOILER	<input type="checkbox"/> CENTRAL AIR- CONDITIONING	<input type="checkbox"/> DUMBWAITER		
<input type="checkbox"/> PRESSURE VESSELS	<input type="checkbox"/> MECHANICAL VENTILATION	<input type="checkbox"/> PUMPS		
<input type="checkbox"/> INTERNAL COMBUSTION ENGINE	<input type="checkbox"/> ESCALATOR	<input type="checkbox"/> COMPRESSED AIR, VACUUM,	INSTITUTIONAL and/or INDUSTRIAL GAS	
<input type="checkbox"/> REFRIGERATION & ICE- MAKING	<input type="checkbox"/> MOVING SIDEWALK	<input type="checkbox"/> PNEUMATIC TUBES, CONVEYORS	and/or MONORAILS	
<input type="checkbox"/> WINDOW TYPE AIR- CONDITION	<input type="checkbox"/> FREIGHT ELEVATOR			
<input type="checkbox"/> PACKAGE AIR- CONDITIONING UNIT	<input type="checkbox"/> PASSENGER ELEVATOR			
<input type="checkbox"/> OTHERS (SPECIFY) _____				
PROPOSED DATE OF INSTALLATION _____	EXPECTED DATE OF COMPLETION: _____			
TOTAL INSTALLATION COST: _____	PREPARED BY: _____			

BOX 2 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)

<p><b>ACTION TAKEN:</b></p> <p>PERMIT IS HEREBY GRANTED TO INSTALL THE MECHANICAL EQUIPMENT ENUMERATED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS.</p> <ol style="list-style-type: none"> <li>1. THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE " NATIONAL BUILDING CODE".</li> <li>2. THAT A DULY LICENSED PROFESSIONAL MECHANICAL ENGINEER BE ENGAGED TO UNDERTAKE THE INSTALLATION/ CONSTRUCTION.</li> <li>3. THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY A PROFESSIONAL MECHANICAL ENGINEER IN- CHARGE OF INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION</li> <li>4. THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING</li> <li>5. THAT AN ANNUAL CERTIFICATE OF INSPECTION SHALL BE SECURED FOR THE CONTINUOUS OPERATION OF THE MECHANICAL EQUIPMENT INSTALLED .</li> </ol> <p><b>NOTE:</b></p> <p style="text-align: center;">THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTIONS 305 &amp; 306 OF THE " NATIONAL BUILDING CODE"</p>	<p>ENGR. ISIDRO C. SUN, JR.</p> <p>OIC, OFFICE OF THE BUILDING OFFICIAL</p> <p>_____</p> <p>DATE</p>
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BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)

<b>BUILDING DOCUMENTS</b>	
(FIVE (5) SETS EACH)	
<input type="checkbox"/> MECHANICAL PLANS & SPECIFICATIONS <input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> COST ESTIMATES <input type="checkbox"/> OTHERS (SPECIFY) _____

BOX 4 (TO BE ACCOMPLISHED BY THE DIVISION/ SECTION CONCERNED)

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

BOX 5 ( TO BE ACCOMPLISHED BY THE DIVISION/ SECTION CONCERNED)

PROGRESS FLOW						
NOTED: CHIEF, PROCESSING DIVISION/ SECTION	IN		OUT		ACTION/ REMARKS	PROCESSED BY
	DATE	TIME	DATE	TIME		
RECEIVING AND RECORDING						
MECHANICAL						

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SETFORTH.

BOX 6

<b>PROF. MECH. ENGINEER</b>		P.R.C. REG. NO.
SIGNED AND SEALED PLANS & SPECIFICATIONS		
PRINT NAME		
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TAN

SIGNATURE		
_____		
<b>A P P L I C A N T</b>		
RES. CERT. NO.	DATE ISSUED	PLACE ISSUED

BOX 7

<b>PROF. MECH. ENGINEER</b>		P.R.C. REG. NO.
IN- CHARGE OF INSTALLATION		
PRINT NAME		
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TAN