



REPUBLIC OF THE PHILIPPINES  
**LUCENA CITY**  
**DEPARTMENT OF THE BUILDING OFFICIAL**

### APPLICATION FOR MECHANICAL PERMIT

APPLICATION NO.

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DATE OF APPLICATION: \_\_\_\_\_

**BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT AND BY THE DESIGN PROFESSIONAL)**

OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN		
FOR CONSTRUCTION OWNED BY AN ENTERPRISE		FORM OF OWNERSHIP				
ADDRESS	NO.	STREET,	BARANGAY,	CITY/MUNICIPALITY	ZIP CODE	TEL. NO.
LOCATION OF CONSTRUCTION: LOT NO.: _____ BLK NO.: _____ TCT NO.: _____ TAX DEC. NO.: _____						
STREET: _____ BARANGAY: _____ LUCENA CITY.						
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 IN PRINT 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 VENTILATION	<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"/> PACKAGE/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**

PROFESSIONAL MECHANICAL ENGINEER       MECHANICAL ENGINEER

\_\_\_\_\_  
(Signed and Sealed Over Printed Name)  
Date \_\_\_\_\_

Address \_\_\_\_\_

PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

**BOX 5**

**BUILDING OWNER / APPLICANT**

\_\_\_\_\_  
(Signature Over Printed Name)  
Date \_\_\_\_\_

Address \_\_\_\_\_

CTC No.	Date Issued	Place Issued
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**BOX 6**

**WITH MY CONSENT: LOT OWNER**

\_\_\_\_\_  
(Signature Over Printed Name)  
Date \_\_\_\_\_

Address \_\_\_\_\_

CTC No.	Date Issued	Place Issued
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**BOX 7**

\_\_\_\_\_  
Date \_\_\_\_\_

**APPLICANT**  
(Signature Over Printed Name)

Address \_\_\_\_\_

CTC No.	Date Issued	Place Issued	TIN
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