

Republic of the Philippines
City/Municipality of Ginatilan
Province of Cebu
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 ☐ NEW CONSTRUCTION ☐ ERECTION ☐ ADDITION ☐ ALTERATION ☐ RENOVATION _____ ☐ CONVERSION _____ ☐ REPAIR _____ ☐ MOVING _____ ☐ RAISING _____ ☐ DEMOLITION _____ ☐ ACCESSORY BUILDING/STRUCTURE _____ ☐ OTHERS (Specify) _____							

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

INSTALLATION AND OPERATION OF:		
☐ BOILER ☐ PRESSURE VESSEL ☐ INTERNAL COMBUSTION ENGINE ☐ REFRIGERATION AND ICE MAKING ☐ WINDOW TYPE AIRCONDITIONING ☐ PACKAGED/ SPLIT TYPE AIRCONDITIONING ☐ OTHERS (Specify) _____	☐ CENTRAL AIRCONDITIONING ☐ MECHANICAL VENTILLATION ☐ ESCALATOR ☐ MOVING SIDEWALK ☐ FREIGHT ELEVATOR ☐ PASSENGER ELEVATOR ☐ CABLE CAR	☐ DUMBWAITER ☐ PUMPS ☐ COMPRESSED AIR, VACUUM, INSTITUTIONAL and/or INDUSTRIAL GAS ☐ PNEUMATIC TUBES, CONVEYORS and/or MONORAILS ☐ FUNICULAR
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