

Republic of the Philippines  
Department of Public Works and Highways  
**OFFICE OF THE LOCAL BUILDING OFFICIAL**  
**ITOGON, BENGUET**  
AREA CODE 01007

**CERTIFICATION 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 IN ACCORDANCE WITH THE PHILIPPINE ELECTRICAL CODE PROVISIONS.

NAME OF OWNER/APPLICANT:		LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS:	NO.	SITIO		BARANGAY		CITY/MUNICIPALITY ITOGON	
LOCATION OF INSTALLATION:		NO.	SITIO	BARANGAY		CITY/MUNICIPALITY ITOGON	
Type of Occupancy or Use: <div><input type="checkbox"/> A. RESIDENTIAL DWELLING</div> <div><input type="checkbox"/> B. RESIDENTIAL, HOTEL, APARTMENT</div> <div><input type="checkbox"/> C. EDUCATION &amp; RECREATION</div> <div><input type="checkbox"/> D. INSTITUTIONAL</div> <div><input type="checkbox"/> E. BUSINESS &amp; MERCANTILE</div> <div><input type="checkbox"/> F. INDUSTRIAL</div> <div><input type="checkbox"/> G. STORAGE &amp; HAZARDOUS</div> <div><input type="checkbox"/> H. ASSEMBLY OTHER THAN GROUP</div> <div><input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE</div> <div><input type="checkbox"/> J. ACCESSORY</div> <div><input type="checkbox"/> K. OTHERS (SPECIFY) _____</div>							
START OF INSTALLATION: _____				DATE OF COMPLETION: _____			

OUTLET/DEVICES/EQUIPMENT					
Number of Outlets: _____ Light _____ Convenience/Receptacle _____ SPO, Air con			Number of Equipment/Writing Devices: _____ SPO, Cooking Unit _____ SPO, Water Heater _____ SPO, Water Pump _____ Toggle Switch _____ Bells/Buzzers _____ Push Buttons _____ FA Detectors _____ Others (see attached list)		
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:		TIN NO.	
CTC NO.		DATE ISSUED:		PLACE ISSUED:	

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	
TYPE OF WIRING					
<input type="checkbox"/> Open wiring		<input type="checkbox"/> Conduits		<input type="checkbox"/> Cable	
<input type="checkbox"/> Others _____				<input type="checkbox"/> Raceways	

CONFORME:	INSPECTED AND RECOMMENDED BY:	APPROVED BY:
_____	_____	ENGR. MICHELLE A. BUSACAY
NAME AND SIGNATURE OF OWNER	ELECTRICAL ENGINEER	DESIGNATED BUILDING OFFICIAL
	_____	0118440 - 01/20/2028
	PRC REG. NO. & VALIDITY	PRC REG. NO. & VALIDITY
AMOUNT PAID: _____	OR NO.: _____	DATE: _____

NUMBER OF STOREYS _____	
ESTIMATED COST _____	
ACTUAL COST _____	
a) Materials (Total Cost)	P _____
1. Electrical Wire	_____
2. Lighting Outlets	_____
3. Convenience Outlets	_____
4. Switches	_____
Others (specify)	_____
b) Other Costs	_____
(this includes professional fees, permits and other fees)	

1. Tools to be connected		
_____ LIGHT	_____ SPO, COOKING UNIT	_____ TOGGLE SWITCH
_____ CONV./RECEPTACLE	_____ SPO, WATER HEATER	_____ BELLS/BUZZERS
_____ SPO, AIRCON	_____ SPO, WATER PUMP	_____ PUSH BUTTONS
_____ FA DETECTORS		
_____ OTHERS (SEE ATTCHED 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	PEE/REE/ME
Fee P _____	ADDRESS
Surcharge _____	PRC. REG. NO. VALIDITY
Total _____	PTR NO. TIN:
	CTC NO.
	DATE ISSUED
Computed by: _____	PLACED ISSUED
Signature Over Printed Name	

LOAD	

Nature of Work:

Inspector: _____	Contractor: _____
Fee: _____	
Paid under Official Receipt No.: _____	Owner/Occupant _____
Date: _____	

APPROVED BY:

NOTED:

\_\_\_\_\_  
ELECTRICAL ENGINEER

ENGR. MICHELLE A. BUSACAY  
DESIGNATED BUILDING OFFICIAL

\_\_\_\_\_  
PRC REG. NO. & VALID