



Republic of the Philippines
City of Bacolod
Province of Negros Occidental



OFFICE OF THE BUILDING OFFICIAL

ELECTRIAL PER MIT

APPLICATION NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EP NO

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BUILDING PERMIT NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)

OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN	
FOR CONSTRUCTION OWNED BY AN ENTERPRISE		FORM OF OWNERSHIP	USE OR CHARACTER OF OCCUPANCY		
ADDRESS: NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY	ZIP CODE	TELEPHONE NO
LOCATION OF CONSTRUCTION:	LOT NO. _____	BLK NO. _____	TCT NO. _____	TAX DEC. NO. _____	
STREET _____	BARANGAY _____	CITY/ MUNICIPALITY OF _____			
SCOPE OF WORK					
<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> RECONNECTION OF SERVICE ENTRANCE	<input type="checkbox"/> RELOCATION OF SERVICE ENTRANCE			
<input type="checkbox"/> ANNUAL INSPECTION	<input type="checkbox"/> SEPARATION OF SERVICE ENTRANCE	<input type="checkbox"/> OTHERS (Specify) _____			
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> UPGRADING OF SERVICE ENTRANCE	_____			
SUMMARY OF ELECTRICAL LOADS/CAPACITIES APPLIED FOR					
TOTAL CONNECTED LOAD _____ kVA	TOTAL TRANSFORMER CAPACITY _____ kVA	TOTAL GENERATOR/UPS CAPACITY _____ kVA			

BOX 2 (TO BE ACCOMPLISHED IN PRINT BY THE DESIGN PROFESSIONAL)

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS			
_____ PROFESSIONAL ELECTRICAL ENGINEER (Signed and Sealed Over Printed Name)	Address _____		
	PRC. No	Validity	
	PTR. No	Date Issued	
	Issued at	TIN	
Date _____			

BOX 3

SUPERVISOR / IN-CHARGE OF ELECTRICAL WORKS		
<input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED MASTER ELECTRICIAN
_____ (Signed and Sealed Over Printed Name)		
Date _____		
PRC. No	Validity	
PTR. No	Date Issued	
Issued at	TIN	
Address _____		

BOX 4

BUILDING OWNER		
_____ (Signature Over Printed Name)		
Date _____		
Address _____		
C.T.C. No.	Date Issued	Place Issued

BOX 5

WITH MY CONSENT: LOT OWNER		
_____ (Signature Over Printed Name)		
Date _____		
Address _____		
C.T.C. No.	Date Issued	Place Issued

