

Republic of the Philippines
City of Silay
Province of Negros Occidental
OFFICE OF THE BUILDING OFFICIAL

MECHANICAL PERMIT

APPLICATION NO.

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MP 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
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 CONSTRUCTION	<input type="checkbox"/> RENOVATION _____	<input type="checkbox"/> RAISING _____		
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION _____	<input type="checkbox"/> DEMOLITION _____		
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____		
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____	<input type="checkbox"/> OTHERS (Specify) _____		

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

INSTALLATION AND OPERATION OF:		
<input type="checkbox"/> BOILER	<input type="checkbox"/> CENTRAL AIRCONDITIONING	<input type="checkbox"/> DUMBWAITER
<input type="checkbox"/> PRESSURE VESSEL	<input type="checkbox"/> MECHANICAL VENTILLATION	<input type="checkbox"/> PUMPS
<input type="checkbox"/> INTERNAL COMBUSTION ENGINE	<input type="checkbox"/> ESCALATOR	<input type="checkbox"/> COMPRESSED AIR, VACUUM, INSTITUTIONAL and/or INDUSTRIAL GAS
<input type="checkbox"/> REFRIGERATION AND ICE MAKING	<input type="checkbox"/> MOVING SIDEWALK	<input type="checkbox"/> PNEUMATIC TUBES, CONVEYORS and/or MONORAILS
<input type="checkbox"/> WINDOW TYPE AIRCONDITIONING	<input type="checkbox"/> FREIGHT ELEVATOR	<input type="checkbox"/> FUNICULAR
<input type="checkbox"/> PACKAGED/ SPLIT TYPE AIRCONDITIONING	<input type="checkbox"/> PASSENGER ELEVATOR	
<input type="checkbox"/> OTHERS (Specify) _____	<input type="checkbox"/> CABLE CAR	
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	
<input type="checkbox"/> PROFESSIONAL MECHANICAL ENGINEER <input type="checkbox"/> 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