Republic of the Philippines
City of Imus
Province of Cavite

OFFICE OF THE BUILDING OFFICIAL

ELECTRICAL PERMIT

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

- ☐ NEW INSTALLATION
- ☐ ANNUAL INSPECTION
- ☐ TEMPORARY
- ☐ RECONNECTION OF SERVICE ENTRANCE
- ☐ SEPARATION OF SERVICE ENTRANCE
- ☐ UPGRADING OF SERVICE ENTRANCE
- ☐ RELOCATION OF SERVICE ENTRANCE
- ☐ OTHERS (Specify) _____

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_____

PROFESSIONAL ELECTRICAL ENGINEER
(Signed and Sealed Over Printed Name)

Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 3

SUPERVISOR / IN-CHARGE OF ELECTRICAL WORKS

☐ **PROFESSIONAL ELECTRICAL ENGINEER** ☐ **REGISTERED ELECTRICAL ENGINEER** ☐ **REGISTERED MASTER ELECTRICIAN**

_____ Date_____
(Signed and Sealed Over Printed Name)

PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN
Address	

BOX 4

BUILDING OWNER

_____ Date_____
(Signature Over Printed Name)

Address		
C.T.C. No.	Date Issued	Place Issued

BOX 5

WITH MY CONSENT: **LOT OWNER**

_____ Date_____
(Signature Over Printed Name)

Address		
C.T.C. No.	Date Issued	Place Issued

ELECTRICAL CONTRACTOR (200-AMPERE MAIN AND ABOVE)

NAME	PACB LIC. NO. (SPECIALTY ELECTRICAL) VALIDITY
ADDRESS	TEL/FAX NO.