

NOTE:
CERTIFICATE OF ELECTRICAL INSPECTION (CEI)
KINDLY PRINT BACK TO BACK (LONG BOND PAPER)



REPUBLIC OF THE PHILIPPINES
OFFICE OF THE CITY BUILDING OFFICIAL
 LUCENA CITY
 AREA CODE _____

CI - **EP2020** _____ -2020
 Issued on _____

CERTIFICATE OF FINAL INSPECTION/COMPLETION

THIS IS TO CERTIFY THAT FINAL INSPECTION OF THE ELECTRICAL INSTALLATION HAD BEEN CONDUCTED ON THE BUILDING AND/OR PREMISES COVERED BY ELECTRICAL 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 ACCORDANCE WITH PHILIPPINE ELECTRICAL CODE PROVISIONS.

NAME OF OWNER	LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	NO.	STREET	BARANGAY CITY
LOCATION OF INSTALLATION	NO.	STREET	BARANGAY CITY
TYPE OF OCCUPANCY OR USE:			
<input type="checkbox"/> A. RESIDENTIAL	<input type="checkbox"/> E. BUSINESS & MERCANTILE	<input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE	
<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 GROUP 1		
START OF INSTALLATION _____		DATE COMPLETION _____	

OUTLET/DEVICES/EQUIPMENT			
NUMBER OF OUTLETS		NUMBER OF OUTLETS	
____ LIGHTS	____ SPO, COOKING UNIT	____ TOGGLE SWITCH	____ FE DETECTOR
____ CONVENIENCE/RECEPTACLE	____ SPO, WATER HEATER	____ BELL/BUZZERS	____ OTHERS (See Attached List)
____ SPO, AIRCON	____ SPO, WATER PUMP	____ PUSH BUTTONS	

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 & 500 KVA)
NAME		PRC REG. NO. _____ VALIDITY _____
SIGNATURE		
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"/> SEPARATION	<input type="checkbox"/> REMODEL/ALTERATION	<input type="checkbox"/> RECONNECTION/RELOCATION	
TYPE OF WIRING:					
<input type="checkbox"/> OPEN WIRING	<input type="checkbox"/> CONDUIT	<input type="checkbox"/> CABLE	<input type="checkbox"/> ARMORED CABLE	<input type="checkbox"/> RACEWAYS	
<input type="checkbox"/> OTHERS					

INSPECTED BY:

RECOMMENDING APPROVAL:

APPROVED BY:

ESTELITO M. RAMOS JR.
 Engineer II
 (Registered Electrical Engineer)

ROMEO I. MAAÑO, JR.
 Engineer IV
 (Registered Electrical Engineer)

RHODENCIO L. TOLENTINO
 OIC-City Building Official

AMOUNT PAID P _____

O.R. NO. _____

DATE _____

NUMBER OF STORIES _____	
ESTIMATED COST _____	
ACTUAL COST _____	
a)	Materials (Total Cost) P_____
	1. Electrical wires _____
	2. Lighting outlets _____
	3. Convenience outlets _____
	4. Switches _____
	5. Others (specify) _____
b)	Other costs _____
This includes professional fees, permit and other fees.	

1. Load to be connected:			
_____ LIGHT	_____ SPO, COOKING UNIT	_____ TOGGLE SWITCH	_____ FEDETECTOR
_____ CONVENIENCE/RECEPTACLE	_____ SPO, WATER HEATER	_____ BELL/BUZZERS	_____ OTHERS(See Attached List)
_____ SPO, AIRCON	_____ SPO, WATER PUMP	_____ PUSH BUTTONS	
2. Nature of Works: <input type="checkbox"/> NEW INSTALLATION		<input type="checkbox"/> RECONNECTION OF METER <input type="checkbox"/> RELOCATION OF METER	
<input type="checkbox"/> TEMPORARY CONNECTION		<input type="checkbox"/> OTHERS _____	
3. Type of Service: Voltage 230 V Size of Wire <input type="checkbox"/> 2 - 5.5mm ² <input type="checkbox"/> 2 - 8.0mm ² Others <input type="checkbox"/> 2 - _____mm ²			
4. Remarks: _____			
* APPROVED *			

I hereby certify that the above data and information are true and correct to the best of my knowledge and beliefs.

ELECTRICAL FEES		PEE/REE/RME	
		ADDRESS	
Fee	P _____	PRC REG. NO.	VALIDITY
Surcharge	P _____	PTR NO.	TIN
Total	P _____		
Computed by: _____		CTC NO. _____	
Signature Over Printed Name		DATE ISSUED _____	
		PLACE ISSUED _____	

LOAD	
Nature of Works	
Inspector _____	Contractor _____
Fee:	
Paid under Official Receipt No.	
Date: _____	Owner/Occupant _____

NOTE: Renewal or extension of this permit and/or final certification of electrical installation are subject to inspection and payment of corresponding fees in conformity with provision of the "National Building Code" (P.D. 1096) and its implementing rules and regulations.