



MECHANICAL PERMIT

Application No:	MP No.	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 Zipcode				Telephone No.
Location of Construction: Lot No: _____ Block No: _____ TCT No: _____ Tax Dec. No. _____ Street _____ Brgy: _____ City/Municipality of _____				
Scope of Work <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> New Construction</div> <div style="width: 33%;"><input type="checkbox"/> Renovation</div> <div style="width: 33%;"><input type="checkbox"/> Demolition</div> <div style="width: 33%;"><input type="checkbox"/> Erection</div> <div style="width: 33%;"><input type="checkbox"/> Conversion</div> <div style="width: 33%;"><input type="checkbox"/> Accessory Building/Structure</div> <div style="width: 33%;"><input type="checkbox"/> Addition</div> <div style="width: 33%;"><input type="checkbox"/> Repair</div> <div style="width: 33%;"><input type="checkbox"/> Others (Specify)</div> <div style="width: 33%;"><input type="checkbox"/> Alteration</div> <div style="width: 33%;"><input type="checkbox"/> Moving</div> </div>				

Box 2 (To be accomplished by the design Professional)

Scope of Work <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Boiler</div> <div style="width: 33%;"><input type="checkbox"/> Central Air conditioning</div> <div style="width: 33%;"><input type="checkbox"/> Dumbwaiter</div> <div style="width: 33%;"><input type="checkbox"/> Pressure Vessel</div> <div style="width: 33%;"><input type="checkbox"/> Mechanical Ventilation</div> <div style="width: 33%;"><input type="checkbox"/> Pumps</div> <div style="width: 33%;"><input type="checkbox"/> Internal Combustion Engine</div> <div style="width: 33%;"><input type="checkbox"/> Escalator</div> <div style="width: 33%;"><input type="checkbox"/> Compressed Air Vacuum, Institutional and/or Industrial Gas</div> <div style="width: 33%;"><input type="checkbox"/> Refrigeration and Ice Making</div> <div style="width: 33%;"><input type="checkbox"/> Moving Sidewalk</div> <div style="width: 33%;"><input type="checkbox"/> Pneumatic Tubes, Conveyors And/or Monorails</div> <div style="width: 33%;"><input type="checkbox"/> Window Type Airconditioning</div> <div style="width: 33%;"><input type="checkbox"/> Freight Elevator</div> <div style="width: 33%;"><input type="checkbox"/> Others (Specify) _____</div> <div style="width: 33%;"><input type="checkbox"/> Packaged/Split Type Airconditioning</div> <div style="width: 33%;"><input type="checkbox"/> Passenger Elevator</div> <div style="width: 33%;"><input type="checkbox"/> Cable Car</div> <div style="width: 33%;"><input type="checkbox"/> Funicular</div> </div>		
Prepared By: _____		

Box 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
PROFESSIONAL MECHANICAL ENGINEER (Signed & Sealed Over Printed Name)	
Address: _____	
PRC No: _____	Validity _____
PTR No: _____	Date Issued _____
Issued at: _____	TIN _____

Box 4

SUPERVISOR OF MECHANICAL WORKS	
Professional Mechanical Engineer	Mechanical Engineer
_____ (Signed & Sealed Over Printed Name)	
Address: _____	
PRC No: _____	Validity _____
PTR No: _____	Date Issued _____
Issued at: _____	TIN _____

Box 5

BUILDING OWNER		
_____ (Signed & Sealed Over Printed Name)		
Address: _____		
CTC No. _____	Date Issued _____	Place Issued _____

With my Consent: LOT OWNER		
_____ (Signed & Sealed Over Printed Name)		
Address: _____		
CTC No. _____	Date Issued _____	Place Issued _____

Box 7 (Submittals to be Checked, Received and Recorded)

Received By:	Date:
<div><input type="checkbox"/>VE (5) SETS OF MECHANICAL DOCUMENTS<div>Mechanical Plans & Specifications</div><div>Bill of Materials</div></div> <div><input type="checkbox"/><div>Cost Estimates</div><div>Others (Specify)_____</div></div>	

Box 8 (To be accomplished by the Mechanical Section of the Office of the Building Official) To be shown to applicant

PROGRESS FLOW						
Reviewed: Chief, Mechanical Section	IN		OUT		Action/ Remarks	Processed By
	Date	Time	Date	Time		
Receiving & Recording						
Mechanical						
Others (Specify)						

Box 9 (To be accomplished by the Mechanical Section of the Office of the Building Official).

ASSESSED FEES					
	Amount Due	Assessed By	OR No.	Date Paid	Reviewed By:
Mechanical					Chief,Processing and Evaluation Division
Others (Specify)					

Box 10

ACTION TAKEN:

PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:

1.

That the designer is aware that under article 1723 of the Civil Code of the Philippines, He/She is responsible for damage if it should collapse within fifteen (15) years from the completion of the Building/Structure, if due to defect in the plans or specifications or defect in the ground. He/she is therefore enjoined to conduct periodic inspections of the building/structure to ensure that the conditions under which the building/structure was designed are not being violated or abused.
2.

That the proposed mechanical works shall be done in accordance with the Mechanical Plans filed with this office and in conformity with the latest Philippine Mechanical Code, The Code and its IRR.
3.

That upon completion of the Mechanical Works, the licensed supervisor 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 Code and its IRR.
4.

That this permit is null and void unless accompanied by the building permit

RECOMMENDING ISSUANCE OF MECHANICAL PERMIT:

CHIEF, MECHANICAL SECTION

(Signature Over Printed Name)

Date _____

CHIEF,PROCESSING AND EVALUATION DIVISION

(Signature Over Printed Name)

Date _____

PERMIT ISSUED:

PINUNONG PANGGUSALI

(Building Official)

Date:_____