

REPUBLIC OF THE PHILIPPINES
OFFICE OF THE BUILDING OFFICIAL

MUNICIPALITY _____

APPLICATION NO. _____

PERMIT NO. _____

SANITARY/PLUMBING PERMIT

DATE OF APPLICATION _____

DATE ISSUED _____

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

NAME OF OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TAX ACCT. NO.
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ADDRESS: No. Street, Barangay, City/Municipality	TELEPHONE NO.
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LOCATION OF INSTALLATION No. Street, Barangay, City/Municipality

SCOPE OF WORK :

<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> ADDITION OF _____	<input type="checkbox"/> OTHER (SPECIFY) _____
	<input type="checkbox"/> REPAIR OF _____	<input type="checkbox"/> OF _____
	<input type="checkbox"/> REMOVAL OF _____	<input type="checkbox"/> OF _____

USE OR TYPE OF OCCUPANCY

<input type="checkbox"/> RESIDENTIAL _____	<input type="checkbox"/> AGRICULTURAL _____
<input type="checkbox"/> COMMERCIAL _____	<input type="checkbox"/> PARKS, PLAZAS, MONUMENTS _____
<input type="checkbox"/> INDUSTRIAL _____	<input type="checkbox"/> RECREATIONAL _____
<input type="checkbox"/> INSTITUTIONAL _____	<input type="checkbox"/> OTHERS (SPECIFY) _____

FIXTURES TO BE INSTALLED :

NEW QTY.	EXISTING FIXTURES	KIND OF FIXTURES	NEW QTY.	EXISTING FIXTURES	KIND OF FIXTURES
_____	_____	WATER CLOSET	_____	_____	BIDETTE
_____	_____	FLOOR DRAIN	_____	_____	LAUNDRY TRAYS
_____	_____	LAVATORIES	_____	_____	DENTAL CUSPIDOR
_____	_____	KITCHEN SINK	_____	_____	GAS HEATER
_____	_____	FAUCET	_____	_____	ELECTRIC HEATER
_____	_____	SHOWER HEAD	_____	_____	WATER BOILER
_____	_____	WATER METER	_____	_____	DRINKING FOUNTAIN
_____	_____	GREASE TRAP	_____	_____	BAR SINK
_____	_____	BATH TUB	_____	_____	SODA FOUNTAIN SINK
_____	_____	SLOP SINK	_____	_____	LABORATORY SINK
_____	_____	URINAL	_____	_____	STERILIZER
_____	_____	AIR CONDITIONING UNIT	_____	_____	SWIMMING POOL
_____	_____	WATER TANK/RESERVOIR	_____	_____	OTHERS (SPECIFY) _____
TOTAL			TOTAL		

WATER DISTRIBUTION SYSTEM SANITARY SEWER SYSTEM STORM DRAINAGE SYSTEM

WATER SUPPLY : <input type="checkbox"/> SWALLOW WELL <input type="checkbox"/> DEEP WELL & PUMP SET <input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM <input type="checkbox"/> OTHERS _____	SYSTEM OF DISPOSAL : <input type="checkbox"/> WASTE WATER TREATMENT PLANT <input type="checkbox"/> SEPTIC VAULT/MHOFFM TANK <input type="checkbox"/> SANITARY SEWER CONNECTION <input type="checkbox"/> SUB-SURFACE SAND FILTER	<input type="checkbox"/> SURFACE DRAINAGE <input type="checkbox"/> STREET CANAL <input type="checkbox"/> WATER COURSE
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NUMBER OF STORIES OF BUILDING _____ TOTAL AREA OF BUILDING/SUBDIVISION _____ sq.m.

PROPOSED DATE _____	TOTAL COST OF INSTALLATION P _____
START OF INSTALLATION _____	PREPARED BY _____
EXPECTED DATE OF COMPLETION _____	

BOX 2 (TO BE ACCOMPLISHED BY BUILDING OFFICIAL)

ACTION TAKEN :
 PERMIT IS HEREBY GRANTED TO INSTALL THE SANITARY/PLUMBING FIXTURE ENUMERATED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS.

1. THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE NATIONAL BILDING CODE.
2. THAT A DULY LICENSED SANITARY ENGINEER /MASTER PLUMBER BE ENGAGED TO UNDERTAKE THE INSTALLATION/CONSTRUCTION
3. THAT A CERTIFICATE OF COMPLETION DULY SIGNED BYT A SANITARY ENGINEER/MASTER PLUMBER IN CHARGE OF INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION.
4. THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED TO THE ACTUAL OCCUPANCY OF THE BUILDING

ENGR. REGALADO B. AGUILAR JR.
Municipal Engineer , OIC

Date

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

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

BUILDING DOCUMENTS	
SANITARY PLUMBING PLANS AND SPECIFICATIONS _____	COST ESTIMATES _____
BILL OF MATERIALS _____	OTHERS SPECIFY _____

BOX 4 (TO BE ACCOMPLISHED 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 FLOW						
NOTED : CHIEF PROCESSING DIV./SECTION	IN		OUT		ACTION/ REMARKS	PROCESSED BY :
	TIME	DATE	TIME	DATE		
RECEIVING AND RECORDING						
GEODETIC (LINE AND GRADE)						
SANITARY						

WE HEREBY AFFIX OUR HAND SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SETFORTH.

BOX 6

SANITARY ENGINEER/MASTER PLUMBER SIGNED AND SEALED PLANS & SPEC.	PRC. REG. NO.	SIGNATURE		
PRINT NAME		APPLICANT		
ADDRESS		RESIDENCE CERTIFICATE	DATE ISSUED	PLACE ISSUED
P.T.R. NO.	PLACE ISSUED			
SIGNATURE	TAN			