

Republic of the Philippines  
 City/Municipality of ORMOC  
 Province of LEYTE  
**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			
<b>SCOPE OF WORK</b>							
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION		<input type="checkbox"/> RAISING		<input type="checkbox"/> DEMOLITION		
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION		<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE		<input type="checkbox"/> OTHERS (Specify)		
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR						
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING						

**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**

PROFESSIONAL MECHANICAL ENGINEER     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