NBC FORM NO. A - 04

Republic of the Philippines
City of Imus
Province of Cavite

OFFICE OF THE BUILDING OFFICIAL

MECHANICAL PERMIT

APPLICATION NO. ☐☐☐☐☐☐☐☐☐☐

MP 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 CONSTRUCTION
- ☐ ERECTION
- ☐ ADDITION
- ☐ ALTERATION
- ☐ RENOVATION _____
- ☐ CONVERSION _____
- ☐ REPAIR _____
- ☐ MOVING _____
- ☐ RAISING_____
- ☐ DEMOLITION _____
- ☐ ACCESSORY BUILDING/STRUCTURE _____
- ☐ OTHERS (Specify) _____

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

INSTALLATION AND OPERATION OF:

- ☐ BOILER
- ☐ PRESSURE VESSEL
- ☐ INTERNAL COMBUSTION ENGINE
- ☐ REFRIGERATION AND ICE MAKING
- ☐ WINDOW TYPE AIRCONDITIONING
- ☐ PACKAGED/ SPLIT TYPE AIRCONDITIONING
- ☐ OTHERS (Specify) _____
- ☐ CENTRAL AIRCONDITIONING
- ☐ MECHANICAL VENTILLATION
- ☐ ESCALATOR
- ☐ MOVING SIDEWALK
- ☐ FREIGHT ELEVATOR
- ☐ PASSENGER ELEVATOR
- ☐ CABLE CAR
- ☐ DUMBWAITER
- ☐ PUMPS
- ☐ COMPRESSED AIR, VACUUM, INSTITUTIONAL and/or INDUSTRIAL GAS
- ☐ PNEUMATIC TUBES, CONVEYORS and/or MONORAILS
- ☐ FUNICULAR

PREPARED BY _____

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS

_____
PROFESSIONAL MECHANICAL ENGINEER
(Signed and Sealed Over Printed Name)
Date_____

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

BOX 4

SUPERVISOR / IN-CHARGE OF MECHANICAL WORKS

☐ **PROFESSIONAL MECHANICAL ENGINEER** ☐ **MECHANICAL ENGINEER**

_____
(Signed and/or Sealed Over Printed Name)
Date_____

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

BOX 6

WITH MY CONSENT: **LOT OWNER**

_____
(Signature Over Printed Name)
Date_____

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