



SANITARY / PLUMBING PERMIT

APPLICATION NO.

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BUILDING PERMIT NO.

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DATE ISSUED

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BOX 1 (TO BE ACCOMPLISHED BY THE OWNER / APPLICANT)

| | | | | |
|--|-----------|---------------------|------|------------------------------|
| OWNER / APPLICANT / COMPANY | LAST NAME | FIRST NAME | M.I. | TIN |
| ADDRESS: NO., STREET | BARANGAY | CITY / MUNICIPALITY | | USE / CHARACTER OF OCCUPANCY |
| LOCATION OF INSTALLATION NO., STREET | BARANGAY | CITY / MUNICIPALITY | | TELEPHONE / MOBILE NO. |
| SCOPE OF WORKS | | | | |
| <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION OF _____ <input type="checkbox"/> REPAIR OF _____ <input type="checkbox"/> REMOVAL OF _____ | | | | |
| OTHERS (SPECIFY) <input type="checkbox"/> _____ OF _____ <input type="checkbox"/> _____ | | | | |
| USE OR CHARACTER OF OCCUPANCY | | | | |
| <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL _____ <input type="checkbox"/> INDUSTRIAL _____ <input type="checkbox"/> INSTITUTIONAL _____ | | | | |
| <input type="checkbox"/> AGRICULTURAL _____ <input type="checkbox"/> PARKS, PLAZAS, MONUMENTS _____ <input type="checkbox"/> RECREATIONAL _____ <input type="checkbox"/> OTHERS (SPECIFY) _____ | | | | |

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONALS)

| FIXTURES TO BE INSTALLED | | | | FIXTURES TO BE INSTALLED | | | |
|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|---|
| QTY | NEW FIXTURES | EXISTING FIXTURES | KIND OF FIXTURES | QTY | NEW FIXTURES | EXISTING FIXTURES | KIND OF 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"/> GAS HEATER |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> FAUCET | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ELECTRIC HEATER |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> SHOWER HEAD | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> WATER BOILER |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> WATER METER | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> DRINKING FOUNTAIN |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> GREASE TRAP | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> BAR SINK |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> BATH TUBS | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> SODA FOUNTAIN SINK |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> SLOP SINK | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LABORATORY SINK |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> URINAL | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> STERILIZER |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> AIR CONDITIONING UNIT | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> SWIMMING POOL |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> WATER TANK / RESERVOIR | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> OTHERS (SPECIFY) |
| _____ | TOTAL | | | _____ | TOTAL | | |

WATER DISTRIBUTION SYSTEM
 SANITARY SEWER SYSTEM
 STORM DRAINAGE SYSTEM

| | |
|--|---|
| WATER SUPPLY | SYSTEM OF DISPOSAL |
| <input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL & PUMP SET <input type="checkbox"/> CITY / MUNICIPALITY WATER SYSTEM <input type="checkbox"/> OTHERS _____ | <input type="checkbox"/> WASTE WATER TREATMENT PLANT <input type="checkbox"/> SEPTIC VAULT / IMHOFF TANK <input type="checkbox"/> SANITARY SEWER CONNECTION <input type="checkbox"/> SUB-SURFACE SAND FILTER |
| <input type="checkbox"/> SURFACE DRAINAGE <input type="checkbox"/> STREET CANAL <input type="checkbox"/> WATER COURSE | |

NUMBER OF STOREY OF BUILDING _____
 PROPOSED DATE START OF INSTALLATION _____
 EXPECTED DATE OF COMPLETION _____

TOTAL AREA OF BUILDING / SUBDIVISION _____ SQM.
 TOTAL COST OF INSTALLATION _____

PREPARED BY: _____

BOX 3 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)

Action Taken

Permit is hereby granted to install the sanitary / plumbing enumerated herein subject to the following condition:

- That the proposed installation shall be in accordance with approved plans filed with this office and in conformity with the National building code.
- That the duly licensed sanitary / master plumber be engaged to undertake the installation / construction.
- 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.
- That a certificate of final inspection and a certificate of occupancy be secured prior to the actual occupancy of the building.

Note: this permit may be cancelled or revoked pursuant to sections 305 & 306 of the national building code.

ENGR. FRANCIS JEROME P. RONQUILLO

OIC, BUILDING OFFICIAL

 DATE

BOX 4 (TO BE ACCOMPLISHED BY THE RECEIVING AND RECORDING SECTION)

| | |
|---|--|
| BUILDING DOCUMENTS | |
| <input type="checkbox"/> SANITARY PLUMBING PLANS AND SPECIFICATIONS <input type="checkbox"/> BILL OF MATERIALS | <input type="checkbox"/> OTHERS (SPECIFY) _____ _____ |

BOX 5 (TO BE ACCOMPLISHED BY THE DIVISION / SECTION CONCERNED)

| ASSESSED FEE | | | |
|--------------|-------------|-------------|-----------|
| AMOUNT FEE | ASSESSED BY | O.R. NUMBER | DATE PAID |
| | | | |
| | | | |

BOX 6 (TO BE ACCOMPLISHED BY THE DIVISION / SECTION CONCERNED)

| PROGRESS FLOW | | | | | | |
|-------------------------|------|------|------|------|------------------|--------------|
| | IN | | OUT | | ACTION / REMARKS | PROCESSED BY |
| | TIME | DATE | TIME | DATE | | |
| RECEIVING AND RECORDING | | | | | | |
| SANITARY | | | | | | |
| OTHERS (SPECIFY) | | | | | | |

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SET FORTH

BOX 7

| DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS | |
|---|-------------|
| _____ MASTER PLUMBER / SANITARY ENGINEER (Signed and Sealed Over Printed Name) Date _____ | |
| Address | Validity |
| PRC No. | Date Issued |
| PTR No | TIN |
| Issued at | |

BOX 8

| FULL-TIME INSPECTION AND SUPERVISOR OF CONSTRUCTION WORKS | |
|---|-------------|
| _____ MASTER PLUMBER / SANITARY ENGINEER (Signed and Sealed Over Printed Name) Date _____ | |
| Address | Validity |
| PRC No. | Date Issued |
| PTR No | TIN |
| Issued at | |

BOX 9

| _____ APPLICANT (Signature Over Printed Name) Date _____ | | |
|--|-------------|--------------|
| Res. Cert. no. | Date issued | Place issued |
| | | |