

Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAY
OFFICE OF THE LOCAL BUILDING OFFICIALS

DISTRICT / CITY / MUNICIPALITY
AREA CODE _____

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 FILE WITH THE OFFICE OF THE BUILDING OFFICIAL AND 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"/> 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 _____	

OUTLETS / DEVICES / EQUIPMENT			
NUMBER OF OUTLETS:		NUMBER OF EQUIPMENT / WIRING DEVICES:	
_____ LIGHT	_____ SPO, COOKING UNIT	_____ TOGGLE SWITCH	_____ FA DETECTORS
_____ CONVENIENCE/ RECEPTACLE	_____ SPO, WATER HEATER	_____ BELLS / 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. 0024786	
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. VALIDITY	(SPECIALTY ELECTRICAL)
ADDRESS	TEL/ FAX NO.	

TYPE OF INSTALLATION:		
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> NEW	<input type="checkbox"/> REMODEL / ALTERATION
TYPE OF WIRING		
<input type="checkbox"/> OPEN WIRING	<input type="checkbox"/> CONDUITS	<input type="checkbox"/> CABLE
<input type="checkbox"/> OTHERS _____	<input type="checkbox"/> ARMORED CABLE	<input type="checkbox"/> RACEWAYS

INSPECTED BY:	RECOMMENDING APPROVAL:	APPROVED BY:
_____	_____	_____
ELECTRICAL INSPECTOR (Signature Over Printed Name)	ELECTRICAL ENGINEER OF THE BUILDING OFFICE (Signature Over Printed Name)	BUILDING OFFICIAL (Signature Over Printed Name)
_____	_____	
PRC. REG. NO. & VALIDITY	PRC REG. NO. & VALIDITY	
AMOUNT PAID P _____	O. R NO. _____	DATE _____