



Republic of the Philippines  
City of Lucena  
Province of Quezon

## OFFICE OF THE BUILDING OFFICIAL

# ELECTRICAL PERMIT

01-2023

APPLICATION NO.

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EP NO

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DATE ISSUED:

BUILDING PERMIT NO.

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### BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)

OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE		FORM OF OWNERSHIP	USE OR CHARACTER OF OCCUPANCY	
ADDRESS: NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY	ZIP CODE
TELEPHONE NO				
LOCATION OF CONSTRUCTION:	LOT NO. _____	BLK NO. _____	TCT NO. _____	TAX DEC. NO. _____
STREET _____	BARANGAY _____	CITY/ MUNICIPALITY OF _____		
<b>SCOPE OF WORK</b>				
<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> RECONNECTION OF SERVICE ENTRANCE	<input type="checkbox"/> RELOCATION OF SERVICE ENTRANCE		
<input type="checkbox"/> ANNUAL INSPECTION	<input type="checkbox"/> SEPARATION OF SERVICE ENTRANCE	<input type="checkbox"/> OTHERS (Specify) _____		
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> UPGRADING OF SERVICE ENTRANCE	_____		
<b>SUMMARY OF ELECTRICAL LOADS/CAPACITIES APPLIED FOR</b>				
TOTAL CONNECTED LOAD _____ kVA	TOTAL TRANSFORMER CAPACITY _____ kVA	TOTAL GENERATOR/UPS CAPACITY _____ kVA		

### BOX 2 (TO BE ACCOMPLISHED IN PRINT BY THE DESIGN PROFESSIONAL)

<b>DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS</b>			
_____ Date _____  <b>PROFESSIONAL ELECTRICAL ENGINEER</b> (Signed and Sealed Over Printed Name)	Address		
	PRC. No	Validity	
	PTR. No	Date Issued	
	Issued at	TIN	

### BOX 3

#### SUPERVISOR / IN-CHARGE OF ELECTRICAL WORKS

<input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED MASTER ELECTRICIAN
_____ Date _____ (Signed and Sealed Over Printed Name)		
PRC. No	Validity	
PTR. No	Date Issued	
Issued at	TIN	
Address		

### BOX 4

<b>BUILDING OWNER</b>		
_____ Date _____ (Signature over Printed Name)		
Address		
C.T.C. No.	Date Issued	Place Issued

### BOX 5

<b>WITH MY CONSENT: LOT OWNER</b>		
_____ Date _____ (Signature over Printed Name)		
Address		
C.T.C. No.	Date Issued	Place Issued

