



OFFICE OF THE BUILDING OFFICIAL

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CONTROL NO.

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Certificate No.

CERTIFICATE OF FINAL ELECTRICAL INSPECTION

This is to certify that final inspection of the electrical installation had been conducted on the building and for premises covered by BUILDING PERMIT Number _____ issued on _____ and the same were found completed in accordance with the approved plans and specifications on file with Office of the Building Official and in accordance the Philippine Electrical Code provisions.

OWNER	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 STREET	LOT NO. BARANGAY	BLK. NO.	TCT NO. CITY/MUNICIPALITY OF	TAX DEC NO.
CHARACTER OF OCCUPANCY				
1 <input type="checkbox"/> GROUP A : OWNED RESIDENTIAL DWELLING		6 <input type="checkbox"/> GROUP F : INDUSTRIAL, AGRICULTURAL		
2 <input type="checkbox"/> GROUP B : RENTED RESIDENTIAL DWELLING HOTEL, APARTMENT		7 <input type="checkbox"/> GROUP G : STORAGE AND HAZARDOUS		
3 <input type="checkbox"/> GROUP C : EDUCATIONAL, RECREATIONAL		8 <input type="checkbox"/> GROUP H : ASSEMBLY OCCUPANT LOAD THAN 1000		
4 <input type="checkbox"/> GROUP D : INSTITUTIONAL		9 <input type="checkbox"/> GROUP I : ASSEMBLY OCCUPANT LOAD 1000 OR MORE		
5 <input type="checkbox"/> GROUP E : BUSINESS MERCANTILE		10 <input type="checkbox"/> GROUP J : ACCESSORY		
SUMMARY OF ELECTRICAL LOAD/CAPACITIES				
TOTAL CONNECTED LOAD _____ KVA.		TOTAL TRANSFORMER CAPACITY _____ KVA.		TOTAL GENERATOR/UPS CAPACITY _____ KVA.
TYPE OF <input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> SEPARATION OF SERVICE ENTRANCE <input type="checkbox"/> RELOCATION OF SERVICE ENTRANCE				
INSTALLATION: <input type="checkbox"/> RECON. OF SERVICE ENTRANCE <input type="checkbox"/> REMODELLING OF SERVICE ENTRANCE <input type="checkbox"/> OTHERS (Specify) _____				
TYPE/S OF WIRING: <input type="checkbox"/> OPEN WIRING <input type="checkbox"/> CONDUITS <input type="checkbox"/> CABLE <input type="checkbox"/> ARMORED CABLE <input type="checkbox"/> RACEWAYS			START OF INSTALLATION _____ DATE OF COMPLETION _____	
WE HEREBY AFFIX OUR SIGNATURES SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN SET FORTH DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS				
PROFESSIONAL ELECTRICAL ENGINEER (Signed and Sealed)		P.R.C. No. P.T.R. No. Issued at	Validity Date Issued TIN	

SUPERVISOR OF ELECTRICAL WORKS		
<input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER	<input type="checkbox"/> LICENSED ELECTRICAL ENGINEER	<input type="checkbox"/> LICENSED MASTER ELECTRICIAN NOT EXCEEDING 600 VOLTS & 500 KVA
_____ (Signed and Sealed)		
Address _____		
P.R.C. No.	Date Issued	
P.T.R. No.	Date Issued	
Issued at	Issued at	TIN

RECOMMENDING ISSUANCE OF CERTIFICATE OF FINAL ELECTRICAL INSPECTION:	
_____ ELECTRICAL INSPECTOR (Signature Over Printed Name)	_____ CHIEF, ELECTRICAL UNIT (Signature Over Printed Name)
CFEI ISSUED:	
ENGR. MAVI J. GUSTILO CITY BUILDING OFFICIAL	

NOTE: RENEWALS OR EXTENSION OF THIS CERTIFICATE OF FINAL ELECTRICAL INSPECTION (CFEI) ARE SUBJECT TO INSPECTION AND PAYMENT OF CORRESPONDING FEES IN CONFORMITY WITH PERTINENT PROVISIONS OF THE "NATIONAL BUILDING CODE" (P.D. 1096) AND ITS IMPLEMENTING RULES AND REGULATIONS.