

Area Code \_\_\_\_\_

Paid Under O.R. No. \_\_\_\_\_

Permit No. \_\_\_\_\_

Amount \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

BOX 1

NAME OF OWNER/APPLICANT:	LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS:	NO.	STREET	BARANGAY	CITY/MUNICIPALITY
LOCATION OF INSTALLATION:	NO.	STREET	BARANGAY	CITY/MUNICIPALITY

BOX 2

PURPOSE:

CONSTRUCTION LIGHTING & POWER       CEMETERY LIGHTING & POWER       CARNIVAL/FIESTA LIGHTING & POWER

CHRISTMAS DECORATIVE LIGHTING       OTHERS \_\_\_\_\_

BOX 3

NUMBER OF OUTLETS:	LIGHTS _____	SWITCHES _____
	OTHERS _____	

BOX 4

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.	VALIDITY
ADDRESS	TEL/FAX NO.	
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE	DATE ISSUED	TIN

BOX 5

OWNER/APPLICANT			
NAME	SIGNATURE	TIN	CTC NO. _____
			DATE ISSUED _____
			PLACE ISSUED _____

BOX 6

PERMIT IS HEREBY GRANTED TO CONNECT TEMPORARY ELECTRICAL INSTALLATION WITH THE AUTHORIZED LOAD SPECIFIED ABOVE LOCATED AT \_\_\_\_\_

FOR PERIOD OF \_\_\_\_\_ DAYS FROM DATE \_\_\_\_\_

AFTER WHICH THE PERIOD WILL BE DISCONNECTED.

THIS PERMIT SHALL BE SUSPENDED OR REVOKED ANY TIME ITS EXPIRATION WHENEVER ALTERATIONS OR CHANGES IN THE ELECTRICAL WIRING SYSTEM HAVE RENDERED IT UNSAFE.

INSPECTED BY: \_\_\_\_\_

APPROVED

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