



REPUBLIC OF THE PHILIPPINES  
**DEPARTMENT OF PUBLIC WORKS AND HIGHWAY**  
 OFFICE OF THE LOCAL BUILDING OFFICIAL  
**MUNICIPALITY OF ALAMINOS**  
 PROVINCE OF LAGUNA

**CERTIFICATE OF FINAL ELECTRICAL INSPECTION/COMPLETION**

THIS IS TO CERTIFY THAT FINAL INSPECTION OF THE ELECTRICAL INSTALLATION HAD BEEN CONDUCTED ON THE BUILDING AND/OR PREMISES COVERED BY BUILDING PERMIT NO. \_\_\_\_\_ ISSUED ON \_\_\_\_\_ AND THE SAME WERE FOUND COMPLETED IN ACCORDANCE WITH THE APPROVED PLANS AND SPECIFICATIONS ON THE FILE WITH THE OFFICE OF THE BUILDING OFFICIAL AND IN ACCORDANCE WITH PHILIPPINE ELECTRICAL CODE PROVISIONS.

NAME OF OWNER/APPLICANT:	LAST NAME,	FIRST NAME,	MIDDLE NAME,
ADDRESS	NO.	STREET,	BARANGAY, CITY, MUNICIPALITY
LOCATION OF INSTALLATION:	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. EDUCATIONAL & 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 I		
START OF INSTALLATION _____	DATE OF COMPLETION _____		

OUTLETS / DEVICES / EQUIPMENT			
NUMBER OF OUTLETS		NUMBER OF EQUIPMENT/WIRING DEVICES	
_____ LIGHT	_____ SPO, COOKING UNIT	_____ TOGGLE SWITCH	_____ FA DETECTORS
_____ CONVENIENCE/RECEPTACLE	_____ SPO, WATER HEATER	_____ BELL/BUZZERS	_____ OTHERS (See Attached List)
_____ SPO, AIRCON	_____ SPO, WATER PUMP	_____ PUSH BUTTONS	

PERSON IN - CHARGE OF INSTALLATION		
<input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED MASTER ELECTRICIAN ( Not Exceeding 600 Volts & 500 kVA )
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: \_\_\_\_\_ RECOMMENDING APPROVAL: \_\_\_\_\_ APPROVED BY ; \_\_\_\_\_

\_\_\_\_\_  
 Electrical Inspector  
 (Signature Over Printed Name)

\_\_\_\_\_  
**Engr. FLORENTINO J. DESTACAMENTO**  
 Municipal Engineer / Building Official  
 (Signature Over Printed Name)

NUMBER OF STORIES _____
ESTIMATED COST _____
ACTUAL COST _____
a) Materials ( Total Cost ) P _____ 1. Electrical wires _____ 2. Lighting outlets _____ 3. Convenience outlets _____ 4. Switches _____ Others ( specify ) _____
b) Others costs _____ <p style="text-align: center;">This includes professional fees, permits and other fees</p>

1. Loads to be Connected _____ LIGHT _____ CONVENIENCE/RECEPTACLE _____ SPO, AIRCON	_____ SPO, COOKING UNIT _____ SPO, WATERHEATER _____ SPO, WATER PUMP	_____ TOGGLE SWITCH _____ BELL / BUZZERS _____ PUSH BUTTONS	_____ FA DETECTORS _____ OTHERS ( See Attached List )
2. Nature of Works: _____			
3. Type of Service: Voltage _____ Size of Wire _____ Phone _____			
4. Remarks : _____			

I hereby certify that the above data and information are true and correct to the best of my knowledge and belief.

ELECTRICAL FEES Fee P _____ Surcharge P _____ Total P _____	PEE / REE / RME ADDRESS PRC.REG.NO. _____ VALIDITY _____ PTR.NO. _____ TIN _____ CTC NO. _____ DATE ISSUED _____ PLACE ISSUED _____
Computed by _____ <p style="text-align: center;">Signature Over Printed Name</p>	

LOAD	
Nature of Work _____	
Inspector _____	Contractor _____
Fee: P _____	
Paid under Official Receipt No. _____	
Date _____	Owner / Occupant _____

RECOMMENDING APPROVAL

APPROVED BY :

\_\_\_\_\_  
 Electrical Inspector  
 ( Signature Over Printed Name )

Engr. FLORENTINO J. DESTACAMENTO  
 \_\_\_\_\_  
 Municipal Engineer / Building Official  
 ( Signature Over Printed Name )

NOTE : Renewals or extension of this permit and/or final certification of the electrical installation are subject to inspection and payment of corresponding fees in confor with pertinent provisions of the " National Building Code " (P.D. 1096) and its implementing rules and regulations.