

Republic of the Philippines
XII
Region
OFFICE OF THE BUILDING OFFICIAL
SULTAN KUDARAT
Province
ISULAN
District/City/Municipality
12024
Area Code

APPLICATION NO.

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SANITARY/PLUMBING PERMIT

PERMIT NO.

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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 ACCOUNT NO.
ADDRESS	NO., STREET, BARANGAY, MUNICIPALITY	TELEPHONE NO.

LOCATION OF INSTALLATION	NO., STREET, BARANGAY, MUNICIPALITY
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SCOPE OF WORK:	OTHERS (SPECIFY)
<input type="checkbox"/> New Installation	<input type="checkbox"/> _____ OF _____
<input type="checkbox"/> Addition of _____	<input type="checkbox"/> _____ OF _____
<input type="checkbox"/> Repair of _____	
<input type="checkbox"/> Removal of _____	

USE OR TYPE OF OCCUPANCY:	
<input type="radio"/> Residential	<input type="radio"/> Agricultural
<input type="radio"/> Commercial	<input type="radio"/> Parks, Plazas, Monuments
<input type="radio"/> Industrial	<input type="radio"/> Recreational
<input type="radio"/> Institutional	<input type="radio"/> Others (Specify)

FIXTURES TO BE INSTALLED:							
Qty	New Fixtures	Existing Fixtures	Kind of Fixtures	Qty.	New Fixtures	Existing Fixtures	kind of Fixtures
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Water Closet	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Bidette
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Floor Drain	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Laundry Trays
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Lavatories	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Dental Cuspidor
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Kitchen Sink	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Gas Heater
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Faucet	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Electric Heater
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Shower Head	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Water Boilet
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Water Meter	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Drinking Fountain
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Grease Trap	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Bar Sink
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Bath Tubs	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Soda Fountain Sink
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Slop Sink	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Laboratory Sink
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Urinal	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Sterilizer
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Air Conditioning Unit	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Swimming Pool
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Water Tank/Reservoir	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Other (Specify) _____
				Total			

<input type="radio"/> Water Distribution System	<input type="radio"/> Sanitary Sewer System	<input type="radio"/> Storm Drainage System
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WATER SUPPLY:	SYSTEM OF DISPOSAL:
<input type="radio"/> Shallow Well	<input type="radio"/> Waste Water Treatment Plant
<input type="radio"/> Deep Well & Pump Set	<input type="radio"/> Septic Vault/Imhoff Tank
<input type="radio"/> City/Municipal Water System	<input type="radio"/> Sanitary Sewer Connection
<input type="radio"/> Others _____	<input type="radio"/> Sub Surface Sand Filter
	<input type="radio"/> Surface Drainage
	<input type="radio"/> Street Canal
	<input type="radio"/> Water Course

No. of Storeys of Building	Total Area of Building/Subdivision
	Sq.M.

Proposed Date	Total Cost
Start of Installation	of Installation P

Expected Date of Completion	Prepared By:
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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 the office and in conformity with the National Building 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 by 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 prior to the actual occupancy of the building.	
NOTE:	ENGR. DANDY A. LOYOLA Building Official
THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTIONS 305 & 306 OF THE "NATIONAL BUILDING CODE".	Date

