

OFFICE OF THE BUILDING OFFICIAL

Area Code : 4033

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)

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:				SYSTEM OF DISPOSAL				
<input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL & PUMP SET <input type="checkbox"/> CITY/MUNICIPAL 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 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:

- 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.
- THAT A DULY LICENSED SANITARY ENGINEER/MASTER PLUMBER BE ENGAGED TO UNDERTAKE THE INSTALLTION/CONSTRUCTION.
- 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
- 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