



REPUBLIC OF THE PHILIPPINES  
 PROVINCE OF PAMPANGA  
 CITY OF SAN FERNANDO  
 OFFICE OF THE BUILDING OFFICIAL  
 AREA CODE: 5416W

DPWH FORM NO. 77-001-E  
 Revision No. 01

APPLICATION NO.

DATE APPLICATION FILED

**APPLICATION FOR  
 ELECTRICAL PERMIT**

Date of Proposed Start of Installation

Expected Date of Completion

Box 1 (TO BE ACCOMPLISHED BY A DULY QUALIFIED ELECTRICAL PRACTITIONER)

NAME OF OWNER/APPLICANT	LAST NAME	FIRST NAME	MIDDLE NAME	T.I.N
ADDRESS:	NO.	STREET	BARANGAY	CITY/MUNICIPALITY
LOCATION OF INSTALLATION:	NO.	STREET	BARANGAY	CITY/MUNICIPALITY
SCOPE OF WORK				
<input type="checkbox"/> NEW INSTALLATION		<input type="checkbox"/> ADDITON OF _____		<input type="checkbox"/> OTHERS (SPECIFY) _____
<input type="checkbox"/> ANNUAL INSPECTION		<input type="checkbox"/> REPAIR OF _____		_____
		<input type="checkbox"/> REMOVAL OF _____		_____
TYPE OF OCCUPANCY:				
<input type="checkbox"/> A. RESIDENTIAL DWELLING	<input type="checkbox"/> H. BUSINESS AND MERCANTILE	<input type="checkbox"/> E. ASSEMBLY OCCUPANT LOAD 1000 OR MORE		
<input type="checkbox"/> B. RESIDENTIAL , HOTEL, APARTMENT	<input type="checkbox"/> I. INDUSTRIAL	<input type="checkbox"/> F. ACCESSORY		
<input type="checkbox"/> C. EDUCATION AND RECREATION	<input type="checkbox"/> J. STORAGE AND HAZARDOUS	<input type="checkbox"/> G. OTHERS (SPECIFY) _____		
<input type="checkbox"/> D. INSTITUTIONAL	<input type="checkbox"/> K. ASSEMBLY OTHER THAN GROUP I	_____		
NUMBER OF OUTLETS:			NUMBER OF EQUIPMENT/WIRING DEVICES:	
___ LIGHT	___ SPO, COOKING UNIT	___ TOGGLE SWITCH	___ FA DETECTOR	
___ CONVENIENCE/RECEPTACLE	___ SPO, WATER HEATER	___ BELL/BU	___ OTHERS (See Attached List)	
___ SPO, AIRCON	___ SPO, WATER PUMP	___ PUSH BUTTONS		

BOX 2 (PROFESSIONAL ELECTRICAL ENGINEER WHO SIGNED AND SEALED PLANS & SPECIFICATIONS)

NAME	PRC REG. NO.	VALIDITY
ADDRESS	TEL./FAX NO.	
P.T.R NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE	DATE ISSUED	T.I.N

BOX 3 (ELECTRICAL CONTRACTOR-200AMPERE MAIN AND ABOVE)

NAME	PCAB LIC. NO.	(SPECIAL ELECATRICAL)
ADDRESS	TEL. FAX. NO.	

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 600Volts & 500kVA)
NAME	PRC REG NO.	VALIDITY
ADDRESS	TEL/FAX NO.	
P.T.R NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE	DATE SIGNED	T.I.N

BOX 5 (OWNER/AUTHORIZED REPRESENTATIVE)

NAME	SIGNATURE	T.I.N	CTC NO. _____ DATE ISSUED _____ PLACE ISSUED _____

BOX 6 (TO BE RECEIVED BY RECEIVING/RECORDING SECTION)

ELECTRICAL PLANS AND SPECIFICATIONS (5 SETS)	RECEIVED BY: _____ Signature Over Printed Name
	DATE RECEIVED: _____



PERMIT NO.

APPLICATION NO.

DATE ISSUED \_\_\_\_\_

PAID UNDER O.R NO. \_\_\_\_\_

AMOUNT \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
 Date Filed

**ELECTRICAL PERMIT**

(To be Accomplished by the Office Concerned)

**BOX 1**

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

**BOX 2**

ASSESSED FEES			
AMOUNT DUE	ASSESSED BY	O.R NO.	DATE PAID
			REVIEWED BY:  _____ CHIEF, PROCESSING DIV./SEC.

**BOX 3**

PERMIT IS HEREBY GRANTED TO INSTALL THE ELECTRICAL WIRING, DEVICES AND EQUIPMENT ENUMERATED IN THE APPLICATION SUBJECT TO THE FOLLOWING CONDITIONS.

1. THAT THE PROPOSED INSTALLATION BE IN ACCORDANCE WITH THE APPROVED PLANS WITH THIS OFFICE AND IN CONFORMITY WITH THE PROVISIONS OF THE LATEST EDITION OF THE PHILIPPINE ELCTRICAL CODE.
2. THAT A DULY LICENSED ELECTRICAL PRACTITIONER BE INCHARGE OF THE INSTALLATION/CONSTRUCTION.
3. THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY THE ELECTRICAL PRACTITIONER INCHARGE OF THE INSTALLATION BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS COMPLETION OF INSTALLATION.
4. THAT A CERTIFICATE OF FINAL ELECTRICAL INSPECTIONS BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.
5. THIS PERMIT SHALL BE POSTED AT THE DOOR OR SITE OF WORK.

APPROVED BY:

\_\_\_\_\_  
 ELECTRICAL ENGINEER OF THE BUILDING OFFICE  
 (Signature over Printed Name)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 PRC REG. NO. & VALIDITY

\_\_\_\_\_  
 Date

Noted:

\_\_\_\_\_  
 BUILDING OFFICIAL  
 (Signature over Printed Name)

**NOTE 1: This permit may be cancelled or revoked pursuant to Section 305 and 306 of the National Building code.**

**NOTE 2: Alterations on this from are not allowed.**