

Republic of the Philippines
 City/Municipality of Imus
 Province of Cavite

OFFICE OF THE BUILDING OFFICIAL

ELECTRONICS PERMIT

APPLICATION NO.

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ELP NO

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BUILDING PERMIT NO.

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BOX 1 (TO BE ACCOMPLISHED 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"/> ANNUAL INSPECTION			<input type="checkbox"/> OTHERS (Specify) _____			

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

NATURE OF INSTALLATION WORKS/EQUIPMENT SYSTEM:

<input type="checkbox"/> TELECOMMUNICATION SYSTEM	<input type="checkbox"/> ELECTRONICS FIRE ALARM SYSTEM	<input type="checkbox"/> ELECTRONICS COMPUTERIZED PROCESS CONTROLS AUTOMATION SYSTEM
<input type="checkbox"/> BROADCASTING SYSTEM	<input type="checkbox"/> SOUND COMMUNICATION SYSTEM	<input type="checkbox"/> BUILDING AUTOMATION MANAGEMENT AND CONTROL SYSTEM
<input type="checkbox"/> TELEVISION SYSTEM	<input type="checkbox"/> CENTRALIZED CLOCK SYSTEM	<input type="checkbox"/> BUILDING WIRING UTILIZING COPPER CABLE, FIBER OPTIC CABLE OR OTHER MEDIAL ELECTRONICS SYSTEM
<input type="checkbox"/> INFORMATION TECHNOLOGY SYSTEM	<input type="checkbox"/> SOUND SYSTEM	
<input type="checkbox"/> SECURITY AND ALARM SYSTEM	<input type="checkbox"/> ELECTRONICS CONTROL AND CONVEYOR SYSTEM	
<input type="checkbox"/> ANY OTHER ELECTRONICS AND I.T. SYSTEMS, EQUIPMENT, APPARATUS, DEVICE AND/OR COMPONENT (Specify) _____		

PREPARED BY _____

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS

 Date _____
PROFESSIONAL ELECTRONICS ENGINEER
 (Signed and Sealed Over Printed Name)

Address _____

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

BOX 4

SUPERVISOR / IN-CHARGE OF ELECTRONICS WORKS

 Date _____
PROFESSIONAL ELECTRONICS ENGINEER
 (Signed and Sealed Over Printed Name)

Address _____

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

BOX 5

BUILDING OWNER

 (Signature Over Printed Name)
 Date _____

Address _____

C.T.C. No.	Date Issued	Place Issued
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BOX 6

WITH MY CONSENT: LOT OWNER

 (Signature Over Printed Name)
 Date _____

Address _____

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