



OFFICE OF THE BUILDING OFFICIAL
ELECTRONICS PERMIT

APPLICATION NO.

ELP NO.

BUILDING PERMIT NO.

BOX 1 (TO BE ACCOMPLISHED 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 DEMOLITION WORKS:		LOT NO. _____		BLK. NO. _____		TCT NO. _____		TAX DEC. NO. _____		
STREET _____		BARANGAY _____				CITY OF SAN PABLO				
SCOPE OF WORK										
<input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> ANNUAL INSPECTION <input type="checkbox"/> OTHERS (Specify) _____										

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

NATURE OF INSTALLATION WORKS/EQUIPMENT SYSTEM:		
<input type="checkbox"/> TELECOMMUNICATION SYSTEM	<input type="checkbox"/> ELECTRONICS FIRE ALARM SYSTEM	<input type="checkbox"/> ELECTRONICS COMPUTERIZED PROCESS CONTROLS AUTOMATION SYSTEM
<input type="checkbox"/> BROADCASTING SYSTEM	<input type="checkbox"/> SOUND COMMUNICATION SYSTEM	<input type="checkbox"/> BUILDING AUTOMATION MANAGEMENT AND CONTROL SYSTEM
<input type="checkbox"/> TELEVISION SYSTEM	<input type="checkbox"/> CENTRALIZED CLOCK SYSTEM	<input type="checkbox"/> BUILDING WIRING UTILIZING COPPER CABLE, FIBER OPTIC CABLE OR OTHER MEDIAL ELECTRONICS SYSTEM
<input type="checkbox"/> INFORMATION TECHNOLOGY SYSTEM	<input type="checkbox"/> SOUND SYSTEM	
<input type="checkbox"/> SECURITY AND ALARM SYSTEM	<input type="checkbox"/> ELECTRONICS CONTROL AND CONVEYOR SYSTEM	
<input type="checkbox"/> ANY OTHER ELECTRONICS AND IT SYSTEMS, EQUIPMENT, APPARATUS, DEVICE AND/OR COMPONENT (Specify)	_____	
PREPARED BY _____		

BOX 3

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

BOX 4

SUPERVISOR/ IN-CHARGE OF ELECTRONICS WORKS	
_____ Date _____	
PROFESSIONAL ELECTRONICS ENGINEER (Signed and Sealed Over Printed Name)	
Address	
PRC. No	Validity
PTR No	Date Issued
Issued at	TIN

BOX 5

BUILDING OWNER		

(Signature Over Printed Name) Date _____		
Address		
CTC. No.	Date Issued	Place Issued

BOX 6

WITH MY CONSENT: LOT OWNER		

(Signature Over Printed Name) Date _____		
Address		
CTC. No.	Date Issued	Place Issued

