

REPUBLIC OF THE PHILIPPINES
 DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
 PROVINCE OF ILOCOS NORTE
 MUNICIPALITY OF SAN NICOLAS

OFFICE OF THE BUILDING OFFICIAL
 AREA CODE 01035

APPLICATION NO.

PERMIT NO.

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MECHANICAL PERMIT

DATE OF APPLICATION

DATE ISSUED

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

NAME OF OWNER/APPLICANT			LAST NAME,	FIRST NAME	M.I.	TAX ACCT. NO/ T.I.N
ADDRESS			NO. STREET, BARANGAY, CITY/ MUNICIPALITY			TELEPHONE NO.
LOCATION OF INSTALLATION			NO. STREET, BARANGAY, CITY/ MUNICIPALITY			
SCOPE OF WORK						
<input type="checkbox"/>	NEW INSTALLATION		<input type="checkbox"/>	ADDITION OF _____		BUILDING PERMIT NO. _____
<input type="checkbox"/>			<input type="checkbox"/>	REMOVAL OF _____		_____
<input type="checkbox"/>			<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		<input type="checkbox"/>			
INSTALLATION AND OPERATION OF						
<input type="checkbox"/>	BOILER		<input type="checkbox"/>	CENTRAL CONDITIONING		<input type="checkbox"/>
<input type="checkbox"/>	PRESSURE VESSELS		<input type="checkbox"/>	MECHANICAL VENTILATION		<input type="checkbox"/>
<input type="checkbox"/>	INTERNAL COMBUSTION ENGINE		<input type="checkbox"/>	ESCALATOR		<input type="checkbox"/>
<input type="checkbox"/>	REFRIGIRATION & ICE MAKING		<input type="checkbox"/>	MOVING SIDEWALK		<input type="checkbox"/>
<input type="checkbox"/>	WINDOW- TYPE AIR- CONDITIONING UNIT		<input type="checkbox"/>	FREIGHT ELEVATOR		<input type="checkbox"/>
<input type="checkbox"/>	PACKAGE AIR-CONDITIONING UNIT		<input type="checkbox"/>	PASSENGER ELEVATOR		<input type="checkbox"/>
<input type="checkbox"/>	OTHERS(SPECIFY) _____		<input type="checkbox"/>	DUMBWAITER		<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	PUMPS		<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	COMPRESSED AIR VACUUM, INSTITUTIONAL and/ or INDUSTRIAL GAS		<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	PNEUMATIC TUBES, CONVEYORS and/ or MONORAILS		<input type="checkbox"/>
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:	
<ol style="list-style-type: none"> THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE "NATIONAL BUILDING CODE" THAT A DULY LICENSED PROFESSIONAL MECHANICAL ENGINEER BE ENGAGED TO UNDERTAKE THE INSTALLATION/ CONSTRUCTION. THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY THE PROFESSIONAL MECHANICAL ENGINEER IN- CHARGE OF INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER THE COMPLETION OF THE INSTALLATION. THAT A CERTIFICATE OF FINAL INSPECTION AND CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING. THAT AN ANNUAL CERTIFICATE OF INSPECTION SHALL BE SECURED FOR THE CONTINUOUS OPERATION OF THE MECHANICAL EQUIPMENT INSTALLED. 	<p>ISSUED BY:</p> <p><u>VENONIE V. COLOMA, C.E.</u> BUILDING OFFICIAL</p>
NOTE: THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTIONS 305 & 306 OF THE "NATIONAL BUILDING CODE.	

BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING AND RECORDING SECTION)

BUILDING DOCUMENTS

(FIVE (5) SETS EACH)

- | | |
|---|--|
| <input type="checkbox"/> MECHANICAL PLANS/ SPECIFICATIONS | <input type="checkbox"/> BILL OF MATERIALS |
| <input type="checkbox"/> COST OF ESTIMATES | <input type="checkbox"/> OTHERS (SPECIFY) |

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

		ASSESSED FEE		
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						
NOTED CHIEF, PROCESSING DIVISION/ SECTION	IN		OUT		ACTION/ REMARKS	PROCESSED BY
	DATE	TIME	DATE	TIME		
RECEIVING AND RECORDING						
MECHANICAL						

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SETFORTH

BOX 6

PROF. MECH. ENGINEER SIGNED AND SEALED PLANS & SPECIFICATIONS		P.R.C REG. NO
PRINT NAME		
ADDRESS		
P.T.R NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TAN

BOX 8

SIGNATURE		
APPLICANT		
REG. CERT. NO	DATE ISSUED	PLACE ISSUED

BOX 7

PROF. MECH. ENGINEER IN- CHARGE OF INSTALLATION		P.R.C REG. NO
PRINT NAME		
ADDRESS		
P.T.R NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TAN