

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



MUNICIPALITY \_\_\_\_\_

**PLUMBING PERMIT**

APPLICATION NO.

\_\_\_\_\_

PP NO.

\_\_\_\_\_

PERMIT NO.

\_\_\_\_\_

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**

<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION _____	<input type="checkbox"/> RISING _____
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION _____	<input type="checkbox"/> DEMOLITION _____
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____	<input type="checkbox"/> OTHERS (specify) _____

**USE OR TYPE 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) _____

**BOX 2 (TO BE ACCOMPLISHED BY THE DESIGNING PROFESSIONAL)**

**FIXTURES TO BE INSTALLED**

NEW		EXISTING		KIND OF		NEW		EXISTING		KIND OF	
QTY.	FIXTURES	FIXTURES	FIXTURES	QTY.	FIXTURES	FIXTURES	FIXTURES	FIXTURES	FIXTURES	FIXTURES	FIXTURES
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bidet
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laundry Trays
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dental Cuspidator
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas Heater
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric Heater
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Boiler
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drinking Fountain
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bar Sink
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soda Fountain Sink
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory Sink
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sterilizer
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R.C.S. volume _____
_____ TOTAL			_____ TOTAL			_____ TOTAL			<input type="checkbox"/> Others (Specify) _____		

Water Distribution

Sanitary Sewer System

Storage Drainage System

**BOX 3**

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS

<p>_____</p> <p><b>MASTER PLUMBER</b> _____ <b>Date</b> _____</p> <p>(signed and sealed over printed name)</p>	
Address _____	
PRC NO.	VALIDITY
PTR NO.	DATE ISSUED
ISSUED AT	TIN

**BOX 4**

SUPERVISOR/IN-CHARGE OF PLUMBING WORKS

<p>_____</p> <p><b>MASTER PLUMBER</b> _____ <b>Date</b> _____</p> <p>(signed and sealed over printed name)</p>	
Address _____	
PRC NO.	VALIDITY
PTR NO.	DATE ISSUED
ISSUED AT	TIN

**BOX 5**

BUILDING OWNER

<p>_____</p> <p>(SIGNATURE OVER PRINTED NAME)</p>		
Address _____		
CTC No.	Date Issued	Place Issued

**BOX 6**

WITH MY CONSENT : LOT OWNER

<p>_____</p> <p>(SIGNATURE OVER PRINTED NAME)</p>		
Address _____		
CTC No.	Date Issued	Place Issued

**BOX 7 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION )**

RECEIVED BY:	DATE:
<b>THREE (3) SETS OF PLUMBING DOCUMENTS</b>	
<input type="checkbox"/> Plumbing Plans & Specifications	<input type="checkbox"/> Cost Estimates
<input type="checkbox"/> Bill of Materials	<input type="checkbox"/> Others (Specify) _____

**BOX 8 (TO BE ACCOMPLISHED BY THE DIVISION / SECTION CONCERNED)**

<b>ASSESSED FEES</b>				
	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID

**BOX 9 (TO BE ACCOMPLISHED BY THE DIVISION / SECTION CONCERNED)**

<b>PROGRESS FLOW</b>						
NOTE	IN		OUT		ACTION/REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
Chief, Processing Division/Section						
Receiving and Recording						
Geodetic (Line and Grade)						
Plumbing						

**BOX 10**

**ACTION TAKEN**

**PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING ;**

- 1 That the proposed Plumbing works shall be in accordance with the plumbing plans filed with this office and in conformity with the revised Plumbing Code of the Philippines, the National Building Code and its IRR.
- 2 That prior to any commencement of plumbing works, a duly accomplished prescribed "**Notice of Construction**" shall be submitted to the Office of the Building Official.
- 3 That upon completion of the plumbing works the licensed supervisor/in-charge shall submit the entry to the logbook duly signed and sealed to the Building Official including as-built plans and other documents and shall also accomplish the Certificate of Completion stating that the plumbing works of the building conform to the provision of the revised Plumbing Code, the National Building Code and its IRR
- 4 That this permit is null and void unless accompanied by the building permit

**PERMIT ISSUED BY :**

**ENGR. CIRINIA GRACE L. CATUBIG**  
Officer-In-Charge

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