

OFFICE OF THE BUILDING OFFICIAL

Area Code : 4033

APPLICATION NO. :
[] []

PERMIT NO.:
[] []

SANITARY/PLUMBING PERMIT

DATE OF APPLICATION

DATE ISSUED

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

OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	T.I.N.			
ADDRESS				TELEPHONE NOS.			
LOCATION OF CONSTRUCTION		NO. STREET, BARANGAY, CITY, MUNICIPALITY					
SCOPE OF WORK <input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> ADDITION OF _____ <input type="checkbox"/> REPAIR OF _____ <input type="checkbox"/> OTHERS (SPECIFY) _____ OF _____ <input type="checkbox"/> REMOVAL OF _____ <input type="checkbox"/> _____ OF _____							
USE OR CHARACTER 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 DRINK
_____	<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		<input type="checkbox"/> SANITARY SEWER SYSTEM		<input type="checkbox"/> STORM DRAINAGE SYSTEM			
WATER SUPPLY: <input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL & PUMP SET <input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM <input type="checkbox"/> OTHERS _____		SYSTEM OF DISPOSAL <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 STOREYS OF BUILDING _____		TOTAL AREA OF BUILDING/SUBDIVISION _____ SQ.M					
PROPOSED DATE _____		TOTAL COST _____					
START OF INSTALLATION _____		OF INSTALLATION _____					
EXPECTED DATE _____		PREPARED BY: _____					
OF COMPLETION _____							

BOX 2 (TO BE ACCOMPLISHED BY THE 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 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 INSTALLTION/CONSTRUCTION.
3. THAT A CERTIFICATE OF COMPLETION DULY SIGNED AND SEALED BY A SANITARY ENGINEER/MASTER PLUMBER IN-CHARGE OF INSTALLATION SHELL 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.

NOLASCO V. BAYOT
Building Official

_____ Date

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

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

<input type="checkbox"/> SANITARY PLUMBING PLANS & SPECIFICATIONS <input type="checkbox"/> BILL OF MATERIALS	BUILDING DOCUMENTS <input type="checkbox"/> COST ESTIMATES <input type="checkbox"/> OTHERS (SPECIFY) _____
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BOX 4 (TO BE ACCOMPLISHED BY THE DIVISION/SECTION CONCERNED)

ASSESSED FEES				
	AMOUNT DUE	ASSESSED BY	OR NUMBER	DATE PAID

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

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

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

BOX 6

SANITARY ENGINEER/MASTER PLUMBER SIGNED AND SEALED PLANS & SPECIFICATIONS	PRC. REG. NO.	
PRINT NAME:		
ADDRESS:		
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE:		TIN

BOX 6

SIGNATURE		
APPLICANT		
COMMUNITY TAX CERT	DATE ISSUED	PLACE ISSUED

BOX 7

SANITARY ENGINEER/MASTER PLUMBER IN-CHARGE OF CONSTRUCTION	PRC. REG. NO.	
PRINT NAME:		
ADDRESS:		
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE:		TIN

SANITARY ENGINEER/MASTER PLUMBER