



APPLICATION NO.

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Date of Application

PERMIT NO.

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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,		M.I.	Tax Account No.
Address: No.	Street,	Barangay,	City/Municipality	Telephone No.	
Location of Installation: No.		Street,	Barangay,	City/Municipality	
Scope of Work:			Others (Specify)		
<input type="checkbox"/> New Installation	_____	<input type="checkbox"/> Repair of	_____	<input type="checkbox"/> _____	of _____
<input type="checkbox"/> Addition of	_____	<input type="checkbox"/> Removal of	_____	<input type="checkbox"/> _____	of _____
Use or Type of Occupancy					
<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
_____	<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"/> Waste Water Treatment Plant	
<input type="checkbox"/> Deep Well & Pump Set		<input type="checkbox"/> Septic Vault/ In Hoff Tank	
<input type="checkbox"/> City/Municipal Water System		<input type="checkbox"/> Sanitary Sewer Connection	
<input type="checkbox"/> Others		<input type="checkbox"/> Sub-Surface San Filter	
Number of Storeys of Building	_____	Total area of Building /Subd.	_____ sq.m.
Proposed date start of Installation	_____	Total Cost of Installation P	_____
Expected date of Completion	_____	Prepared by:	_____

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 office 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 The certificate of completion duly signed by Sanitary Engineer/Master Plumber in charge of installation 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.

\_\_\_\_\_ Date

NOTE: This permit maybe cancelled or revoked pursuant to sections 305 & 306 of the "NATIONAL BUILDING CODE"

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

BUILDING DOCUMENTS			
	<input type="checkbox"/> Sanitary Plumbing Plans & Specifications		Cost of Estimates
	<input type="checkbox"/> Bills of Materials		<input type="checkbox"/> Others (Specify) _____

BOX 4 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

ASSESSED FEES				
	Amount Due	Assessed by:	O.R. No.	Date Paid

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

PROGRESS FLOW						
Noted;	IN		OUT		ACTION/REMARKS	PROCESSED BY:
Chief, Processing Division/ Section	Time	Date	Time	Date		
Receiving and Recording						
Geodetic (Line & Grade)						
Sanitary						

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

BOX 6

SANITARY ENGINEER/MASTER PLUMBER		PRC. REG. NO.
Signed & Sealed Plans & Specifications		
Print Name		
Address		
P.T.R. NO.	Dated Issued	Place Issued
Signature		TAN

SIGNATURE		
APPLICANT		
Res. Cert. No.	Date Issued	Place Issued

BOX 7

SANITARY ENGINEER/MASTER PLUMBER		PRC. REG. NO.
In-Charge of Installation		
Print Name		
Address		
P.T.R. NO.	Dated Issued	Place Issued
Signature		TAN

