



Republic of the Philippines
City of San Pedro
Province of Laguna
OFFICE OF THE BUILDING OFFICIAL
MECHANICAL PERMIT REQUIREMENTS



NOTE: PEASE PRINT ALL FORMS IN A LEGAL/LONG SIZE PAPER. FORMS MUST BE PRINTED BACK TO BACK

- ☐ 3 Original Copies of Properly filled-out Mechanical Application Form, duly signed and sealed by licensed Mechanical Engineer
- ☐ 5 Sets of Mechanical Plans, duly signed and sealed by licensed Mechanical Engineer
- ☐ 5 Sets of Cost Estimate or Bill of Materials, all originally signed and sealed by licensed Mechanical Engineer
- ☐ 5 Sets of Mechanical Specifications
- ☐ 1 Original Copy of Secretary's Certificate, duly notarized
- ☐ 1 Colored copy of Valid ID (applicant and representative, with specimen signature)
- ☐ 5 Copies of Equipment Load Schedule
- ☐ 1 Original Copy of Barangay Clearance
- ☐ 1 Original Copy of Homeowner's Clearance if applicable
- ☐ 1 Colored Copy of PRC ID with signed and sealed
- ☐ 1 Copy of PTR, latest year

APPLICATION WITH INCOMPLETE REQUIREMENTS WILL NOT BE RECEIVED NOR PROCESSED

For inquiries:

CALL: (02) 8808-2020 local 205 and 206

TEXT: 0961 630 6655 or 0961 630 6685

E-mail: officeofthebuildingofficial@gmail.com

OBO-075-0

Republic of the Philippines
Department of Public Works and Highways
OFFICE OF THE BUILDING OFFICIAL
City of San Pedro, Laguna
Area Code: 4023



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 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. _____							
STREET _____, BARANGAY _____, CITY OF SAN PEDRO, LAGUNA, 4023							
SCOPE OF WORK							
<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) _____			

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

INSTALLATION AND OPERATION OF:

<input type="checkbox"/> BOILER	<input type="checkbox"/> CENTRAL AIR-CONDITIONING	<input type="checkbox"/> DUMBWAITER
<input type="checkbox"/> PRESSURE VESSEL	<input type="checkbox"/> MECHANICAL VENTILATION	<input type="checkbox"/> PUMPS
<input type="checkbox"/> INTERNATIONAL COMBUSTION ENGINE	<input type="checkbox"/> ESCALATOR	<input type="checkbox"/> COMPRESSED VACCUUM, INSTITUTIONAL AND / OR INDUSTRIAL GAS
<input type="checkbox"/> REFRIGERATION AND ICE MAKING	<input type="checkbox"/> MOVING SIDEWALK	<input type="checkbox"/> PNEUMATIC TUBES, CONVEYORS
<input type="checkbox"/> WINDOW TYPE AIRCONDITIONING	<input type="checkbox"/> FREIGHT ELEVATOR	
<input type="checkbox"/> PACKAGE/SPLIT TYPE AIRCONDITIONING	<input type="checkbox"/> PASSENGER ELEVATOR	
<input type="checkbox"/> OTHERS (Specify) _____	<input type="checkbox"/> CABLE CAR	
<input type="checkbox"/> PREPARED BY: _____		

BOX 3

DESIGN PROFESSIONAL, PLANS & SPECIFICATIONS	
<div>PROFESSIONAL MECHANICAL ENGINEER (Signed and Sealed Over Printed Name) Date _____</div>	
ADDRESS	
PRC No.	Validity
PTR No.	Date Issued
Issued at	T.I.N

BOX 4

SUPERVISOR / IN-CHARGE OF MECHANICAL WORKS	
<input type="checkbox"/> PROFESSIONAL MECHANICAL ENGINEER <input type="checkbox"/> MECHANICAL ENGINEER	
<div>(Signed and Sealed Over Printed Name) Date _____</div>	
ADDRESS	
PRC No.	Validity
PTR No.	Date Issued
Issued at	T.I.N

BOX 5

BUILDING OWNER		
<div>(Signature Over Printed Name) Date: _____</div>		
Address		
C.T.C. No.	Date Issued	Place Issued

BOX 6

WITH MY CONSENT: LOT OWNER		
<div>(Signature Over Printed Name) Date: _____</div>		
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	
<input type="checkbox"/> MECHANICAL SPECIFICATIONS	<input type="checkbox"/> COST ESTIMATES
<input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> 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 CONDITION:

1.

That the proposed mechanical works shall be in accordance with the mechanical plans filed in this office and in conformity with the latest Philippine Mechanical Code, the National Building Code and its Implementing Rules and Regulations.

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 superior / 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 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 the mechanical installations.

PERMIT ISSUED BY:

ENGR. JULIETA A. TIÑANA

BUILDING OFFICIAL

Date _____