

Republic of the Philippines  
Province of Ilocos Norte  
Municipality of Dingras  
**OFFICE OF THE BUILDING OFFICIAL**

## CERTIFICATE OF FINAL ELECTRICAL INSPECTION/COMPLETION

This is to certify that Final Inspection of the electrical installation had been conducted on the building and/or premises covered by Building Permit No. \_\_\_\_\_ issued on \_\_\_\_\_, 2023 and the same were found completed in accordance with the approved plans and specifications or file with the Office of the Building Official and in accordance with Philippine Electrical Code provisions.

<b>Name of Owner/Applicant:</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
Address:	Barangay	City/Municipality	DINGRAS
Location of Installation:	Barangay	Municipality	DINGRAS
<b>Type of Occupancy or Use:</b>			
<input type="checkbox"/> A. Residential Dwelling <input type="checkbox"/> E. Business & Mercantile <input type="checkbox"/> I. Assembly Occupant <input type="checkbox"/> B. Residential, Hotel, Apartment <input type="checkbox"/> F. Industrial      Load 1000 or more <input type="checkbox"/> C. Education & Recreation <input type="checkbox"/> G. Storage & Hazardous <input type="checkbox"/> J. Accessory <input type="checkbox"/> D. Institutional <input type="checkbox"/> H. Assembly Other Than Group I <input type="checkbox"/> K. Others (Specify)			
Start of Installation _____		Date of Completion _____	

OUTLETS/DEVICES/EQUIPMENT		
Number of Outlets:	Name of Equipment/Wiring Devices	
_____ Light	_____ SPO, Cooking Unit	_____ Toggle Switch      _____ FA Detector
_____ Convenience/Receptacle	_____ SPO, Water Heater	_____ Bells/Buzzers      _____ Others (see
_____ SPO, Aircon	_____ SPO, Water Pump	_____ Push Buttons      _____ attached list)

PERSON IN-CHARGE OF INSTALLATION		
_____ Professional Electrical Engineer	_____ Registered Electrical Engineer	_____ Registered Master Electrician
Name		
Signature		P.R.C. Reg. No. Validity
Address		
P.T.R. No.	Date Issued	Place Issued
C.T.C. No.	Date Issued	T.I.N.

ELECTRICAL CONTRACTOR (200-Ampere Main and Above)		
Name	P.C.A.B. Lic. No.	(Specialty Electrical)
Validity		
Address		Tel./Fax. No.

Type of Installation		
_____ Temporary	_____ New	_____ Remodel/Alteration
Type/s of Wiring:		
_____ Open Wiring	_____ Conduits	_____ Cable
_____ Others _____	_____ Armored Cable	_____ Raceways

Inspected by: \_\_\_\_\_ Recommending Approval: \_\_\_\_\_ **APPROVED BY:** \_\_\_\_\_

**CHESTER ALDEN J. BUTAY**  
ELECTRICAL INSPECTOR  
(Signature over printed name)  
  
0066524 / 06-29-20\_\_  
P.R.C. Reg. No. & Validity

\_\_\_\_\_  
ELECTRICAL ENGINEER OF THE  
BUILDING OFFICE  
(Signature over printed name)  
\_\_\_\_\_  
P.R.C. Reg. No. & Validity

**BENIGNO B. DELA CRUZ**  
Municipal Engineer

Amount: \_\_\_\_\_

OR Num: \_\_\_\_\_

Date: \_\_\_\_\_

**MEO-003-I-0**

NUMBER OF STORIES _____
ESTIMATED COST _____
ACTUAL C
A) Material (Total Cost) P
1. Electrical Wire _____
2. Lighting Outlet _____
3. Convenience Outlets _____
Others (specify) _____
B) Other costs _____
This includes professional fees, permits and other fees.

1. Loads to be Connected
<input type="checkbox"/> Light <input type="checkbox"/> SPO, Cooking Unit <input type="checkbox"/> Toggle Switch <input type="checkbox"/> FA Detector <input type="checkbox"/> Convenience/Receptacle <input type="checkbox"/> SPO, Water Heater <input type="checkbox"/> Bells/Buzzers <input type="checkbox"/> Others (see attached list) <input type="checkbox"/> SPO, Aircon <input type="checkbox"/> SPO, Water Pump <input type="checkbox"/> Push Buttons
2. Nature of Works _____
3. Type of Service      Voltage _____      Size of Wire _____      Phone _____
4. Remarks _____

I hereby certify that the above data and information are true and correct to the best of my knowledge and belief.

ELECTRICAL FEES	PEE/REE/RME
Fee            P _____	Address _____
Surcharge    P _____	PRC Reg. No.                      Validity _____
Total            P _____	PTR                                      T.I.N. _____
Computed by:	CTC No _____
Signature Over Printed Name	Date Issued _____
	Place Issued _____

LOAD	
Nature of Work	
Inspector _____	
Fee:    P	Contractor _____
Paid under Official Receipt No. _____	
Date _____	Owner/Occupant _____

Recommending Approval:

APPROVED BY:

\_\_\_\_\_  
ELECTRICAL ENGINEER OF THE BUILDING OFFICE  
(Signature Over Printed Name)

**BENIGNO B. DELA CRUZ**  
**Building Official**

\_\_\_\_\_  
P.R.C. Reg. No. & Validity

NOTE: Renewals / extension of this permit and/or final certification of the electrical installation 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.