

Republic of the Philippines  
City of **SILAY**  
Province of **NEGROS OCCIDENTAL**  
**OFFICE OF THE BUILDING OFFICIAL**  
**ELECTRICAL PERMIT**

APPLICATION NO.

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EP NO

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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
<b>SILAY CITY GOVERNMENT (MAMBULAC BRGY. HEALTH STATION)</b>				
FOR CONSTRUCTION OWNED BY AN ENTERPRISE		FORM OF OWNERSHIP	USE OR CHARACTER OF OCCUPANCY INSTITUTIONAL	
ADDRESS: NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY	TELEPHONE NO
LOCATION OF CONSTRUCTION: LOT NO. _____		BLK NO. _____	TCT NO. _____	TAX DEC. NO. _____
STREET _____		BARANGAY <b>MAMBULAC</b>	CITY/ MUNICIPALITY OF <b>SILAY</b>	
<b>SCOPE OF WORK</b>				
<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	_____		
<b>SUMMARY OF ELECTRICAL LOADS/CAPACITIES APPLIED FOR</b>				
TOTAL CONNECTED LOAD _____ kVA	TOTAL TRANSFORMER CAPACITY _____ kVA	TOTAL GENERATOR/UPS CAPACITY _____ kVA		

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

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

**BOX 3**

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

**BOX 4**

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

**BOX 5**

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