

Republic of the Philippines  
 Province of Samar  
 Municipality of Catbalogan

**OFFICE OF THE BUILDING OFFICIAL**

**MECHANICAL PERMIT**

APPLICATION NO.

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DATE OF APPLICATION

PERMIT NO.

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DATE ISSUED

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

NAME OF OWNER/APPLICANT		LAST NAME, FIRST NAME, M.I		TAX ACCOUNT NO.
ADDRESS		NO., STREET, BARANGAY, CITY/MUNICIPALITY		TELEPHONE NO.
LOCATION OF INSTALLATION		NO., STREET, BARANGAY, CITY/MUNICIPALITY		
SCOPE OF WORK		<input type="checkbox"/> ADDITION OF _____ <input type="checkbox"/> REMOVAL OF _____ <input type="checkbox"/> OTHERS (SPECIFY) _____		BUILDING PERMIT NO. _____ CERTIFICATE OF OCCUPANCY NO. _____
USE OR TYPE OF OCCUPANCY				
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> INSTITUTIONAL		<input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> LANDSCAPING <input type="checkbox"/> OTHERS (SPECIFY) _____		
INSTALLATION AND OPERATION OF				
<input type="checkbox"/> BOILER <input type="checkbox"/> PRESSURE VESSELS <input type="checkbox"/> INTERNAL COMBUSTION ENGINE <input type="checkbox"/> REFRIGERATION & ICE-MAKING <input type="checkbox"/> WINDOW TYPE AIR- CONDITIONING <input type="checkbox"/> PACKAGE AIR-CONDITIONING UNIT <input type="checkbox"/> OTHER (SPECIFY) _____		<input type="checkbox"/> CENTRAL AIR-CONDITIONING <input type="checkbox"/> MECHANICAL VENTILATION <input type="checkbox"/> ESCALATOR <input type="checkbox"/> MOVING SIDEWALK <input type="checkbox"/> FREIGHT ELEVATOR <input type="checkbox"/> PASSENGER ELEVATOR <input type="checkbox"/> DUMBWAIVER <input type="checkbox"/> PUMPS <input type="checkbox"/> COMPRESSED AIR, VACUUM, INDUSTRIAL AND/OR INDUSTRIAL GAS <input type="checkbox"/> PNEUMATIC TUBES, CONVEYORS AND/OR MONORAILS		
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 SCCORDANCE 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 A PROFESSIONAL MECHANICAL ENGINEER IN CHARGE OF INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMLETION 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 ACTUAL CERTIFICATE OF INSPECTION SHALL BE SECURED FOR THE CONTINUOUS OPERATION OF THE MECHANICAL EQUIPMENT INSTALLED.		_____ BUILDING OFFICIAL  _____ DATE
NOTE: THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTION 305 & 308 OF THE "NATIONAL BULDING CODE"		

