

Region
OFFICE OF THE BUILDING OFFICIAL

Province

District/City/Municipality

Area Code

APPLICATION NO.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

PERMIT NO.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

SANITARY/PLUMBING PERMIT

DATE OF APPLICATION

BOX 1 (TO BE ACCOMPLISHED BY SANITARY ENGINEER MASTER PLUMBER IN PRINT)

| | | | | |
|-------------------------|-----------|------------|-----|---------------|
| NAME OF OWNER/APPLICANT | LAST NAME | FIRST NAME | M.I | TAX ACNT. NO. |
|-------------------------|-----------|------------|-----|---------------|

| | | |
|---------|-------------------------------------|---------------|
| ADDRESS | No., Street, Barangay/ Municipality | Telephone No. |
|---------|-------------------------------------|---------------|

| | |
|--------------------------|-------------------------------------|
| Location of Installation | No., Street, Barangay/ Municipality |
|--------------------------|-------------------------------------|

SCOPE OF WORK

NEW INSTALLATION

ADDITION OF _____ OTHERS (SPECIFY) _____

REPAIR OF _____ OF _____

REPAIR OF _____ OF _____

USE OR TYPE OF OCCUPANCY

Residential _____

Commercial _____

Industrial _____

Institutional _____

Agricultural _____

Parks, Plazas, Monument _____

Recreational _____

Others (Specify) _____

| FIXTURES TO BE INSTALLED | | | | | | | |
|--------------------------|-----------------------|-----------------------|---|-------|-----------------------|-----------------------|---|
| Qty | New Fixtures | Existing Fixtures | Kind of Fixtures | Qty | New Fixtures | Existing Fixtures | Kind of Fixtures |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Water Closet | _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Bidette |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Floor Grain | _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Laundry |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Lavatories | _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Dental Cuspidor |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Kitchen Sink | _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Gas Heater |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Faucet | _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Electric Heater |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Shower Head | _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Water Boiler |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Water Meter | _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Drinking Fountain |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Grease Trap | _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Bar Sink |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Bath Tubs | _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Sarda Fountain Sink |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Stop Sink | _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Laboratory Sink |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Urinal | _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Sterlizer |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Air Conditioning Unit | _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Swimming Pool |
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Water Tank, Reservoir | _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Other (Specify) _____ |
| TOTAL | | | | TOTAL | | | |

Water Distribution System

Sanitary Sewer System

Storm Drainage System

WATER SUPPLY

Shallow Well

Deep Well & Pump Set

City/Municipal Water System

Others _____

SYSTEM OF DISPOSAL

Waste Water Treatment Plant

Septic Vault/Urroll Tank

Sanitary Sewer Connection

Sub-Surface San Filter

Surface Drainage

Street Canal

Water Course

No. of Stories of Building _____

Proposed Date _____

Start of Installation _____

Expected Date of Completion _____

Total Area of Building/Subdivision _____ Sq. M.

Total Cash of Installation P _____

Prepared by: _____

BOX 2 (TO BE ACCOMPLISHED BY BUILDING OFFICIAL)

ACTION TAKEN:
Permit is hereby granted to install the sanitary/plumbing fixture enumerated herein subjected to the following conditions.

- That the proposed installation shall be in accordance with approval plans filed with this office and in confirmatory with the National Building Code.
- That a duly Licensed Sanitary Engineer/Master Plumber be engaged to undertake the installations/constructions.
- That a certificate of Completion duly signed by a Sanitary Engineer/Master Plumber in-charge of installation shall be submitted not later than seven (7) days after completion of the installation.
- That a Certificate of Final Inspection and a Certificate of Occupancy be secured prior to the actual occupancy of the building.

NOTE:
THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTIONS 305 & 306 OF THE "NATIONAL BUILDING CODE"

BUILDING OFFICIAL _____

DATE _____

BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)

| | |
|---|---|
| BUILDING DOCUMENTS | |
| <input type="checkbox"/> SANITARY PLUMBING & PLANS SPECIFICATIONS <input type="checkbox"/> BILL OF MATERIALS | <input type="checkbox"/> COST ESTIMATES <input type="checkbox"/> OTHERS (SPECIFY) _____ _____ |

BOX 4 (TO BE ACCOMPANIED BY THE DIVISION/SECTION CONCERNED)

| ASSESSED FEES | | | | |
|---------------|------------|-------------|-------------|-----------|
| | AMOUNT DUE | ASSESSED BY | O.R. NUMBER | DATE PAID |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

BOX 5 (TO BE ACCOMPLISHED BY THE DIVISION/SECTION CONCERNED)

| PROGRESS FLOWS | | | | | | |
|--|------|------|------|------|--------------------|-----------------|
| NOTED CHIEF PROCESSING DIVISION/SECTION | IN | | OUT | | ACTION/ REMARKS | PROCESSED BY |
| | TIME | DATE | TIME | DATE | | |
| RECEIVING & RECORDING | | | | | | |
| GEODETIC (LINE and GRADE) | | | | | | |
| SANITARY | | | | | | |

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SET FORTH

BOX 6

BOX 8

| | | |
|---|-------------|--------------|
| SANITARY ENGINEER/MASTER PLUMBER SIGNED AND SEALED PLANS & SPECIFICATION | | PRC REG. NO |
| PRINT NAME | | |
| ADDRESS | | |
| P. T. R. NO. | DATE ISSUED | PLACE ISSUED |
| SIGNATURE | | TIN |

| | | |
|---|-------------|--------------|
| SIGNATURE _____ APPLICANT | | |
| RES CERT. NO. | DATE ISSUED | PLACE ISSUED |
| | | |

BOX 7

| | | |
|---|-------------|----------------|
| SANITARY ENGINEER/MASTER PLUMBER IN-CHARGE OF CONSTRUCTION | | PRC REG. NO |
| PRINT NAME | | |
| ADDRESS | | |
| P. T. R. NO. | DATE ISSUED | PLACE ISSUED |
| SIGNATURE | | TIN |