



MECHANICAL PERMIT

APPLICATION NO.

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MP NO.

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DATE ISSUED

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BOX 1 (TO BE ACCOMPLISHED BY THE OWNER / APPLICANT)

OWNER / APPLICANT/ COMPANY	LAST NAME	FIRST NAME	M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE	FORM OF OWNERSHIP		USE OR CHARACTER OF OCCUPANCY	
ADDRESS: NO., STREET		BARANGAY	CITY / MUNICIPALITY	ZIP CODE
				TELEPHONE / MOBILE NO.
LOCATION OF CONSTRUCTION WORKS: LOT NO. _____ BLK. NO. _____ TCT NO. _____ TAX DEC. NO. _____				
STREET _____ BARANGAY _____ CITY / MUNICIPALITY OF _____				
SCOPE OF WORK				
<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> RENOVATION _____	<input type="checkbox"/> RAISING _____		
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION _____	<input type="checkbox"/> DEMOLITION _____		
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/> ACCESSORY BUILDING/ STRUCTURE _____		
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____	<input type="checkbox"/> OTHERS (SPECIFY) _____		

BOX 2 (TO BE ACCOMPLISHED IN PRINT BY THE DESIGN PROFESSIONAL)

INSTALLATION AND OPERATION OF:		
<input type="checkbox"/> BOILER	<input type="checkbox"/> CENTRAL AIRCONDITIONING	<input type="checkbox"/> DUMBWAITER
<input type="checkbox"/> PRESSURE VESSEL	<input type="checkbox"/> MECHANICAL VENTILATION	<input type="checkbox"/> PUMPS
<input type="checkbox"/> INTERNAL COMBUSTION ENGINE	<input type="checkbox"/> ESCALATOR	<input type="checkbox"/> COMPRESSED AIR, VACUUM, INSTITUTIONAL AND/OR INDUSTRIALGAS
<input type="checkbox"/> REFRIGERATION AND ICE MAKING	<input type="checkbox"/> MOVING SIDEWALK	<input type="checkbox"/> PNEUMATIC TUBES, CONVEYORS AND/OR MONORAILS
<input type="checkbox"/> WINDOW TYPE AIRCONDITIONING	<input type="checkbox"/> FREIGHT ELEVATOR	<input type="checkbox"/> FUNICULAR
<input type="checkbox"/> PACKAGED / SPLIT TYPE AIRCONDITIONING	<input type="checkbox"/> PASSENGER ELEVATOR	
<input type="checkbox"/> OTHERS (SPECIFY) _____	<input type="checkbox"/> CABLE CAR	
PREPARED BY: _____		

BOX 3

DESIGN PROFESSIONAL PLANS AND SPECIFICATIONS	
_____ PROFESSIONAL MECHANICAL ENGINEER (Signed and Sealed Over Printed Name) Date: _____	
Address _____	
PRC NO.	VALIDITY
PTR NO.	DATE ISSUED
ISSUED AT	TIN

BOX 4

SUPERVISOR / IN-CHARGE OF MECHANICAL WORKS	
<input type="checkbox"/> PROFESSIONAL MECHANICAL ENGINEER <input type="checkbox"/> MECHANICAL ENGINEER	
_____ (Signed and/or Sealed Over Printed Name) Date: _____	
Address _____	
PRC NO.	VALIDITY
PTR NO.	DATE ISSUED
ISSUED AT	TIN

BOX 5

Building Owner / Applicant / Tenant		
_____ (Signature Over Printed Name) Date: _____		
Address _____		
CTC No.	Date Issued	Place Issued

BOX 6

With my Consent: Lot Owner / Unit Owner		
_____ (Signature Over Printed Name) Date: _____		
Address _____		
CTC No.	Date Issued	Place Issued

TO BE ACCOMPLISHED BY THE PROCESSING & EVALUATION DIVISION

BOX 7

RECEIVED BY:	DATE:
FIVE (5) SETS MECHANICAL DOCUMENTS	
<input type="checkbox"/> MECHANICAL PLANS AND SPECIFICATIONS	<input type="checkbox"/> COST ESTIMATES
<input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> OTHERS (SPECIFY) _____

BOX 8

PROGRESS FLOW					
	IN		OUT		PROCESSED BY
	DATE	TIME	DATE	TIME	
MECHANICAL					
OTHERS (SPECIFY)					

BOX 9

ACTION TAKEN:

PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:

1. THAT THE PROPOSED MECHANICAL WORK SHALL BE IN ACCORDANCE WITH THE MECHANICAL PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE LATEST PHILIPPINE MECHANICAL CODE, THE NATIONAL BUILDING CODE AND ITS IRR.
2. THAT PRIOR TO ANY MECHANICAL INSTALLATION, A DULY ACCOMPLISHED PRESCRIBED "NOTICE OF CONSTRUCTION" SHALL BE SUBMITTED TO THE OFFICE OF THE BUILDING OFFICIAL.
3. THAT UPON COMPLETION OF THE MECHANICAL WORKS, THE LICENSED SUPERVISOR/IN-CHARGE SHALL SUBMIT THE ENTRY TO THE LOGBOOK DULY SIGNED AND SEALED TO THE BUILDING OFFICIAL INCLUDING AS-BUILT PLANS AND OTHER DOCUMENTS AND SHALL ALSO ACCOMPLISHED THE CERTIFICATE OF COMPLETION STATING THAT THE MECHANICAL WORK CONFORM TO THE PROVISION OF THE PHILIPPINE MECHANICAL CODE, THE NATIONAL BUILDING CODE AND ITS IRR.
4. THAT THIS PERMIT IS **NULL AND VOID** UNLESS ACCOMPANIED BY THE BUILDING PERMIT.
5. THAT A CERTIFICATE OF OPERATION SHALL BE ISSUED FOR THE CONTINUOUS USE OF MECHANICAL INSTALLATION.

PERMIT ISSUED BY:

ENGR. FRANCIS JEROME P. RONQUILLO

OIC – Building Official

(Signature over Printed Name)

Date _____