

APPLICATION NO.
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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	Middle Initial	Tax Acct. No.
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Address	No.	Street	Barangay	City Municipality	Telephone No.
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Location of Installment	No.	Street	Barangay	City/Municipality
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Scope of Work:

<input type="checkbox"/> New Installation	<input type="checkbox"/> Addition of _____	Others (Specify)
	<input type="checkbox"/> Repair of _____	<input type="checkbox"/> _____ of _____
	<input type="checkbox"/> Removal of _____	<input type="checkbox"/> _____ of _____

User or Type of Occupancy:

<input type="checkbox"/> Residential _____	<input type="checkbox"/> Institutional _____	<input type="checkbox"/> Recreational _____
<input type="checkbox"/> Commercial _____	<input type="checkbox"/> Agricultural _____	<input type="checkbox"/> Others (Specify) _____
<input type="checkbox"/> Industrial _____	<input type="checkbox"/> Parks, Plazas, Monuments _____	

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	_____	()	()	() Gas Heater				
_____	()	()	() Faucet	_____	()	()	() Electric Heater				
_____	()	()	() Shower Head	_____	()	()	() Water Boiler				
_____	()	()	() Water Meter	_____	()	()	() Drinking Fountain				
_____	()	()	() Grease Trap	_____	()	()	() Bar Sink				
_____	()	()	() Bath Tubs	_____	()	()	() Soda Fountain Sink				
_____	()	()	() Slop Sink	_____	()	()	() Laboratory Sink				
_____	()	()	() Urinal	_____	()	()	() Sterilizer				
_____	()	()	() Air Conditioning Unit	_____	()	()	() Swimming Pool				
_____	()	()	() Water Tank/Reservoir	_____	()	()	() 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"/> Waste Water Treatment Plant
<input type="checkbox"/> Deep Well & Pump Set	<input type="checkbox"/> Septic Vault/IMHOFF Tank
<input type="checkbox"/> City/Municipal Water System	<input type="checkbox"/> Sanitary Sewer Connection
<input type="checkbox"/> Others _____	<input type="checkbox"/> Surface Drainage
	<input type="checkbox"/> Street Canal
	<input type="checkbox"/> Water Course
	Sub-surface sand filter

Number of Storeys of Building _____	Total Area of Building/Sub-Division _____ sq.m.
Proposed Date _____	Total Cost of Installation P _____
Start of Installation _____	
Expected Date of Completion _____	Prepared by: _____

BOX 2 (To be accomplished by Building Official)

ACTION TAKEN

PERMIT is hereby granted to install the Sanitary/Plumbing fixture enumerated herein subject to the following conditions:

1. That the proposed installation shall be in accordance with approved plans filed with this official and in conformity with the National Building Code.
2. That a duly licensed Sanitary Engineer/Master Plumber be engaged to undertake the installation/construction.
3. That a Certificate of Completion duly signed by the 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 Bulding.

_____ Date

_____ Building Official

Note: This permit may be cancelled or revoked pursuant to Section 305 & 306 of the National Building Code:

BOX 3 (To be accomplished by the Receiving & Recording Section)

BUILDING DOCUMENTS

- () Sanitary Plumbing Plans & Specifications () Cost Estimates
 () Bill of Materials () Others (Specify) _____

BOX 4 (To be accomplished by Division/Section Concerned)

ASSESSED FEES

Amount Due	Assessed by:	O.R. Number	Date Paid

BOX 5 (To be accomplished by Division/Section Concerned)

PROGRESS FLOW

Noted: CHIEF, PROCESSING DIVISION/SEC.	IN		OUT		Action/Remarks	Processed by:
	Time	Date	Time	Date		
Receiving & Recording						
Geodetic (Line and Grade)						
Sanitary						

WE HEREBY AFFIX OUR HANDS signifying our conformity to the information herein above set forth.

BOX 6

SANITARY ENGR./MASTER PLUMBER signed & sealed Plans & Specifications		R.C. REG. NO.
Print Name		
Address		
PTR No.	Date Issued	Place Issued
Signature		TAN

BOX 8

Signature		
Applicant		
Res. Cert. No.	Date Issued	Placed Issued

BOX 7

SANITARY ENGR./MASTER PLUMBER IN-CHARGE OF INSTALLATION		R.C. REG. NO.
Print Name		
Address		
PTR No.	Date Issued	Plaed Issued
Signature		TAN