***NBC FORMS***

**NBC FORM NO. E – 03**

**Republic of the Philippines**

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

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

 **OFFICE OF THE BUILDING OFFICIAL**

 **PERMIT FOR TEMPORARY SERVICE CONNECTION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **APPLICATION 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 #** |
| **LOCATION OF CONSTRUCTION LOT NO.\_\_\_\_\_\_\_\_\_\_\_\_ BLK NO.\_\_\_\_\_\_\_\_\_\_\_ TCT NO.\_\_\_\_\_\_\_\_\_\_\_ TAX DEC NO.\_\_\_\_\_\_\_\_\_\_****STREET\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BARANGAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/MUNICIPALITY OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **PURPOSE:**** FOR CONSTRUCTION  FOR TESTING  OTHERS (Specify)** |
|  **SUMMARY OF ELECTRICAL LOADS/ CAPACITIES APPLIED FOR** |
|  **TOTAL CONNECTED LOAD****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_kVA** | **TOTAL TRANSFORMER CAPACITY****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Kva** | **TOTAL GENERATOR/UPS CAPACITY****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Kva** |

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

|  |  |
| --- | --- |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PROFESSIONAL ELECTRICAL ENGINEER** (Signed and Sealed Over Printed Name) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Address** |
| **PRC NO.** | **VALIDITY** |
| **PTR NO.** | **Date Issued** |
| **Issued at** | **TIN** |

**BOX 3 (TO BE ACCOMPLISHED BY THE OWNER / APPLICANT)**

|  |  |
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|   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature Over Printed Name) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Address** |
| **C.T.C No.** |
| **Date Issued** |
| **Place Issued** |

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