



Republic of the Philippines

MUNICIPALITY OF ALAMINOS

DEPARTMENT OF PUBLIC WORKS & HIGHWAYS

Office of the Building Official

MECHANICAL PERMIT

APPLICATION NO.

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PERMIT NO.

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DATE OF APPLICATION

DATE ISSUED

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

NAME OF OWNER/APPLICANT		LAST NAME,		FIRST NAME,		M.I.		TAX ACCT. NO.	
ADDRESS		NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY			TELEPHONE NO.	
ADDRESS		NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY				
SCOPE OF WORK		<input type="checkbox"/> ADDITION OF _____					BUILDING PERMIT NO. _____		
		<input type="checkbox"/> REMOVAL OF _____							
<input type="checkbox"/> NEW INSTALLATION		<input type="checkbox"/> OTHERS (SPECIFY) _____					CERTIFICATE OF OCCUPANCY NO. _____		

USE OR TYPE OF OCCUPANCY

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> AGRICULTURAL
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> LANDSCAPING
<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHERS (SPECIFY) _____
<input type="checkbox"/> INSTITUTIONAL	

INSTALLATION AND OPERATION OF

<input type="checkbox"/> BOILER	<input type="checkbox"/> CENTRAL AIR-CONDITIONING	<input type="checkbox"/> DUMB WAITER
<input type="checkbox"/> PRESSURE VESSELS	<input type="checkbox"/> MECHANICAL VENTILATION	<input type="checkbox"/> PUMPS
<input type="checkbox"/> INTERNATIONAL COMBUSTION ENGINE	<input type="checkbox"/> ESCALATOR	<input type="checkbox"/> COMPRESSED AIR, VACUUM, INSTITUTIONAL AND/OR INDUSTRIAL GAS
<input type="checkbox"/> REFRIGERATION & ICE MAKING	<input type="checkbox"/> MOVING SIDEWALK	<input type="checkbox"/> PNEUMATIC TUBES, CONVEYORS, AND/OR MONORAILS
<input type="checkbox"/> WINDOW TYPE AIR-CONDITIONING	<input type="checkbox"/> FREIGHT ELEVATOR	
<input type="checkbox"/> UNIT	<input type="checkbox"/> PASSENGER ELEVATOR	
<input type="checkbox"/> OTHER (SPECIFY) _____		

PROPOSED DATE OF INSTALLATION _____

EXPECTED DATE OF COMPLETION _____

TOTAL INSTALLATION COST _____

PREPARED BY _____

BOX 2 (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/CONSTRUCTION.
3. THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY THE PROFESSIONAL MECHANICAL ENGINEER INCHARGE 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 OCCUPANCY OF THE BUILDING.
5. THAT AN ANNUAL CERTIFICATE OF INSPECTION SHALL BE SECURED FOR THE CONTINUOUS OPERATION OF THE MECHANICAL EQUIPMENT INSTALLED.

FLORENTINO J. DESTACAMENTO

Municipal Engineer / Acting 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 & RECORDING SECTION)

BUILDING DOCUMENTS		
<input type="checkbox"/> MECHANICAL PLANS & SPECIFICATION	FIVE (5) SETS EACH	<input type="checkbox"/> BILL OF MATERIALS _____
<input type="checkbox"/> COST ESTIMATES		<input type="checkbox"/> OTHERS (SPECIFY) _____

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

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

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

PROGRESS FLOW						
NOTE: CHIEF, PROCESSING DIVISION/SECTION		IN	OUT		ACTION/REMARKS	PROCESSED BY
	Time	Date	Time	Date		
RECEIVING AND RECORDING MECHANICAL						

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SET FORTH.

BOX 6

PROFESSIONAL MECHANICAL ENGINEER SIGNED AND SEALED PLANS & SPECIFICATION		P.R.C. REG. NO.
PRINT NAME		
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		T.I.N.

BOX

PROFESSIONAL MECHANICAL ENGINEER IN-CHARGE OF INSTALLATION		P.R.C. REG. NO.
PRINT NAME		
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		T.I.N.

BOX 8

SIGNATURE:		
APPLICANT		
RES. CERT. NO.	DATE ISSUED	PLACE ISSUED