



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 _____
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								
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	_____		
<input type="checkbox"/> WATER DISTRIBUTION SYSTEM			<input type="checkbox"/> SANITARY SEWER SYSTEM			<input type="checkbox"/> 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 maybe 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
PRC No. Validity
PTR No. Date Issued
Issued at TIN

BOX 8

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

BOX 9

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