

REPUBLIC OF THE PHILIPPINES
MINISTRY OF PUBLIC WORKS
OFFICE OF THE BUILDING OFFICIAL

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APPLICATION NO.

Grid for application number

DISTRICT/CITY/MUNICIPALITY
AREA CODE

PERMIT NO.

Grid for permit number

MECHANICAL PERMIT

DATE OF APPLICATION

DATE ISSUED

BOX 1 (TO BE ACCOMPLISHED BY PROFESSIONAL MECHANICAL ENGINEER IN PRINT)

NAME OF OWNER/APPLICANT		LAST NAME, FIRST NAME, M.I	TIN NO.
ADDRESS		NO., STREET, BARANGAY, CITY MUNICIPALITY	TELEPHONE NO.
LOCATION OF INSTALLATION		NO., STREET, BARANGAY CITY MUNICIPALITY	
SCOPE OF WORK	<input type="checkbox"/> ADDITION OF _____	BUILDING PERMIT NO.	
<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> REMOVAL OF _____	CERTIFICATE OF OCCUPANCY NO.	
	<input type="checkbox"/> OTHERS (SPECIFY) _____		
USE OR TYPE OF OCCUPANCY			
<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> AGRICULTURAL	
<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> LANDSCAPING	
<input type="checkbox"/> INDUSTRIAL		<input type="checkbox"/> OTHERS (SPECIFY) _____	
<input type="checkbox"/> INSTITUTIONAL			
INSTALLATION AND OPERATION OF			
<input type="checkbox"/> BOILER	<input type="checkbox"/> CENTRAL AIR CONDITIONING	<input type="checkbox"/> DUMBWAITER	
<input type="checkbox"/> PRESSURE VESSELS	<input type="checkbox"/> MECHANICAL VENTILLATION	<input type="checkbox"/> PUMPS	
<input type="checkbox"/> INTERNAL COMBUSTION ENGINE	<input type="checkbox"/> ESCALATOR	<input type="checkbox"/> COMPRESSOR AIR, VACUUM	
<input type="checkbox"/> REFRIGERATION & ICE - MAKING	<input type="checkbox"/> MOVING SIDEWALK	INSTITUTIONAL and/or INDUS	
<input type="checkbox"/> WINDOW TYPE AIR - CONDITIONING	<input type="checkbox"/> FREIGHT ELEVATOR	TRIAL GAS	
<input type="checkbox"/> PACKAGE AIR - CONDITIONING UNIT	<input type="checkbox"/> PASSENGER ELEVATOR	<input type="checkbox"/> PNEUMATIC TUBES CONVEYORS	
		and/or MONORAILS	
<input type="checkbox"/> OTHERS (SPECIFY) _____			
PROPOSED DATE OF INSTALLATION _____		EXPECTED DATE OF COMPLETION _____	
TOTAL INSTALLATION COST : _____		PREPARED BY _____	

BOX 2 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)

ACTION TAKEN :

PERMIT IS HEREBY GRANTED TO INSTALL THE COMMERCIAL EQUIPMENT ENUMERATED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS.

1. THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE "NATIONAL BUILDING CODE".
2. THAT A DULY LICENSED PROFESSIONAL MECHANICAL ENGINEER BE ENGAGED TO UNDERTAKE THE INSTALLATION CONSTRUCTION.
3. THAT A CERTIFICATE OF COMPLETION DULY SIGNED PROFESSIONAL MECHANICAL ENGINEER IN CHARGE OF INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION.
4. THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.
5. THAT AN ANNUAL CERTIFICATE OF INSPECTION SHALL BE SECURED FOR THE CONTINUOUS OPERATION OF THE MECHANICAL EQUIPMENT INSTALLED.

ENGR. RONALDO J. SAN JUAN
MUNICIPAL ENGINEER

_____ DATE

NOTE: THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO ELECTIONS 305 & 308 OF THE "NATIONAL BUILDING CODE"

BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING AND RECORDING SECTION)

BUILDING DOCUMENTS
(FIVE (5) SETS EACH)

- MECHANICAL PLANS & SPECIFICATIONS BILLS OF MATERIALS
 COST ESTIMATES OTHERS (SPECIFY)

BOX 4 (TO BE ACCOMPLISHED BY THE DIVISION/SECTION CONCERNED)

	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID
MECHANICAL				

REVIEWED
CHIEF, PROCESSING DIV./SEC

BOX 5 (TO BE ACCOMPLISHED BY THE DIVISION/SECTION CONCERNED)

PROGRESS FLOW						
NOTED CHIEF, PROCESSING DIVISION/SECTION	IN		OUT		ACTION REMARKS	PROCESSED B
	DATE	TIME	DATE	TIME		
RECEIVING AND RECORDING						
MECHANICAL						

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SET FORTH

BOX 6

PROF. MECH. ENGINEER		PRC REG. NO.
SIGNED AND SEALED PLANS & SPECIFICATION		
PRINT NAME		
ADDRESS		
P.T.A. NO.	DATE ISSUED	PLACED ISSUED
SIGNATURE	TIN	

SIGNATURE		
APPLICANT		
RES. CERT. NO.	DATE ISSUED	PLACED ISSUED

BOX 7

PROF. MECH. ENGINEER		PRC REG. NO.
IN-CHARGED OF INSTALLATION		
PRINT NAME		
ADDRESS		
P.T.A. NO.	DATE ISSUED	PLACED ISSUED
SIGNATURE	TIN	