

Republic of the Philippines
City of ORMOC
Province of LEYTE
OFFICE OF THE BUILDING OFFICIAL

ELECTRICAL PERMIT

APPLICATION NO.

EP NO.

BUILDING PERMIT NO.

| | | | | | | | | | |
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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 | ZIPCODE TELEPHONE NO. |
| LOCATION OF CONSTRUCTION STREET | LOT NO. BARANGAY | BLK NO. | TCT NO. | TAX DEC NO. |
| 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 | TOTAL TRANSFORMER CAPACITY | TOTAL GENERATOR/UPS CAPACITY | | |
| _____ KVA. | _____ KVA | _____ KVA | | |

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

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

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 _____ | | |
| CTC No. _____ | Date Issued _____ | Place Issued _____ |

| | | |
|-------------------------------|-------------------|--------------------|
| WITH MY CONSENT: LOT OWNER | | |
| (Signature Over Printed Name) | | Date _____ |
| Address _____ | | |
| CTC No. _____ | Date Issued _____ | Place Issued _____ |