

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

NAME OF OWNER/APPLICANT:		LAST NAME,		FIRST NAME		MIDDLE NAME		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 _____		
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"/> OTHERS (SPECIFY) _____				
<input type="checkbox"/> INSTITUTIONAL _____									
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					
<input type="checkbox"/> WATER DISTRIBUTION SYSTEM			<input type="checkbox"/> SANITARY SEWER SYTEM			<input type="checkbox"/> STORM DRAINAGE SYSTEM			
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"/> SURFACE DRAINAGE		
<input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM				<input type="checkbox"/> SUBSURFACE SAND FILTER			<input type="checkbox"/> STREET CANAL		
<input type="checkbox"/> OTHERS _____				<input type="checkbox"/> SANITARY SEWER CONNECTION			<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)

PROGRESSES 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	PLACE 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	PLACE ISSUED
SIGNATURE		TIN