



**OFFICE OF THE BUILDING OFFICIAL**

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CONTROL NO.

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Certificate No.

**Certificate of Completion  
ELECTRICAL**

This is to certify that final inspection of the electrical installation had been conducted on the building and for premises covered by BUILDINGPERMIT 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	LOT NO.	BLK. NO.	TCT NO.	TAX DEC NO.
STREET	BARANGAY	CITY/MUNICIPALITY OF		
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	
<b>SUMMARY OF ELECTRICAL LOAD/CAPACITIES</b>				
TOTAL CONNECTED LOAD		TOTAL TRANSFORMER CAPACITY	TOTAL GENERATOR/UPS CAPACITY	
_____ KVA.		_____ KVA.	_____ KVA.	

TYPE OF INSTALLATION:	<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> SEPARATION OF SERVICE ENTRANCE	<input type="checkbox"/> RELOCATION OF SERVICE ENTRANCE
	<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 checked="" type="checkbox"/> RACEWAYS	START OF INSTALLATION _____
			DATE OF COMPLETION _____
<b>WE HEREBY AFFIX OUR SIGNATURES SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN SET FORTH DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS</b>			
PROFESSIONAL ELECTRICAL ENGINEER	P.R.C. No.	Validity	
(Signed and Sealed)	P.T.R. No.	Date Issued	
	Issued at	TIN	

<b>SUPERVISOR OF ELECTRICAL WORKS</b>		
<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

<b>RECOMMENDING ISSUANCE OF CERTIFICATE OF USE:</b>	
_____ ELECTRICAL INSPECTOR (Signature Over Printed Name)	_____ CHIEF, ELECTRICAL SECTION (Signature Over Printed Name)
CFEI ISSUED:	
<b>ENGR. MAVI J. GUSTILO</b> 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.**