

REPUBLIC OF THE PHILIPPINES
OFFICE OF THE BUILDING OFFICIAL
CITY ENGINEER'S OFFICE
LAPU-LAPU CIY

APPLICATION NO.

--	--	--	--	--	--	--	--	--	--

PERMIT NO.

--	--	--	--	--	--	--	--	--	--

MECHANICAL PERMIT

DATE OF APPLICATION

DATE ISSUED

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

NAME OF: OWNER/APPLICATION	LAST NAME, FIRST NAME, M.I	TAX IDENTIFICATION NO.
ADDRESS	NO., STREET, BARANGAY, CITY/ MUNICIPALITY	TELEPHONE NO.
LOCATION OF INSTALLATION NO., STREET, BARANGAY, CITY/ MUNICIPALITY		
SCOPE OF WORK <input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> ADDITION OF _____ <input type="checkbox"/> REMOVAL OF _____ <input type="checkbox"/> OTHERS (SPECIFY) _____	BUILDING PERMIT NO. _____ CERTIFICATE OF ACCUPANCY NO. _____
USE OR TYPE OF OCCUPANCY		
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> LANDSCAPING <input type="checkbox"/> OTHERS (SPECIFY) _____	
INSTALLATION AND OPERATION OF		
<input type="checkbox"/> BOILER <input type="checkbox"/> PRESSURE VESSELS <input type="checkbox"/> INTERNAL COMBUSTION ENGINE <input type="checkbox"/> REFREGERATION & ICE MAKING <input type="checkbox"/> WINDOW TYPE AIR-CONDITIONING <input type="checkbox"/> PACKAGE AIR-CONDITIONING UNIT	<input type="checkbox"/> CENTRAL AIR-CONDITIONING <input type="checkbox"/> MECHANICAL VENTILATION <input type="checkbox"/> ESCALATOR <input type="checkbox"/> MOVING SIDEWALK <input type="checkbox"/> FREIGHT ELEVATOR <input type="checkbox"/> PASSENGER ELEVATOR	<input type="checkbox"/> DUMBWATER <input type="checkbox"/> PUMPS <input type="checkbox"/> COMPRESSED AIR, VACUUM INSTITUTION and/or INDUS TRIAL GAS <input type="checkbox"/> PNEUMATIC TUBE, CONVEYORS and/ or MONORAILS
<input type="checkbox"/> OTHER (SPECIFY) _____		
PROPOSED DATE OF INSTALLATION _____	EXPECTED DATE OF COMPLETION _____	
TOTAL INSTALLATION COST _____	PREPARED BY _____	

BOX (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.

1. THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS, FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE "NATIONAL BUILDING CODE"
2. THAT A DULY LICENSED PROFESSIONAL MECHANICAL ENGINEER BE ENGAGED TO UNDERTAKE THE INSTALLATION/COMSTRUCTION.
3. THAT A CERTIFICATION OF COMPLETION DUTY SIGNED BY A PROFESSIONAL MECHANICAL ENGINEER IN-CHARGE OF INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION.
4. THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCE OF THE BUILDING.
5. THAT AN ANNUAL CERTIFICATE OF INSPECTION SHALL BE SECURED FOR THE CONTINOUS OPERATION OF THE MECHANICAL EQUIPMENT INSTALLER.

BUILDING OFFICIAL

DATE

NOTE:

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

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

**BUILDING DOCUMENTS
(FIVE (5) SETS EACH)**

**MECHANICAL PLANS & SPECIFICATIONS
COST ESTIMATES**

**BILL OF MATERIALS
OTHERS (SPECIFY)**

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

ASSESSED FEE				
	AMOUNT	ASSESSED BY	O.R NUMBER	DATE PAID
MECHANICAL				
			REVIEWED :	
			CHIEF PROCESSING DIV./SEC.	

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

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

WERE HEREBY AFFIX OUR HANDS SGNFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SETFORTH

BOX 6

PROF. MECH. ENGINEER SIGNED AND SEALED PLANS & SPECIFICATION		PRC. REG. NO.
PRINT NAME		
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN

BOX 8

SIGNATURE		
APPLICANT		
RES. CERT. NO	DATE ISSUED	PLACE ISSUED

BOX 7

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

Republic of the Philippines
Office of the Building Official
Lapu- lapu City

MECHANICAL WORKSHEET

MECHANICAL SECTION

Name of User/Establishment: _____

Owner/Manager: _____

Location: _____

QTY	EQUIPMENT/ MACHINERY	RATING	
	Floor Mounted Airconditioners		TR
	Split type Airconditioners		TR
	Cassette type Airconditioners		TR
	Window Type Airconditioners		TR
	Exhaust fans		KW
	Internal Combustion Engine		KW
	Boiler (Firetube, Watertube)		KW
	Elevetor (Passenger, Freight, Dumbwaiter)		STOPS
	Escalator/ Moving Walk		KW
	Water Heater		KW
	Water pump, Sum pump, Sewage pump		KW
	Sprinkler System (Pendent, Upright, Sidewall)		HEADS
	Compressed Air. Vacuum, Industrial Gases		OUTLETS
	Power Piping for Gas/Steam etc.		METER
	Conveyor, Monorials, Overhead Crane		M3
	Other Machinery		KW

Remarks: _____

I hereby CERTIFY that the above data and information are connect to the best of my knowledge and belief.

Prepared by: Must be signed & Sealed by

Professional Mechanical Engineer

Noted by:

Signature over Printed Name

Signature over Printed Name

PRC ID _____

Expire Date _____

PTR No. _____

Date Issued _____