



Republic of the Philippines
Municipality of Quezon
Province of Bukidnon

OFFICE OF THE BUILDING OFFICIAL

APPLICATION NO.

PERMIT NO.

SANITARY / PLUMBING PERMIT

DATE OF APPLICATION

DATE ISSUED

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

NAME OF OWNER/ APPLICANT	LAST NAME, FIRST NAME, M.I.	TAX ACCT. NO.
ADDRESS	NO. OF STREET, BARANGAY, CITY/ MUNICIPALITY	TELEPHONE NO.
LOCATION OF INSTALLATION	NO. OF STREET, BARANGAY, CITY/ MUNICIPALITY	

SCOPE OF WORK	<input type="checkbox"/> ADDITION OF	OTHERS (SPECIFY)
<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> REPAIR OF	<input type="checkbox"/> REPAIR OF OF
	<input type="checkbox"/> REMOVAL OF	<input type="checkbox"/> REMOVAL OF 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:							
QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES
	<input type="checkbox"/>	<input type="checkbox"/>	WATER CLOSET		<input type="checkbox"/>	<input type="checkbox"/>	BIDETTE
	<input type="checkbox"/>	<input type="checkbox"/>	FLOOR DRAIN		<input type="checkbox"/>	<input type="checkbox"/>	LAUNDRY TRAYS
	<input type="checkbox"/>	<input type="checkbox"/>	LAVATORIES		<input type="checkbox"/>	<input type="checkbox"/>	DENTAL CLUSPIDOR
	<input type="checkbox"/>	<input type="checkbox"/>	KITCHEN SINK		<input type="checkbox"/>	<input type="checkbox"/>	GAS HEATER
	<input type="checkbox"/>	<input type="checkbox"/>	FAUCET		<input type="checkbox"/>	<input type="checkbox"/>	ELECTRIC HEATER
	<input type="checkbox"/>	<input type="checkbox"/>	SHOWER HEAD		<input type="checkbox"/>	<input type="checkbox"/>	WATER BOILER
	<input type="checkbox"/>	<input type="checkbox"/>	WATER METER		<input type="checkbox"/>	<input type="checkbox"/>	DRINKING FOUNTAIN
	<input type="checkbox"/>	<input type="checkbox"/>	GREASE TRAP		<input type="checkbox"/>	<input type="checkbox"/>	BAR SINK
	<input type="checkbox"/>	<input type="checkbox"/>	BATH TUBS		<input type="checkbox"/>	<input type="checkbox"/>	SODA FOUNTAIN SINK
	<input type="checkbox"/>	<input type="checkbox"/>	SLOP SINK		<input type="checkbox"/>	<input type="checkbox"/>	LABORATORY SINK
	<input type="checkbox"/>	<input type="checkbox"/>	URINAL		<input type="checkbox"/>	<input type="checkbox"/>	STERILIZER
	<input type="checkbox"/>	<input type="checkbox"/>	AIR CONDITIONING UNIT		<input type="checkbox"/>	<input type="checkbox"/>	SWIMMING POOL
	<input type="checkbox"/>	<input type="checkbox"/>	WATER TANK / RESERVOIR		<input type="checkbox"/>	<input type="checkbox"/>	OTHERS (SPECIFY)
TOTAL				TOTAL			
<input type="checkbox"/> WATER DISTRIBUTION SYSTEM				<input type="checkbox"/> SANITARY SEWER SYSTEM			
				<input type="checkbox"/> STORM DRAINAGE SYSTEM			

WATER SUPPLY	SYSTEM OF DISPOSAL
<input type="checkbox"/> SHALLOW WELL	<input type="checkbox"/> WASTE WATER TREATMENT PLANT
<input type="checkbox"/> DEEP WELL & PUMP SET	<input type="checkbox"/> SEPTIC VAULT/ MHOFF TANK
<input type="checkbox"/> CITY/ MUNICIPAL WATER SYSTEM	<input type="checkbox"/> SANITARY SEWER CONNECTION
<input type="checkbox"/> OTHERS	<input type="checkbox"/> SUB-SURFACE SAND FILTER
NUMBER OF STOREYS OF BUILDING	TOTAL AREA OF BUILDING/ SUBDIVISION
	SQ.M.
PROPOSED DATE	TOTAL COST
START OF INSTALLATION	OF INSTALLATION P
EXPEXTED DATE	PREPARED BY:
OF COMPLETION	

ACTION TAKEN

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

1. THAT THE PROPOSED INSTALLATON SHALL BE IN ACCORDANCE WITH
APPROVED PLANS FILED WITH THIS 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 CERTIFICATE OF
OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE
BUILDING.

NOTE:

THIS PERMIT MAYBE CANCELLED REVOKED PURSUANT TO SECTIONS 305 & 306 OF THE *NATIONAL BUILDING CODE* (PD1096)

ROY N. NIONES, CE
Municipal Engineer/Building Official

Date

Sanitary Plumbing Plans & Specifications		Sanitary	
Bill of Materials		Sanitary	
BUILDING DOCUMENTS		Sanitary	
Cost Estimates		Sanitary	
Others (Specify)		Sanitary	

BOX 4: (To be accomplished by the Division/Section concerned)			
AMOUNT DUE		O.R. NUMBER	
DATE PAID		DATE PAID	
ASSESSED FEES			
BOX 5: (To be accomplished by the Division/Section concerned)			
PROGRESS FLOW			
NOTED:	Chief, Processing Division/Section	TIME	DATE
IN	OUT	TIME	DATE
ACTION/REMARKS		PROCESSED BY	
Sanitary		Sanitary	
Geodetic (Line & Grade)		Geodetic (Line & Grade)	
Receiving and Recording		Receiving and Recording	
Sanitary		Sanitary	

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

BOX 6	
SANITARY ENGINEER/MASTER PLUMBER	
Signed and Sealed Plans & Specifications	
P.R.C. Reg. No.	Print Name
Address	
P.T.R. No.	Date Issued
Place Issued	TAN
Signature	

BOX 7	
SANITARY ENGINEER/MASTER PLUMBER	
In-charge of Installation	
P.R.C. Reg. No.	Print Name
Address	
P.T.R. No.	Date Issued
Place Issued	TAN
Signature	

BOX 8	
APPLICANT	
Signature	Res. Cert. No.
Date Issued	Place Issued