

Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS & HIGHWAYS
OFFICE OF THE BUILDING OFFICIAL

CITY MUNICIPALITY

APPLICATION NO.

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)

NAME OF OWNER/APPLICANT	LAST NAME, FIRST NAME, M.I.	TAX ACCT. NO.
Address	No., Street, Barangay, City/Municipality	TELEPHONE NO.
Location of Installation	No., Street, Barangay, City/Municipality	
SCOPE OF WORK	Other (Specify)	
<input type="checkbox"/> New Installation	<input type="checkbox"/> Addition of _____	<input type="checkbox"/> Repair of _____ of _____
	<input type="checkbox"/> Removal of _____	<input type="checkbox"/> _____ of _____
USE OR TYPE OF OCCUPANCY		
Residential _____	Agricultural _____	
Commercial _____	Parks, Plazas, Monuments _____	
Industrial _____	Recreational _____	
Institutional _____	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 Sink	
_____	<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 System			<input type="checkbox"/> Sanitary Sewer System			<input type="checkbox"/> Storage 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 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
NUMBER OF STOREY OF BUILDING _____	TOTAL AREA OF BUILDING/SUBDIVISION _____ SQ.M
Proposed Date _____ Start of Installation _____ Expected date _____ Of Completion _____	Total Cost _____ of Installation P. _____ Prepared By _____

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 plans filed with this Office and in conformity with the National Building Code. 2. That's duly licensed sanitary engineer/master plumber be engaged to undertake the installation /construction. 3. That a certificate of completion duly signed by a sanitary/engineer/master plumber in-charge of Installation shall 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 occupancy of the building.	ENGR. CIRINIA GRACE CATUBIG ACTING BUILDING OFFICIAL _____ DATE
NOTE: THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTION 305 & 306 OF THE "NATIONAL BUILDING CODE".	