

Form No. Eng. 04

DPWH FORM NO. 77-001-M

**REPUBLIC OF THE PHILIPPINES**

**PROVINCCE OF BULACAN**

**CITY OF BALIWAG**

**OFFICE OF THE BUILDING OFFICIAL**

**AREA CODE \_\_\_\_\_\_\_\_\_**

Republic of the Philippines

City/Municipality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE OF THE BUILDING OFFICIAL**

**MECHANICAL PERMIT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICATION NO. | | | | | |  |  |  |  |  |  |  | MP NO | | | | | | | | |  |  |  | BUILDING PERMIT NO. | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)** | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  |  | | |  |  |  |  |  |  | | | | | | | | |
| OWNER/APPLICANT | | | | | |  |  |  |  |  | LAST NAME | |  |  |  |  |  |  | FIRST NAME | | |  |  | M.I. |  |  | TIN | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| FOR CONSTRUCTION OWNED | | | | | | | | | |  |  | FORM OF OWNERSHIP | | | | | | | | | |  | **USE OR CHARACTER OF OCCUPANCY** | | | | | | | | | | | | |
| BY AN ENTERPRISE | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SCOPE OF WORK** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | RAISING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
|  |  | NEW CONSTRUCTION | | | | | | | |  | RENOVATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  |  | ERECTION | | | |  |  |  |  |  | CONVERSION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | DEMOLITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
|  |  |  |  |  |  |  | ACCESSORY BUILDING/STRUCTURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
|  |  | ADDITION | | | |  |  |  |  |  | REPAIR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  |  | ALTERATION | | | |  |  |  |  |  | MOVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | OTHERS (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

**INSTALLATION AND OPERATION OF:**

|  |  |  |
| --- | --- | --- |
| BOILER | CENTRAL AIRCONDITIONING | DUMBWAITER |
| PRESSURE VESSEL | MECHANICAL VENTILLATION | PUMPS |
| INTERNAL COMBUSTION ENGINE | ESCALATOR | COMPRESSED AIR, VACUUM, INSTITUTIONAL |
| REFRIGERATION AND ICE MAKING | MOVING SIDEWALK | and/or INDUSTRIAL GAS |
| WINDOW TYPE AIRCONDITIONING | FREIGHT ELEVATOR | PNEUMATIC TUBES, CONVEYORS |
| PACKAGED/ SPLIT TYPE AIRCONDITIONING | PASSENGER ELEVATOR | and/or MONORAILS |
| OTHERS (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CABLE CAR | FUNICULAR |

PREPARED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BOX 3**

**DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **PROFESSIONAL MECHANICAL ENGINEER** | |  |
|  | (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**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROFESSIONAL MECHANICAL ENGINEER** | | | **MECHANICAL ENGINEER** |
|  | (Signed and/or 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

|  |  |  |
| --- | --- | --- |
| C.T.C. No. | Date Issued | Place Issued |
|  |  |  |

**BOX 6**

WITH MY CONSENT: **LOT OWNER**

(Signature Over Printed Name)



Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

|  |  |  |
| --- | --- | --- |
| C.T.C. No. | Date Issued | Place Issued |
|  |  |  |

**TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION BOX 7**

|  |  |
| --- | --- |
| RECEIVED BY: | DATE: |
|  |  |

**FIVE (5) SETS OF MECHANICAL DOCUMENTS**

|  |  |
| --- | --- |
| MECHANICAL PLANS AND SPECIFICATIONS | COST ESTIMATES |
| BILL OF MATERIALS | OTHERS (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**BOX 8**

**PROGRESS FLOW**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | IN | |  | OUT | | PROCESSED BY: |  |
|  |  |  |  |  |  |  |  |
|  | DATE |  | TIME | DATE |  | TIME |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| MECHANICAL |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| OTHERS (Specify) |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**BOX 9**

**ACTION TAKEN:**

**PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:**

1. That the proposed mechanical works shall be in accordance with the mechanical plans filed with this Office and in conformity with the latest Philippine Mechanical Code, the National Building Code and its IRR.
2. That prior to any mechanical installation, a duly accomplished prescribed **“NOTICE OF CONSTRUCTION”** shall be submitted to the Office of the Building Official.
3. That upon completion of the mechanical works, the licensed supervisor/in-charge 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 National Building Code and its IRR.
4. That this permit is **null and void** unless accompanied by the building permit.
5. That a Certificate of Operation shall be issued for the continuous use of mechanical installations.

**PERMIT ISSUED BY:**

**BUILDING OFFICIAL**

(Signature Over Printed Name)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_