



Republic of the Philippines  
**DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS**  
**OFFICE OF THE LOCAL BUILDING OFFICIAL**



City of Bacolod  
 Province of Negros Occidental  
 AREA CODE \_\_\_\_\_

**CERTIFICATE OF FINAL ELECTRICAL INSPECTION/COMPLETION**

THIS IS TO CERTIFY THAT FINAL INSPECTION OF THE ELECTRICAL INSTALLATION HAD BEEN CONDUCTED ON THE BUILDING AND/OR PREMISES COVERED BY BUILDING PERMIT NO. \_\_\_\_\_ ISSUED ON \_\_\_\_\_ AND THE SAME WERE FOUND COMPLETED IN ACCORDANCE WITH THE APPROVED PLANS AND SPECIFICATIONS ON FILE WITH THE OFFICE OF THE BUILDING OFFICIAL AND IN ACCORDANCE WITH PHILIPPINE ELECTRICAL PROVISIONS.

NAME OF OWNER/APPLICANT:		LAST NAME,	FIRST NAME,	MIDDLE NAME
ADDRESS:	NO.	STREET,	BARANGAY,	CITY/MUNICIPALITY
LOCATION OF INSTALLATION:	NO.	STREET,	BARANGAY,	CITY/MUNICIPALITY
TYPE OF OCCUPANCY OR USE:				
<input type="checkbox"/> A. RESIDENTIAL DWELLING	<input type="checkbox"/> E. BUSINESS & MERCANTILE		<input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE	
<input type="checkbox"/> B. RESIDENTIAL HOTEL, APARTMENT	<input type="checkbox"/> F. INDUSTRIAL			
<input type="checkbox"/> C. EDUCATIONAL & RECREATION	<input type="checkbox"/> G. STORAGE & HAZARDOUS			
<input type="checkbox"/> D. INSTITUTIONAL	<input type="checkbox"/> H. ASSEMBLY OTHER THEN GROUP I			
START OF INSTALLATION _____			DATE OF COMPLETION _____	

OUTLETS/DEVICES/EQUIPMENT			
NUMBER OF OUTLETS:		NUMBER OF EQUIPMENT/WIRING DEVICES	
____ LIGHT	____ SPO. COOKING UNIT	____ TOGGLE SWITCH	____ FA DETECTORS
____ CONVENIENCE/RECEPTANCE	____ SPO. WATER HEATR	____ BELL/BUZZERS	____ OTHERS (See attached List)
____ SPO. AIRCON	____ SPO. WATER PUMP	____ PUSH BUTTONS	

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		PRC REG. NO. _____
SIGNATURE		VALIDITY _____
ADDRESS		
PTR NO.	DATE ISSUED	PLACE ISSUED
CTC NO.	DATE ISSUED	TIN

ELECTRICAL CONTRACTOR (200 AMPIRE MAIN AND ABOVE)		
NAME	PCAB LIC. NO. VALIDITY	(SPECIALTY ELECTRICAL)
ADDRESS		TEL./FAX NO.

TYPE OF INSTALLATION	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> NEW	<input type="checkbox"/> REMODEL/ALTERATION	
TYPES OF WIRING:	<input type="checkbox"/> CONDUITS	<input type="checkbox"/> CABLE	<input type="checkbox"/> ARMORED CABLE	<input type="checkbox"/> RACEWAYS
<input type="checkbox"/> OPEN WIRING				
<input type="checkbox"/> OTHERS				

Inspected by: \_\_\_\_\_ Recommending Approval: \_\_\_\_\_ Issued: \_\_\_\_\_

\_\_\_\_\_  
 ELECTRICAL INSPECTOR  
 (Signature Over Printed Name)

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

**Engr. ISIDRO C. SUN JR.**  
 OIC, BUILDING OFFICIAL  
 (Signature Over Printed Name)

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

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

AMOUNT PAID P \_\_\_\_\_ O.R. NO. \_\_\_\_\_ DATE \_\_\_\_\_

NUMBER OF STORIES:	
ESTIMATED COST:	
ACTUAL COST:	
a.) Materials (Total Cost) P	_____
1. Electrical wires	: _____
2. Lighting outlets	: _____
3. Convenience outlets	: _____
4. Switches	: _____
Others (specify)	: _____
b.) Others costs	: _____
This includes professional fees, permits and other fees	

1. Loads to be connected:	
_____ LIGHT	_____ SPO. COOKING UNIT
_____ CONVENIENCE/RECEPTANCE	_____ SPO. WATER HEATER
_____ SPO. AIRCON	_____ SPO. WATER PUMP
_____ TOGGOLE SWITCH	_____ FA DETECTORS
_____ BELL/BUZZERS	_____ OTHERS (See attached list)
_____ PUSH BUTTONS	
2. Nature of Works: _____	
3. Type of Service: Voltage _____ Size of Wire _____ Phone _____	
4. Remarks : _____	

I hereby certify that the above data and information are true and correct to the best of my knowledge and belief.

ELECTRICAL FEES		PEE/REE/ME	
Fee	P _____	ADDRESS	
Surcharge	P _____	PRC REG. NO.	VALIDITY
Total	P _____	PTR NO.	TIN
Computed by: _____		CTC NO. _____	
Signature Over Printed Name		DATE ISSUED _____	
		PLACE ISSUED _____	

<b>LOAD</b>	
Name of Work:	
Inspector: _____	Contractor _____
Fee : P	
Paid under Official Receipt No. _____	Owner/Occupant _____
Date _____	

Recommending Approval:

Issued:

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

\_\_\_\_\_  
OIC, BUILDING OFFICIAL  
(Signature Over Printed Name)

Note: Renewals or extension of this permit and/or final certification of the electrical installation are subject to inspection and payment of corresponding fees in conformity with pertinent provisions of the "National Building Code" (P.D. 1096) and its implementing rules and regulations.