NBC FORM NO. A -06

Republic of the Philippines
Municipality of **SAN VICENTE**
Province of **CAMARINES NORTE**

OFFICE OF THE BUILDING OFFICIAL

PLUMBING PERMIT

APPLICATION NO.	PP 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 **SAN VICENTE**   ZIP CODE **4609**   TELEPHONE NO

LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO. _____

STREET_____ BARANGAY _____ CITY/ MUNICIPALITY OF ___ **SAN VICENTE** _____

SCOPE OF WORK

- □ NEW CONSTRUCTION
- □ ERECTION
- □ ADDITION
- □ ALTERATION
- □ RENOVATION _____
- □ CONVERSION _____
- □ REPAIR _____
- □ MOVING _____
- □ RAISING_____
- □ DEMOLITION _____
- □ ACCESSORY BUILDING/STRUCTURE _____
- □ OTHERS (Specify)_____

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

FIXTURES TO BE INSTALLED

QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES
_____	□	□	WATER CLOSET	_____	□	□	BIDETTE
_____	□	□	FLOOR DRAIN	_____	□	□	LAUNDRY TRAYS
_____	□	□	LAVATORY	_____	□	□	DENTAL CUSPIDOR
_____	□	□	KITCHEN SINK	_____	□	□	DRINKING FOUNTAIN
_____	□	□	FAUCET	_____	□	□	BAR SINK
_____	□	□	SHOWER HEAD	_____	□	□	SODA FOUNTAIN SINK
_____	□	□	WATER METER	_____	□	□	LABORATORY SINK
_____	□	□	GREASE TRAP	_____	□	□	STERILIZER
_____	□	□	BATH TUB	_____	□	□	OTHERS (Specify)
_____	□	□	SLOP SINK	_____	□	□	_____
_____	□	□	URINAL	_____	□	□	_____
_____	□	□	AIR CONDITIONING UNIT	_____	□	□	_____
_____	□	□	WATER TANK/RESERVOIR	_____	□	□	_____

_____ TOTAL   _____ TOTAL

□ WATER DISTRIBUTION SYSTEM   □ SEWAGE SYSTEM   □ SEPTIC TANK   □ STORM DRAINAGE SYSTEM

PREPARED BY: _____

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS
_____ Date_____   **MASTER PLUMBER**   (Signed and Sealed Over Printed Name)

Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 4

SUPERVISOR / IN-CHARGE OF PLUMBING WORKS
_____Date_____   **MASTER PLUMBER**   (Signed and Sealed Over Printed Name)

Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 5

BUILDING OWNER
_____   (Signature Over Printed Name)   Date_____

Address		
C.T.C. No.	Date Issued	Place Issued

BOX 6

WITH MY CONSENT: **LOT OWNER**
_____   (Signature Over Printed Name)   Date_____

Address		
C.T.C. No.	Date Issued	Place Issued