

REPUBLIC OF THE PHILIPPINES
OFFICE OF THE BUILDING OFFICIAL

Lapu-Lapu City
Area Code _____

CERTIFICATE OF FINAL ELECTRICAL INSPECTION / COMPLETION

THIS IS TO CERTIFY THAT FINAL INSPECTION OF THE INSTALLATION HAD BEEN CONDUCTED ON THE / OR PREMISES COVERED BY THE BUILDING NO. _____ ISSUED ON _____ AND _____ THE _____ SAME WERE FOUND COMPLETED IN ACCORDANCE WITH THE APPROVED PLANS AND SPECIFICATIONS ON FILE WITH THE OFFICE OF THE BUILDING OFFICIAL IN ACCORDANCE WITH PHILIPPINE ELECTRICAL CODE PROVISION.

NAME OF OWNER/APPLICANT	LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	NO.	STREET	CITY/MUNICIPALITY
LOCATION OF INSTALLATION	NO.	STREET	CITY/MUNICIPALITY
TYPE OF OCCUPANCY OR USE:			
<input type="checkbox"/> A. RESIDENTAL DWELLING	<input type="checkbox"/> E. BUSINESS & MERCANTILE	<input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE	
<input type="checkbox"/> B. RESIDENTAL HOTEL, APARTMENT	<input type="checkbox"/> F. INDUSTRIAL	<input type="checkbox"/> J. ACCESSORY	
<input type="checkbox"/> C. EDUCATION & REOPERATION	<input type="checkbox"/> G. STORAGE & HAZARDOUS	<input type="checkbox"/> K. OTHERS (SPECIFY) _____	
<input type="checkbox"/> D. INSTITUTIONAL	<input type="checkbox"/> H. ASSEMBLY OTHER THAN GROUP		
START OF INSTALLATION _____		DATE OF COMPLETION _____	
OUTLETS / DEVICE / EQUIPMENT			
NAME OF OUTLETS		NUMBER OF EQUIPMENT WIRING DEVICES	
_____ LIGHT	_____ SPO COOKING	_____ TOGGLE SWITCH	_____ FA DETECTORS
_____ CONVENIENCE/RECEPTACLE	_____ SPO WATER HEATER	_____ BELL/BUZZERS	_____ OTHERS (See attachment)
_____ SPO AIRCON	_____ SPO WATER PUMP	_____ PUSH BUTTONS	
PERSON IN CHARGE OF INSTALLATION			
<input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER		<input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER	
		REGISTERED MASTER ELECTRICIAN <small>(Not Exceeding 600Volts & 500 watts)</small>	
NAME		PRC. REG NO. _____	
SIGNATURE		VALIDITY _____	
ADDRESS			
PTR NO.			
CTC NO.			
ELECTRICAL CONTRACTOR (200-AMPERE MAIN AND ABOVE)			
NAME		PCAB LIC. NO. _____ (SPECIALTY ELECTRICAL)	
		VALIDITY _____	
ADDRESS		TELEFAX NO.	
TYPE OF INSTALLATION			
<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> NEW	
		<input type="checkbox"/> REMODEL/ALTERATION	
TYPES OF WIRING			
<input type="checkbox"/> OPEN WIRING	<input type="checkbox"/> CONDUITS	<input type="checkbox"/> CADLE	<input type="checkbox"/> ARMORED CABLE
<input type="checkbox"/> OTHERS			<input type="checkbox"/> RACKWAYS

INSPECTED BY:

RECOMMENDATION

APPROVED BY:

ELECTRICAL INSPECTOR

ELECTRICAL ENGINEER OF THE BLDG. OFFICE

BUILDING OFFICIAL

PRC. REG. NO. & VALIDITY