

OFFICE OF THE BUILDING OFFICIAL

APPLICATION NO.

DATE OF APPLICATION

PERMIT NO.

DATE ISSUED

SANITARY / PLUMBING PERMIT

BOX 1 (TO BE ACCOMPLISHED BY SANITARY ENGINEER/MASTER

| | | | | | | | | | | | |
|--|--------------------------|--------------------------|--|--|--------------------------|--|--|---|--|---------------------------|--|
| | | | | | | | | T.I.N | | | |
| ADDRESS: | | NO. | | STREET | | BARANGAY | | CITY | | CONTACT NO./EMAIL ADDRESS | |
| LOCATION OF INSTALLATION: | | | | | | | | | | | |
| SCOPE OF WORK | | | | <input type="checkbox"/> ADDITION OF _____ | | | | OTHERS (SPECIFY) | | | |
| <input type="checkbox"/> NEW INSTALLATION | | | | <input type="checkbox"/> REPAIR OF _____ | | | | <input type="checkbox"/> _____ OF _____ | | | |
| | | | | <input type="checkbox"/> REMOVAL OF _____ | | | | <input type="checkbox"/> _____ OF _____ | | | |
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| FIXTURES TO BE INSTALLED | | | | | | | | | | | |
| QTY | NEW | EXISTING | KIND OF | QTY | NEW | EXISTING | KIND OF | | | | |
| | FIXTURES | FIXTURES | FIXTURES | | FIXTURES | FIXTURES | FIXTURES | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> WATER CLOSET | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> BIDETTE | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> FLOOR DRAIN | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LAUNDRY TRAYS | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LAVATORIES | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> DENTAL CUSPIDOR | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> KITCHEN SINK | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ELECTRICAL HEATER | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> FAUCET | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> WATER BOILER | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> SHOWER HEAD | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> DRINKING | | | | |
| FOUNTAIN | | | | | | | | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> WATER METER | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> BAR SINK | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> GREASE TRAP | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> SODA FOUNTAIN | | | | |
| SINK | | | | | | | | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> BATH TUBS | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LABORATORY SINK | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> SLOP SINK | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> STERILIZER | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> URINAL | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> SWIMMING POOL | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> AIR CONDITIONING UNIT | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> OTHERS (SPECIFY) | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> WATER TANK/RESERVOIR | _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| _____TOTAL | | | | _____TOTAL | | | | | | | |
| WATER SUPPLY | | | | | | SYSTEM SUPPLY | | | | | |
| <input type="checkbox"/> SHALLOW WELL | | | | | | <input type="checkbox"/> WASTE WATER TREATMENT PLANT | | | | | |
| <input type="checkbox"/> DEEPWELL & PUMP SET | | | | | | <input type="checkbox"/> SEPTIC VAULT/IMHOFF TANK | | | | | |
| <input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM | | | | | | <input type="checkbox"/> SURFACE DRAINAGE | | | | | |
| <input type="checkbox"/> OTHERS _____ | | | | | | <input type="checkbox"/> SUBSURFACE SAND FILTER | | | | | |
| | | | | | | <input type="checkbox"/> STREET CANAL | | | | | |
| | | | | | | <input type="checkbox"/> WATER COURSE | | | | | |
| NUMBER 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 _____ | | | | | | PREAPARED BY: _____ | | | | | |

BOX 2 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)

| | | |
|--|--|------------------------|
| ACTION TAKEN | | |
| PERMIT IS HEREBY GRANTED TO INSTALL THE SANITARY/PLUMBING | | |
| FIXTURES ENUMERATED HEREIN SUBJECT TO THE FOLOWING CONDITIONS: | | |
| 1. | THAT THE PROPOSED INSTALLATION 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 DESIGNATED UNDERTAKE THE INSTALLATION/CONSTRUCTION. | CITY BUILDING OFFICIAL |
| 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 | DATE |
| NOTE: | | |
| THIS PERMITMAY BE CANCELLED OR REVOKEDPURSUANT TO SECTIONS 305 & 306 OF THE NATIONAL BUILDING CODE | | |

(Print back to back)

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

| BUILDING DOCUMENTS | |
|---|------------------------------------|
| [] SANITARY/ PLUMBING PLANS & SPECIFICATIONS | [] COST ESTIMATES |
| [] BILL OF MATERIALS | [] OTHER (SPECIFY) _____ _____ |

BOX 4 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERN)

| ASSESSED FEES | | | | |
|---------------|--------|-------------|---------|-----------|
| | AMOUNT | ASSESSED BY | O.R NO. | DATE PAID |
| | | | | |
| | | | | |

BOX 5 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERN)

| PROGREES FLOW | | | | | | |
|--|------|------|------|------|----------------|--------------|
| NOTED: CHIEF, PROCESSING DIVISION/SECTION | IN | | OUT | | ACTION/REMARKS | PROCESSED BY |
| | TIME | DATE | TIME | DATE | | |
| RECEIVING AND RECORDING | | | | | | |
| GEODETIC (LINE & GRADE) | | | | | | |
| SANITARY | | | | | | |

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

BOX 6

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

BOX 8

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

BOX 7

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