

Republic of the Philippines  
**DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS**  
 OFFICE OF THE BUILDING OFFICIAL



# MECHANICAL PERMIT

APPLICATION NO.	MP NO.	PERMIT NO.																																																												
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DATE OF APPLICATION	DATE ISSUED
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**BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)**

NAME OF OWNER/APPLICANT LAST NAME, FIRST NAME, M.I.		TAX I.D. NO.
FOR CONSTRUCTION OWNED BY AN ENTERPRISE	FORM OF OWNERSHIP	USE OF CHARACTER OF OCCUPANCY
ADDRESS	NO., STREET, BARANGAY, CITY/MUNICIPALITY/ ZIP CODE	TELEPHONE NO.
LOCATION OF INSTALLATION	NO., STREET, BARANGAY, CITY/MUNICIPALITY	
<b>SCOPE OF WORK :</b>		
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION _____	<input type="checkbox"/> RAISING _____
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION _____	<input type="checkbox"/> DEMOLITION _____
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____	<input type="checkbox"/> OTHERS (specify) _____
<b>USE OR TYPE OF OCCUPANCY</b>		
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> AGRICULTURAL	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> LANDSCAPING	
<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHERS (SPECIFY) _____	
<input type="checkbox"/> INSTITUTIONAL		

**BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)**

<b>INSTALLATION AND OPERATION OF</b>		
<input type="checkbox"/> BOILER	<input type="checkbox"/> CENTRAL AIR-CONDITIONING	<input type="checkbox"/> DUMB WAITER
<input type="checkbox"/> PRESSURE VESSELS	<input type="checkbox"/> MECHANICAL VENTILLATION	<input type="checkbox"/> PUMPS
<input type="checkbox"/> INTERNAL COMBUSTION ENGINE	<input type="checkbox"/> ESCALATOR	<input type="checkbox"/> COMPRESSED AIR, VACUUM, INSTITUTIONAL AND/OR INDUSTRIAL GAS
<input type="checkbox"/> REFRIGERATION & ICE-MAKING	<input type="checkbox"/> MOVING SIDEWALK	<input type="checkbox"/> PHEUMATIC TUBES, CONVEYORS AND /OR MONORAILS
<input type="checkbox"/> WINDOW TYPE AIR-CONDITIONING	<input type="checkbox"/> FREIGHT ELEVATOR	<input type="checkbox"/> FUNICULAR
<input type="checkbox"/> PACKAGE AIR-CONDITION UNIT	<input type="checkbox"/> PASSENGER ELEVATOR	
<input type="checkbox"/> OTHERS (SPECIFY) _____	<input type="checkbox"/> CABLE CAR	
PREPARED BY : _____		

**BOX 3**

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
_____ <b>PROFESSIONAL MECHANICAL ENGINEER</b> (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	
<input type="checkbox"/> PROFESSIONAL MECHANICAL ENGINEER	<input type="checkbox"/> MECHANICAL ENGINEER
_____ <b>PROFESSIONAL MECHANICAL ENGINEER</b> (signed and 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		
CTC No.	Date Issued	Place Issued

**BOX 6**

WITH CONSENT : LOT OWNER		
_____ (signature over printed name) Date _____		
Address		
CTC No.	Date Issued	Place Issued



# APPLICATION LETTER

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

**ENGR. CIRINIA GRACE L. CATUBIG**

Officer-In-Charge

Davao City

Sir/Maam:

I \_\_\_\_\_  
(First Name) (Middle Name) (Family Name)

would like to apply for \_\_\_\_\_ for my \_\_\_\_\_

located at \_\_\_\_\_  
(Complete Address)

I also authorize \_\_\_\_\_ to  
(Authorized Representative of the Company)

transact the application with your Office in my behalf.

I/We hereby certify that the documents submitted herein are all true and correct, therefore falsification on the supporting document in any way will cause disapproval of the permit application without prejudice to further action that may be undertaken pursuant to Articles 171 & 172 of R.A. 3815, otherwise known as the Revised Penal Code of the Philippines.

\_\_\_\_\_  
(Signature over Printed Name of Owner)

\_\_\_\_\_  
(Signature over Printed Name of Authorized Representative)

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

