

Republic of the Philippines
City/Municipality of _____
Province of _____
OFFICE OF THE BUILDING OFFICIAL
MECHANICAL PERMIT

APPLICATION NO.

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MP NO

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BUILDING PERMIT NO

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

OWNER/APPLICANT		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 NO
LOCATION OF CONSTRUCTION:		LOT NO.	BLK NO.	TCT NO.	TAX DEC. NO.		
STREET		BARANGAY		CITY/MUNICIPALITY OF			
SCOPE OF WORK							
<input type="checkbox"/> NEW CONSTRUCTION		<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 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 VENTILLATION	<input type="checkbox"/> PUMPS
<input type="checkbox"/> INTERNAL COMBUSTION ENGINE	<input type="checkbox"/> ESCALATOR	<input type="checkbox"/> COMPRESSED AIR, VACUUM, INSTITUTIONAL and/or INDUSTRIAL GAS
<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		
_____ (Signature Over Printed Name) Date _____		
Address _____		
C.T.C. No.	Date Issued	Place Issued

BOX 6

WITH MY CONSENT: LOT OWNER		
_____ (Signature Over Printed Name) Date _____		
Address _____		
C.T.C. No	Date issued	Place Issued

TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION

BOX 7

RECEIVED BY:	DATE:
FIVE (5) SETS OF 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	
		DATE	TIME	DATE	TIME
MECHANICAL					
OTHERS (Specify)					

BOX 9

ACTION TAKEN:		<input type="checkbox"/> RAISING <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE <input type="checkbox"/> OTHERS (Specify)		<input type="checkbox"/> RENOVATION <input type="checkbox"/> CONVERSION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVING		<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ERECTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION	
PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:							
<ol style="list-style-type: none">That the proposed mechanical works 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.That prior to any mechanical installation, a duly accomplished prescribed "NOTICE OF CONSTRUCTION" shall be submitted to the Office of the Building Official.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 accomplish the certificate of completion stating that the mechanical works conform to the provision of the Philippine Mechanical Code, the National Building Code and its IRR.That this permit is null and void unless accompanied by the building permit.That a Certificate of Operation shall be issued for the continuous use of mechanical installations.							
PERMIT ISSUED BY:				DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS			
PROFESSIONAL MECHANICAL ENGINEER				PROFESSIONAL MECHANICAL ENGINEER			
(Signed and Sealed Over Printed Name)				(Signed and Sealed Over Printed Name)			
Date				Date			
Address				Address			
PTR No.				PTR No.			
PRC No.				PRC No.			
Validity				Validity			
Issued at				Issued at			
TIN				TIN			
Date issued				Date issued			
Place issued				Place issued			
WITH MY CONSENT: LOT OWNER				BUILDING OWNER			
ENGR. ROBERTO B. DIY				ENGR. ROBERTO B. DIY			
BUILDING OFFICIAL				BUILDING OFFICIAL			
(SIGNATURE OVER PRINTED NAME)				(SIGNATURE OVER PRINTED NAME)			
DATE:				DATE:			
C.T.C. No.				C.T.C. No.			
Date issued				Date issued			
Place issued				Place issued			