Republic of the Philippines
Department of Public Works & Highways
Pamahalaang Lungsod/Bayan ng Naga
Lalawigan ng Zamboanga Sibugay

TANGGAPAN NG PUNONG PANGGUSALI

(Office of the Building Official)

PROCESSING AND EVALUATION DIVISION

Electronics Section

ELECTRONICS PERMIT

APPLICATION NO. | ELP NO. | BUILDING PERMIT NO.

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 ZIPCODE | TELEPHONE NO.

LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO. _____

STREET _____ BARANGAY _____ CITY/MUNICIPALITY OF _____

SCOPE OF WORK

☐ NEW INSTALLATION ☐ ANNUAL INSPECTION ☐ OTHERS (Specify)

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

NATURE OF INSTALLATION WORKS/EQUIPMENT SYSTEM:

☐ TELECOMMUNICATION SYSTEM
☐ BROADCASTING SYSTEM
☐ TELEVISION SYSTEM
☐ INFORMATION TECHNOLOGY SYSTEM
☐ SECURITY AND ALARM SYSTEM
☐ ELECTRONICS FIRE ALARM SYSTEM
☐ SOUND COMMUNICIATION SYSTEM
☐ CENTRALIZED CLOCK SYSTEM
☐ SOUND SYSTEM
☐ ELECTRONICS CONTROL AND CONVEYOR SYSTEM
☐ ELECTRONICS COMPUTERIZED PROCESS CONTROLS AUTOMATION SYSTEM
☐ BUILDING AUTOMATION MANAGEMENT & CONTROL SYSTEM
☐ BUILDING WIRING UTILIZING COPPER CABLE, FIBER OPTIC CABLE OR OTHER MEDICAL ELECTRONICS SYSTEM
☐ ANY OTHER ELECTRONICS AND I.T. SYSTEMS, EQUIPMENT, APPARATUS, DEVICE AND/OR COMPONENT (Specify) _____

PREPARED BY _____

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS

_____

ELECTRONICS ENGINEER
(Signed and Sealed Over Printed Name)

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

BOX 4

SUPERVISOR OF ELECTRONICS WORKS

_____

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)

Address		
C.T.C. No.	Date Issued	Place Issued

BOX 6

WITH MY CONSENT : **LOT OWNER**

_____
(Signature Over Printed Name)

Address		
C.T.C. No.	Date Issued	Place Issued