



**OFFICE OF THE BUILDING OFFICIAL**

APPLICATION NO.

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AREA CODE **7405-A**

PERMIT NO.

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**SANITARY / PLUMBING PERMIT**

DATE OF APPLICATION: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

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

NAME OF OWNER/APPLICANT:		LAST NAME	FIRST NAME	M.I.	TAX ACCOUNT NO.
ADDRESS:	NO.	STREET	BARANGAY	CITY/MUNICIPALITY	ZIP CODE
TELEPHONE NO.					
LOCATION OF CONSTRUCTION:	NO.	STREET	BARANGAY	CITY / MUNICIPALITY	
<b>SCOPE OF WORK</b>	<input type="checkbox"/> ADDITION OF _____ <input type="checkbox"/> REPAIR OF _____ <input type="checkbox"/> REMOVAL OF _____		OTHERS (Specify) <input type="checkbox"/> _____ OF _____ <input type="checkbox"/> _____ OF _____		
<b>USE OR TYPE OF OCCUPANCY</b>					
<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"/> RECREATIONAL	_____		
<input type="checkbox"/> INSTITUTIONAL	_____	<input type="checkbox"/> OTHERS (Specify)	_____		

**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			_____ TOTAL		
WATER DISTRIBUTION SYSTEM			SANITARY SEWER SYSTEM			STORM DRAINAGE SYSTEM		

**WATER SUPPLY**

- SHALLOW WELL
- DEEP WELL & PUMP SET
- CITY/MUNICIPALITY WATER SYSTEM
- OTHERS \_\_\_\_\_

**SYSTEM OF DISPOSAL**

- WASTE WATER TREATMENT PLANT
- SEPTIC VAULT / IMHOFF TANK
- SANITARY SEWER CONNECTION
- SUB-SURFACE SAND FILTER
- SURFACE DRAINAGE
- STREET CANAL
- WATER COURSE

NUMBER OF STOREYS OF BUILDING: \_\_\_\_\_

TOTAL AREA OF BUILDING/SUBDIVISION: \_\_\_\_\_ SQM

PROPOSED DATE OF START OF INSTALLATION: \_\_\_\_\_

TOTAL COST OF INSTALLATION: P \_\_\_\_\_

EXPECTED DATE OF COMPLETION: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_

**BOX 2 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)**

**ACTION TAKEN**

PERMIT IS HEREBY GRANTED TO INSTALL THE SANITARY / PLUMBING 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 ENGAGED TO UNDERTAKE 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 CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.

**NOTE:** THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTION 305 & 306 OF "THE NATIONAL BUILDING CODE"

**ARCH. ALFREDO G. GARCIA**

ACTING CITY BUILDING OFFICIAL

**BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)**

BUILDING DOCUMENTS

SANITARY / PLUMBING PLANS & SPECIFICATIONS

COST OF ESTIMATES

BILL OF MATERIALS

OTHER (SPECIFY) \_\_\_\_\_

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

ASSESSED FEES	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID

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

PROGRESS FLOW						ACTION / REMARKS	PROCESSED BY
NOTED CHIEF PROCESSING DIVISION / SECTION	IN		OUT				
	TIME	DATE	TIME	DATE			
RECEIVING AND RECORDING							
GEODETTIC (LINE AND GRADE)							
SANITARY							

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

**BOX 6**

<b>SANITARY ENGINEER / MASTER PLUMBER</b> SIGNED AND SEALED PLANS & SPECIFICATIONS		PRC. REG. NO.
PRINT NAME		
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TAN

**BOX 8**

SIGNATURE		
APPLICANT		
RES. CERT. NO.	DATE ISSUED	PLACE ISSUED

**BOX 7**

<b>SANITARY ENGINEER / MASTER PLUMBER</b> IN-CHARGE OF INSTALLATION		PRC. REG. NO.
PRINT NAME		
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TAN