



MECHANICAL PERMIT

APPLICATION NO.

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DATE OF APPLICATION

MECHANICAL PERMIT NO.

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DATE ISSUED

BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE 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,	B ARANGAY	CITY/MUNICIPALITY	ZIP CODE	TELEPHONE NO.
LOCATION OF CONSTRUCTION: STREET	LOT NO. _____	BLK NO. _____	TC NO. _____	TAX DEC. NO. _____	
		BARANGAY _____	CITY/MUNICIPALITY _____		
SCOPE OF WORK					
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION _____	RAISING _____			
<input type="checkbox"/> ERECTION _____	<input type="checkbox"/> CONVERSION _____	DEMOLITION _____			
<input type="checkbox"/> ADDITION _____	<input type="checkbox"/> REPAIR _____	ACCESSORY BUILDING/STRUCTURE _____			
<input type="checkbox"/> ALTERATION _____	<input type="checkbox"/> MOVING _____	OTHERS (Specify) _____			

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

INSTALLATION AND OPERATION OF:		
<input type="checkbox"/> BOILER	<input type="checkbox"/> CENTRAL AIRCONDITIONING	<input type="checkbox"/> DUBMWATER
<input type="checkbox"/> PRESSURE VESSEL	<input type="checkbox"/> MECHANICAL VENTILLATION	<input type="checkbox"/> PUMPS
<input type="checkbox"/> INTERNAL COMBUSTION ENGINE	<input type="checkbox"/> ESCALATOR	<input type="checkbox"/> COMPRESSED AIR VACUUM,
<input type="checkbox"/> REFRIGERATION AND ICE MAKING	<input type="checkbox"/> MOVING SIDEWALK	INSTITJUTIONAL and/or INDUSTRIAL GAS
<input type="checkbox"/> WINDOW TYPE AIRCONDITIONING	<input type="checkbox"/> FREIGHT ELEVATOR	<input type="checkbox"/> PNEUMATIC TUBES, CONVEYORS and/or
<input type="checkbox"/> PACKAGED/SPLIT TYPE AIRCON	<input type="checkbox"/> PASSENGER ELEVATOR	MONORAILS
<input type="checkbox"/> OTHERS (Specify) _____	<input type="checkbox"/> CABLE CAR	<input type="checkbox"/> FUNICULAR
PREPARED BY: _____		

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
_____ PROFESSIONAL MECHANICAL ENGINEER (Signed and Sealed Over Printed Name) Date _____	
ADDRESS	
PRC. No.	Validity
PTR. No.	Date Issued
Issued at	TIN

BOX 4

SUPERVISOR / IN-CHARGE OF MECHANICAL WORKS	
<input type="checkbox"/> PROFESSIONAL MECHANICAL ENGINEER <input type="checkbox"/> MECHANICAL ENGINEER _____ PROFESSIONAL MECHANICAL ENGINEER (Signed and Sealed Over Printed Name) Date _____	
ADDRESS	
PRC. No.	Validity
PTR. No.	Date Issued
Issued at	TIN

BOX 4

BUILDING OWNER		
_____ (Signature Over Printed Name) Date _____		
ADDRESS		
C.T.C No.	Date Issued	Place Issued

WITH MY CONSENT: LOT OWNER		
_____ (Signature Over Printed Name) Date _____		
ADDRESS		
C.T.C No.	Date Issued	Place Issued



TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION

BOX 7

RECEIVED BY:	DATE:
FIVE (5) SETS OF MECHANICAL DOCUMENTS	
<input type="checkbox"/> MECHANICAL PLANS AND SPECIFICATIONS	<input type="checkbox"/> COST ESTIMATES
<input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> OTHERS (Specify) _____

BOX 8

PROGRESS FLOW					
	IN		OUT		PROCESSED BY
	DATE	TIME	DATE	TIME	
RECEIVING AND RECORDING					
MECHANICAL					
OTHERS (Specify)					

BOX 9

ACTION TAKEN:

PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:

1. That the proposed mechanical works shall be in accordance with the mechanical plans filed with this Office and in conformity with the latest Philippine Mechanical Code, the National Building Code and its IRR.
2. That prior to any mechanical installation, a duly accomplished prescribed "Notice of Construction" shall be submitted to the Office of the Building Official.
3. That upon completion of the Mechanical works, the licensed supervisor / in-charged shall submit the entry to the logbook duly signed and sealed to the building official including as-built plans and other documents and shall also accomplished the Certificate of Completion stating that the mechanical works conform to the provision of the Philippine Mechanical Code, the National Building Code and its IRR.
4. That this permit is null and void unless accompanied by the building permit.
5. That a Certificate shall be issued for the continuous use of installations.

PERMIT ISSUED BY:

BUILDING OFFICIAL

(Signature Over Printed Name)

Date _____

NOTE: THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTIONS 305 AND 306 OF THE "NATIONAL BUILDING CODE."