

Republic of the Philippines  
**OFFICE OF THE BUILDING OFFICIAL**

CITY OF CALAPAN  
AREA CODE 0310

**CERTIFICATE OF FINAL ELECTRICAL INSPECTION/COMPLETION**

This is to certify that final inspection of the electrical installation HAS BEEN CONDUCTED ON THE BUILDING AND/OR PREMISES COVERED BY BUILDING PERMIT NO. \_\_\_\_\_ ISSUED ON \_\_\_\_\_ AND THE SAME WHERE FOUND COMPLETED AND IN ACCORDANCE WITH THE APPROVED PLANS AND SPECIFICATIONS ON FILE WITH THE OFFICE OF THE BUILDING OFFICIAL AND IN ACCORDANCE WITH PHILIPPINE ELECTRICAL CODE PROVISIONS.

NAME OF OWNER/APPLICANT:		LAST NAME	FIRST NAME	MAIDDLE NAME
ADDRESS	NO.	STREET	BARANGAY	CITY/MUNICIPALITY
PLACE OF CONSTRUCTION:		NO.	STREET	BARANGAY
				CITY/MUNICIPALITY
TYPE OF OCCUPANCY OR USE:				
<input type="checkbox"/> A. RESIDENTIAL DWELLING	<input type="checkbox"/> E. BUSINESS & MERCANTILE		<input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE	
<input type="checkbox"/> B. RESIDENTIAL, HOTEL, APARTMENT	<input type="checkbox"/> F. INDUSTRIAL		<input type="checkbox"/> J. ACCESSORY	
<input type="checkbox"/> C. EDUCATION & RECREATION	<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 1			
START OF INSTALLATION _____			DATE OF COMPLETION _____	

OUTLET/DEVICE EQUIPMENT			
NUMBER OF OUTLETS		NUMBER OF EQUIPMENT/WIRING DEVICES	
<input type="checkbox"/> LIGHT	<input type="checkbox"/> SPO/COOKING UNIT	<input type="checkbox"/> TOGGLE SWITCH	<input type="checkbox"/> FA DETECTORS
<input type="checkbox"/> CONVENIENCE/RECEPTACLE	<input type="checkbox"/> SPO/WATER HEATER	<input type="checkbox"/> BELLS/BUZZERS	<input type="checkbox"/> OTHERS (See attached list)
<input type="checkbox"/> SPO/AIRCON	<input type="checkbox"/> SPO/WATER PUMP	<input type="checkbox"/> PUSH BUTTONS	_____

PERSON IN-CHARGE OF THE INSTALLATION		
<input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED MASTER ELECTRIAN <small>(Not Exceeding 600 volts &amp; 500 KVA)</small>
NAME		PRC REG. NO.
SIGNATURE		VALIDITY
ADDRESS		
PTR. NO.	DATE ISSUED	PLACE ISSUED
CTC. NO.	DATE ISSUED	TIN

ELECTRICAL CONTRACTOR (200-AMPERE MAIN AND ABOVE)		
NAME	PCAB. LIC. NO.	(SPECIALTY ELECTRICAL)
	VALIDITY	
ADDRESS	TEL/FAX. 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"/> CABLE	<input type="checkbox"/> ARMORED CABLE	<input type="checkbox"/> RACEWAYS
<input type="checkbox"/> OTHERS _____				

INSPECTED BY:

NOTED BY:

\_\_\_\_\_  
ELECTRICAL INSPECTOR  
(Signature Over Printed Name)

\_\_\_\_\_  
ELECTRICAL ENGINEER OF THE BUILDING OFFICIAL  
(Signature Over Printed Name)

\_\_\_\_\_  
BUILDING OFFICIAL  
(Signature Over Printed Name)

\_\_\_\_\_  
PRC REG. NO. & VALIDITY

\_\_\_\_\_  
PRC REG. NO. & VALIDITY

AMOUNT PAID \_\_\_\_\_

O.R. NUMBER \_\_\_\_\_

DATE \_\_\_\_\_