

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.

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

CITY BUILDING OFFICIAL

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	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