



Application No.

--	--	--	--	--	--	--	--	--	--

PERMIT NO.

--	--	--	--	--	--	--	--	--	--

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
	<input type="checkbox"/>	<input type="checkbox"/>	Water Closet		<input type="checkbox"/>	<input type="checkbox"/>	Bidette
	<input type="checkbox"/>	<input type="checkbox"/>	Floor Drain		<input type="checkbox"/>	<input type="checkbox"/>	Laundry Trays
	<input type="checkbox"/>	<input type="checkbox"/>	Lavatories		<input type="checkbox"/>	<input type="checkbox"/>	Dental Cuspidor
	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Sink		<input type="checkbox"/>	<input type="checkbox"/>	Gas Heater
	<input type="checkbox"/>	<input type="checkbox"/>	Faucet		<input type="checkbox"/>	<input type="checkbox"/>	Electric Heater
	<input type="checkbox"/>	<input type="checkbox"/>	Shower Head		<input type="checkbox"/>	<input type="checkbox"/>	Water Boiler
	<input type="checkbox"/>	<input type="checkbox"/>	Water Meter		<input type="checkbox"/>	<input type="checkbox"/>	Drinking Fountain
	<input type="checkbox"/>	<input type="checkbox"/>	Grease Trap		<input type="checkbox"/>	<input type="checkbox"/>	Bar Sink
	<input type="checkbox"/>	<input type="checkbox"/>	Bath Tubs		<input type="checkbox"/>	<input type="checkbox"/>	Soda Fountain Sink
	<input type="checkbox"/>	<input type="checkbox"/>	Slope Sink		<input type="checkbox"/>	<input type="checkbox"/>	Laboratory
	<input type="checkbox"/>	<input type="checkbox"/>	Urinal		<input type="checkbox"/>	<input type="checkbox"/>	Sterilizer
	<input type="checkbox"/>	<input type="checkbox"/>	Air Conditional		<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool
	<input type="checkbox"/>	<input type="checkbox"/>	Water Tank/Reservoir		<input type="checkbox"/>	<input type="checkbox"/>	Others
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 Wel	<input type="checkbox"/> Waste Water Treatment Plant	<input type="checkbox"/> Surface Drainage
<input type="checkbox"/> Deep Well and Pump Set	<input type="checkbox"/> Septic Vault/MHOFF Tank	<input type="checkbox"/> Street Canal
<input type="checkbox"/> City / Municipal Water System	<input type="checkbox"/> Sanitary Water Connection	<input type="checkbox"/> Water Course
<input type="checkbox"/> Others _____	<input type="checkbox"/> Sub- Surface Sand Filter	

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						
GEODETIC (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.