



APPLICATION NO.

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PERMIT NO.

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DATE OF APPLICATION

DATE ISSUED

SANITARY / PLUMBING PERMIT

BOX 1 (TO BE ACCOMPLISHED BY SANITARY ENGINEER/MASTER PLUMBER IN PRINT)

NAME OF OWNER/APPLICANT: LAST NAME, FIRST NAME MIDDLE NAME					T.I.N
ADDRESS: NO.	STREET	BARANGAY	CITY/MUNICIPALITY	TEL./FAX NO.	
ADDRESS: NO.	STREET	BARANGAY	CITY/MUNICIPALITY	TEL./FAX NO.	
SCOPE OF WORK		[ ] ADDITION OF _____		OTHERS (SPECIFY)	
[ ] NEW INSTALLATION		[ ] REPAIR OF _____		[ ] _____ OF _____	
		[ ] REMOVAL OF _____		[ ] _____ OF _____	

USE OR TYPE OF OCCUPANCY	
[ ] RESIDENTIAL _____	[ ] AGRICULTURAL _____
[ ] COMMERCIAL _____	[ ] PARKS, PLAZAS, MONUMENTS _____
[ ] INDUSTRIAL _____	[ ] OTHERS (SPECIFY) _____
[ ] INSTITUTIONAL _____	

FIXTURES TO BE INSTALLED							
QTY	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	QTY	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES
_____	[ ]	[ ]	[ ] WATER CLOSET	_____	[ ]	[ ]	[ ] BIDETTE
_____	[ ]	[ ]	[ ] FLOOR DRAIN	_____	[ ]	[ ]	[ ] LAUNDRY TRAYS
_____	[ ]	[ ]	[ ] LAVATORIES	_____	[ ]	[ ]	[ ] DENTAL CUSPIDOR
_____	[ ]	[ ]	[ ] KITCHEN SINK	_____	[ ]	[ ]	[ ] ELECTRICAL HEATER
_____	[ ]	[ ]	[ ] FAUCET	_____	[ ]	[ ]	[ ] WATER BOILER
_____	[ ]	[ ]	[ ] SHOWER HEAD	_____	[ ]	[ ]	[ ] DRINKING FOUNTAIN
_____	[ ]	[ ]	[ ] WATER METER	_____	[ ]	[ ]	[ ] BAR SINK
_____	[ ]	[ ]	[ ] GREASE TRAP	_____	[ ]	[ ]	[ ] SODA FOUNTAINSINK
_____	[ ]	[ ]	[ ] BATH TUBS	_____	[ ]	[ ]	[ ] LABORATORY SINK
_____	[ ]	[ ]	[ ] SLOP SINK	_____	[ ]	[ ]	[ ] STERILIZER
_____	[ ]	[ ]	[ ] URINAL	_____	[ ]	[ ]	[ ] SWIMMING POOL
_____	[ ]	[ ]	[ ] AIR CONDITIONING UNIT	_____	[ ]	[ ]	[ ] OTHERS (SPECIFY)
_____	[ ]	[ ]	[ ] WATER TANK/RESERVOIR	_____	[ ]	[ ]	
TOTAL				TOTAL			

[ ] WATER DISTRIBUTION SYSTEM	[ ] SANITARY SEWER SYTEM	[ ] STORM DRAINAGE SYSTEM
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WATER SUPPLY		SYSTEM SUPPLY	
[ ] SHALLOW WELL		[ ] WASTE WATER TREATMENT PLANT	
[ ] DEEPWELL & PUMP SET		[ ] SEPTIC VAULT/IMHOFF TANK	
[ ] CITY/MUNICIOAL WATER SYSTEM		[ ] SURFACE DRAINAGE	
[ ] OTHERS _____		[ ] STREET CANAL	
[ ] SANITARY SEWER CONNECTION		[ ] 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	PREAPAREDBY:		

ACTION TAKEN	
PERMIT IS HERBY GRANTED TO INSTLL THE SANITARY/PLUMBING	
FIXTURES ENUMERATED HEREIN SUBJECT TO THE FOLLOWING 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	
BUILDING OFFICIAL	
DATE	

NOTE: THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTIONS 305 & 306 OF THE NATIONAL BUILDING CODE.

BOX 2 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)

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)

PROGRESS 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 AND SEALED PLANS & SPECIFICATION		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 PERSON IN-CHARGE OF CONSTRUCTION		PRC REG NO.
PRINT NAME		
ADDRESS		
P.T.R NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN