



OFFICE OF THE BUILDING OFFICIAL

APPLICATION NO.

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AREA CODE _____

PERMIT NO.

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MECHANICAL PERMIT

DATE OF APPLICATION: _____

DATE ISSUED: _____

BOX 1 (TO BE ACCOMPLISHED BY PROFESSIONAL MECHANICAL ENGINEER IN PRINT)

NAME OF OWNER/APPLICANT:	LAST NAME	FIRST NAME	M.I.	TAX ACCOUNT NO.
ADDRESS:	NO.	STREET	BARANGAY	CITY/MUNICIPALITY
			ZIP CODE	TELEPHONE NO.
LOCATION OF CONSTRUCTION:	NO.	STREET	BARANGAY	CITY / MUNICIPALITY
SCOPE OF WORK	<input type="checkbox"/> ADDITION OF _____	BUILDING PERMIT NO.: _____		
<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> REMOVAL OF _____	CERTIFICATE OF OCCUPANCY NO.: _____		
	<input type="checkbox"/> OTHERS (Specify) _____			
USE OR TYPE OF OCCUPANCY				
<input type="checkbox"/> RESIDENTIAL	_____	<input type="checkbox"/> AGRICULTURAL	_____	
<input type="checkbox"/> COMMERCIAL	_____	<input type="checkbox"/> LANDSCAPING	_____	
<input type="checkbox"/> INDUSTRIAL	_____	<input type="checkbox"/> RECREATIONAL	_____	
<input type="checkbox"/> INSTITUTIONAL	_____	<input type="checkbox"/> OTHERS (Specify)	_____	

INSTALLATION AND OPERATION OF		
<input type="checkbox"/> BOILER	<input type="checkbox"/> CENTRAL AIR-CONDITIONING	<input type="checkbox"/> DUMPWATER
<input type="checkbox"/> PRESSURE VESSELS	<input type="checkbox"/> MECHANICAL VENTILLATION	<input type="checkbox"/> PUMPS
<input type="checkbox"/> INTERNAL COMBUSTION ENGINE	<input type="checkbox"/> ESCALATOR	<input type="checkbox"/> COMPRESSED AIR, VACCUM, INSTITUTIONAL and/or INDUSTRIAL GAS
<input type="checkbox"/> REFRIGERATION & ICE MAKING	<input type="checkbox"/> MOVING SIDEWALK	<input type="checkbox"/> PNEUMATIC TUBES, CONVEYORS, and/or MONORAILS
<input type="checkbox"/> WINDOW TYPE AIR-CONDITIONING	<input type="checkbox"/> FREIGHT ELEVATOR	
<input type="checkbox"/> PACKAGE AIR-CONDITIONING UNIT	<input type="checkbox"/> PASSENGERS ELEVATOR	
<input type="checkbox"/> OTHERS (Specify): _____		
PROPOSED DATE OF INSTALLATION:	EXPECTED DATE OF COMPLETION:	
TOTAL INSTALLATION COST:	PREPARED BY:	

BOX 2 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)

<p>ACTION TAKEN</p> <p>PERMIT IS HEREBY GRANTED TO INSTALL THE MECHANICAL EQUIPMENT ENUMERATED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS.</p> <ol style="list-style-type: none"> THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE "NATIONAL BULDING CODE". THAT A DULY LICENSED PROFESSIONAL MECHANICAL ENGINEER BE ENGAGED TO UNDERTAKE INSTALLATION/CONSTRUCTION. THAT THE CERTIFICATE OF COMPLETION DULY SIGNED AND SEALED BY THE PROFESSIONAL MECHANICAL ENGINEER-IN-CHARGE OF INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION. THAT THE CERTIFICATE OF FINAL INSPECTION AND CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING. THAT AN ANNUAL CERTIFICATE OF INSPECTION SHALL BE SECURED FOR THE CONTINOUS OPERATION OF THE MECHANICAL EQUIPMENT INSTALLED. <p>NOTE: THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTION 305 & 306 OF "THE NATIONAL BUILDING CODE"</p> <p style="text-align: center;">ARCH. ALFREDO G. GARCIA ACTING CITY BUILDING OFFICIAL</p>

BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)

BUILDING DOCUMENTS (FIVE (5) SETS EACH)	
<input type="checkbox"/> MECHANICAL PLANS & SPECIFICATIONS <input type="checkbox"/> COST ESTIMATES	<input type="checkbox"/> BILL OF MATERIALS <input type="checkbox"/> OTHER (SPECIFY) _____ _____

BOX 4 (TO BE ACCOMPLISHED BY DIVISION / SECTION CONCERNED)

ASSESSED FEES				
	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID
MECHANICAL				
			REVIEWED CHIEF, PROCESSING DIVISION / SECTION	

BOX 5 (TO BE ACCOMPLISHED BY DIVISION / SECTION CONCERNED)

PROGRESS FLOW						
NOTED CHIEF PROCESSING DIVISION / SECTION	IN		OUT		ACTION / REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
RECEIVING AND RECORDING						
MECHANICAL						

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SETFORTH

BOX 6

PROFESSIONAL MECHANICAL ENGINEER SIGNED AND SEALED PLANS & SPECIFICATIONS		PRC. REG. NO.
PRINT NAME		
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TAN

BOX 8

SIGNATURE		
APPLICANT		
RES. CERT. NO.	DATE ISSUED	PLACE ISSUED

BOX 7

PROFESSIONAL MECHANICAL ENGINEER IN-CHARGE OF INSTALLATION		PRC. REG. NO.
PRINT NAME		
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TAN