

INSTALLATION PLAN

NAME OF OWNER/APPLICANT:
ADDRESS OF OWNER/APPLICANT:
LOCATION OF INSTALLATION:

ELECTRICAL INSTALLATION DATA

NUMBER OF OUTLETS: _____ LIGHTS _____ SPO, AIRCON _____ CONVENIENCE OUTLETS _____ SPO, COOKING UNIT _____ TEL/TV/COMPUTER _____ SPO, WATER HEATER _____ SIGNALING SYSTEM _____ SPO, WATER PUMP OTHERS: _____ _____	NUMBER OF WIRING DEVICES/EQUIPMENTS: _____ TOGGLE SWITCH OTHERS (SPECIFY): _____ BELLS/BUZZERS _____ _____ PUSH BUTTONS _____ _____ FA DETECTORS _____ _____ _____
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TYPES OF WIRING:		
_____ OPEN WIRING	_____ ARMORED CABLE	_____ CABLE
_____ CONDUITS	_____ RACEWAYS	OTHERS _____

TYPES OF SAFETY PROTECTIVE DEVICE:	
CIRCUIT BREAKER MAIN: _____	SAFETY SWITCH MAIN: _____
BRANCHES: _____	_____
_____	_____
_____	_____

SIZE/TYPE OF SERVICE CONDUCTORS:	
SERVICE ENTRANCE: _____	
SERVICE DROP : _____	

ELECTRICAL PRACTITIONER IN-CHARGE OF INSTALLATION NAME : _____ ADDRESS : _____ PRC REG. NO. _____ PTR NO. _____ DATE ISSUED : _____ PLACE ISSUED _____ SIGNATURE _____ DATE SIGNED _____	PROFESSIONAL ELECTRICAL ENGINEER WHO SIGNED AND SEALED PLANS AND SPECIFICATIONS: NAME: _____ ADDRESS : _____ PRC REG. NO. _____ PTR NO. _____ DATE ISSUED: _____ PLACE ISSUED _____ SIGNATURE _____ DATE SIGNED _____
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