NBC FORM NO. A-04

Republic of the Philippines
Province of Oriental Mindoro
CITY OF CALAPAN

TANGGAPAN NG PINUNONG PANGGUSALI

(Office of the Building Official)

MECHANICAL PERMIT

APPLICATION NO. _____ M.P. NO. _____ BUILDING PERMIT NO. _____

BOX 1 (TO BE ACCOMPLISHED BY THE OWNER/APPLICANT)

OWNER/APPLICANT:	LAST NAME	FIRST NAME	MI	TIN

FOR CONSTRUCTION OWNED BY AN ENTERPRISE:	FORM OF OWNERSHIP	USE OR CHARACTER OF OCCUPANCY

ADDRESS	NO.	STREET	BARANGAY	CITY/MUNICIPALITY	ZIP CODE	TELEPHONE NO.

LOCATION OF CONSTRUCTION LOT NO. _____ BLK. NO. _____ TCT. NO. _____ TAX DEC. NO. _____

STREET _____ BARANGAY _____ CITY/MUNICIPALITY _____

SCOPE OF WORK:

- ☐ NEW CONSTRUCTION
- ☐ ERECTION
- ☐ ADDITION
- ☐ ALTERATION
- ☐ RENOVATION _____
- ☐ CONVERSION _____
- ☐ REPAIR _____
- ☐ MOVING _____
- ☐ RAISING _____
- ☐ DEMOLITION _____
- ☐ ACCESSORY BUILDING/STRUCTURE _____
- ☐ OTHERS (Specify) _____

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

INSTALLATION AND OPERATION OF:

- ☐ BOILER
- ☐ PRESSURE VESSEL
- ☐ INTERNAL COMBUSTION ENGINE
- ☐ REFRIGERATION AND ICE MAKING
- ☐ WINDOW TYPE AIRCONDITIONING
- ☐ PACKAGE/SPLIT TYPE CONDITIONING
- ☐ OTHERS (Specify) _____
- ☐ CENTRAL AIRCONDITIONING
- ☐ MECHANICAL VENTILLATION
- ☐ ESCALATOR
- ☐ MOVING SIDEWALK
- ☐ FREIGHT ELEVATOR
- ☐ PASSENGER ELEVATOR
- ☐ CABLE CAR
- ☐ DUMBWAITER
- ☐ PUMPS
- ☐ COMPRESS AIR, VACUUM, INSTITUTIONAL and/or INDUSTRIAL GAS
- ☐ PNEUMATIC TUBES, CONVEYORS and/or MONORAILS
- ☐ FUNICULAR

PREPARED BY _____

BOX 3

DESIGN PROFESSIONALS, PLANS AND SPECIFICATIONS

_____
PROFESSIONAL MECHANICAL ENGINEER
(Signed & Sealed Over Printed Name)

Address	
PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

BOX 4

SUPERVISOR /IN -CHARGE OF MECHANICAL WORKS

☐ PROFESSIONAL MECHANICAL ENGINEER ☐ MECHANICAL ENGINEER

_____
(Signed & Sealed Over Printed Name)

Address	
PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

BOX 5

BUILDING OWNER

_____
(Signature Over Printed Name)

Address		
CTC No.	Date Issued	Place Issued

BOX 6

WITH MY CONSENT: **LOT OWNER**

_____
(Signature Over Printed Name)

Address		
CTC No.	Date Issued	Place Issued

Original-Applicants Copy, Pink-Assessor's Copy, Yellow-NCSO Copy, Blue-Building Official's Copy, Green-Acid Copy