

**REPUBLIC OF THE PHILIPPINES  
CITY OF TARLAC  
Tarlac**

**OFFICE OF THE BUILDING OFFICIAL**

**CERTIFICATE OF FINAL ELECTRICAL INSPECTION/COMPLETION**

THIS IS TO CERTIFY THAT FINAL INSPECTION OF THE ELECTRICAL INSTALLATION HAD BEEN CONDUCTED ON THE BUILDING AND/OR PREMISES COVERED BY BUILDING PERMIT NO. \_\_\_\_\_ ISSUED ON \_\_\_\_\_ AND THE SAME WERE FOUND COMPLETED IN ACCORDANCE WITH THE APPROVED PLANS AND SPECIFICATIONS ON FILE WITH THE OFFICE OF THE BUILDING OFFICIAL AND IN ACCORDANCE WITH PHILIPPINE ELECTRICAL CODE PROVISIONS.

NAME OF OWNER/APPLICANT:	LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS:	NO.	STREET	CITY/MUNICIPALITY
LOCATION OF INSTALLATION:	NO.	STREET	CITY/MUNICIPALITY
TYPE OF OCCUPANCY USE			
<input type="checkbox"/> A. RESIDENTIAL DEWLLING	<input type="checkbox"/> E. BUSINESS & MERCANTILE	<input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 1000 OR	
<input type="checkbox"/> B. RESIDENTIAL HOTEL/APARTMENT	<input type="checkbox"/> F. INDUSTRIAL	<input type="checkbox"/> J. ACCESSORY	
<input type="checkbox"/> C. EDUCATION & RECREATION	<input type="checkbox"/> G. STORAGE & HAZARDOUS	<input type="checkbox"/> K. OTHERS (SPECIFY) _____	
<input type="checkbox"/> D. INSTITUTIONAL	<input type="checkbox"/> H. ASSEMBLY OTHER THAN		
START OF INSTALLATION _____		DATE OF COMPLETION _____	

OUTLET/DEVICE/EQUIPMENT			
NUMBER OF OUTLETS:		NUMBER OF EQUIPMENT/WIRING DEVICE	
_____ LIGHT	_____ SPO, COOKING UNIT	_____ SPO, COOKING UNIT	_____ FA DETECTORS
_____ CONVENIENCE/RECEPTANCE	_____ SPO, WATER HEATER	_____ SPO, WATER HEATER	OTHERS (See Attached List)
_____ SPO, AIRCON	_____ SPO, WATER PUMP	_____ SPO, WATER PUMP	_____

PERSON-IN-CHARGE OF INSTALLATION		
<input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED MASTER ELECTRICIAN (Not Exceeding 600 Volts & 500kVa)
NAME		PRC REG NO.
SIGNATURE		VALIDITY
ADDRESS		
PTR NO.	DATE ISSUED	PLACE ISSUED
CTC NO.	DATE ISSUED	TIN

ELECTRICAL CONTRACTOR (200-AMPERE MAIN AND ABOVE)		
NAME		PCAB LIC. NO. (SPECIALTY ELECTRICAL)
		VALIDITY
ADDRESS		TEL/FAX NO.

TYPE OF INSTALLATION		
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> NEW	<input type="checkbox"/> REMODEL/ALTERATION
TYPE/S OF WIRING		
<input type="checkbox"/> OPEN WIRING	<input type="checkbox"/> CONDUITS	<input type="checkbox"/> CABLE
<input type="checkbox"/> OTHERS	<input type="checkbox"/> ARMORED CABLE	RACEWAYS

INSPECTED BY:

\_\_\_\_\_

**JESUS P. CAWIGAN, JR.**  
***Building Official***

AMOUNT PAID P \_\_\_\_\_ O.R. No. \_\_\_\_\_ DATE \_\_\_\_\_