



Republic of the Philippines
 City of San Juan
 Metro Manila

OFFICE OF THE BUILDING OFFICIAL



APPLICATION NO.
 []

AREA CODE _____

PERMIT NO.
 []

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)

ACTION TAKEN

PERMIT IS HEREBY GRANTED TO INSTALL THE MECHANICAL EQUIPMENT ENUMERATED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS.

- 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.

NOTE: THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTION 305 & 306 OF "THE NATIONAL BUILDING CODE"

ARCH. ALFREDO G. GARCIA

 ACTING CITY BUILDING OFFICIAL

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