

OFFICE OF THE BUILDING OFFICIAL

APPLICATION NO.

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DATE OF APPLICATION

PERMIT NO.

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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	CITY BUILDING OFFICIAL
2.	THAT A DULY LICENSED SANITARY ENGINEER /MASTER PLUMBER BE DESIGNATED 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.	DATE
4.	THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING	
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	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