



Application No.

| | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|

PERMIT NO.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|

SANITARY / PLUMBING PERMIT

BOX 1 (To be accomplished by a Sanitary Engr. Or Master Plumber , In Print)

| | | | | |
|--------------------|------------|-------------|------|------------------------|
| NAME OF APPLICANT: | Last Name, | First Name, | M.I. | Tax Identification No. |
|--------------------|------------|-------------|------|------------------------|

| | | | | |
|---------|-----|--------|----------------|----------------|
| ADDRESS | No. | Street | Barangay /City | Contact Number |
|---------|-----|--------|----------------|----------------|

| | | | | |
|--------------------------|-----|--------|----------------|----------------|
| LOCATION OF INSTALLATION | No. | Street | Barangay /City | Contact Number |
|--------------------------|-----|--------|----------------|----------------|

SCOPE OF WORK :

_____ Addition of _____ Removal of _____

_____ New Installation _____ repair of _____ Others _____

TYPE OR USE OF OCCUPANCY :

| | | | |
|-------------|---------------|----------------|--------------|
| Residential | Industrial | Agricultural | Recreational |
| Commercial | Institutional | Parks / Plazas | Others |

FIXTURES TO BE INSTALLED :

| QTY | NEW FIXTURES | EXISTING FIXTURES | Kind of FIXTURE | QTY | NEW FIXTURES | EXISTING FIXTURES | Kind of FIXTURE |
|--------------|--------------|-------------------|----------------------|--------------|--------------|-------------------|--------------------|
| | | | 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 |
| | | | Slope Sink | | | | Laboratory |
| | | | Urinal | | | | Sterilizer |
| | | | Air Conditional | | | | Swimming Pool |
| | | | Water Tank/Reservoir | | | | Others |
| TOTAL | | | | TOTAL | | | |

| | | |
|---|--|---|
| <input type="checkbox"/> Water Distribution System <input type="checkbox"/> Water Supply <input type="checkbox"/> Shallow Wel <input type="checkbox"/> Deep Well and Pump Set <input type="checkbox"/> City / Municipal Water System <input type="checkbox"/> Others _____ | <input type="checkbox"/> Sanitary Sewer System <input type="checkbox"/> System Of Disposal <input type="checkbox"/> Waste Water Treatment Plant <input type="checkbox"/> Septic Vault/MHOFF Tank <input type="checkbox"/> Sanitary Water Connection <input type="checkbox"/> Sub- Surface Sand Filter | <input type="checkbox"/> Storm Drainage System <input type="checkbox"/> Surface Drainage <input type="checkbox"/> Street Canal <input type="checkbox"/> Water Course |
|---|--|---|

| | |
|---|---|
| Number of Stories of Building _____ | Total Area of Building /Subdivision _____ |
| Proposed Date Start Of Installation _____ | Total Cost of Installation _____ |
| estimated Date of Completion _____ | Prepared by: _____ |

BOX 2 (To be accomplished by Building Official)

Action taken :
PERMIT is hereby GRANTED to install the Sanitary/Plumbing Fixtures enumerated herein subject to the following condition

- That the proposed installation shall be in accordance with the approved plans filed with this office and in accordance with the conformity.
- That the duly licensed Sanitary Engineer /Master Plumber be in charge of the installation/construction
- That the Certificate of Completion Duly signed by the Sanitary Engineer / Master Plumber in-charge of the installation be submitted not later than seven (7) days after the completion of the installation.
- That a certificate of Final Inspection and Certificate of Occupancy be secured prior to the actual occupancy of the building.

City Building Official-OIC

Date

NOTE : This permit may be cancelled or revoked pursuant to section 305 and 306 of the National Building Code

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

| | | | |
|--------------------|---|-------|-------------------|
| SANITARY DOCUMENTS | | | |
| _____ | Sanitary Plumbing Plans and Specification | _____ | Cost of Estimates |
| _____ | Bill of Materials | _____ | Others (Specify) |
| | | | |

BOX 4 (To be Accomplished by the 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 | IN | | OUT | | ACTION | PROCESSED BY |
| | TIME | DATE | TIME | DATE | REMARKS | BY |
| Chief, Processing Div./Section | | | | | | |
| RECEIVING AND RECORDING | | | | | | |
| GEODETTIC (LINE AND GRADE) | | | | | | |
| SANITARY | | | | | | |

We hereby affix our hands signifying our conformity to the information above set forth

BOX 6 (To be accomplished by the designer)

| | |
|---|---------------------|
| SANITARY ENGINEER/PLUMBER | PRC Reg. No. |
| Signed and Sealed Plans and Specification | |
| Name : | |
| Address | |
| PTR NO. | Placed Issued |
| Signature | T. I. N. |

BOX 8

| | | |
|--------------------|-------------|--------------|
| Signature | | |
| applicant | | |
| Com Tax. Cert. No. | Date Issued | Place Issued |
| | | |

BOX 7 (To be accomplished by supervision-in-charge)

| | |
|---|---------------------|
| SANITARY ENGINEER/PLUMBER | PRC Reg. No. |
| Signed and Sealed Plans and Specification | |
| Name : | |
| Address | |
| PTR NO. | Placed Issued |
| Signature | T. I. N. |