



APPLICATION NO.

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PERMIT NO.

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DATE OF APPLICATION

DATE ISSUED

SANITARY / PLUMBING PERMIT

BOX 1 (TO BE ACCOMPLISHED BY SANITARY ENGINEER/MASTER PLUMBER IN PRINT)

NAME OF OWNER/APPLICANT:	LAST NAME,	FIRST NAME	MIDDLE NAME	T.I.N
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ADDRESS:	NO.	STREET	BARANGAY	CITY/MUNICIPALITY	TEL./FAX NO.
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ADDRESS:	NO.	STREET	BARANGAY	CITY/MUNICIPALITY	TEL./FAX NO.
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SCOPE OF WORK	[] ADDITION OF _____	OTHERS (SPECIFY)
[] NEW INSTALLATION	[] REPAIR OF _____	[] _____ OF _____
	[] REMOVAL OF _____	[] _____ OF _____

USE OR TYPE OF OCCUPANCY	
[] RESIDENTIAL _____	[] AGRICULTURAL _____
[] COMMERCIAL _____	[] PARKS, PLAZAS, MONUMENTS _____
[] INDUSTRIAL _____	[] OTHERS (SPECIFY) _____
[] INSTITUTIONAL _____	

FIXTURES TO BE INSTALLED				FIXTURES TO BE INSTALLED			
QTY	NEW	EXISTING	KIND OF	QTY	NEW	EXISTING	KIND OF
	FIXTURES	FIXTURES	FIXTURES		FIXTURES	FIXTURES	FIXTURES
_____	[]	[]	[] WATER CLOSET	_____	[]	[]	[] BIDETTE
_____	[]	[]	[] FLOOR DRAIN	_____	[]	[]	[] LAUNDRY TRAYS
_____	[]	[]	[] LAVATORIES	_____	[]	[]	[] DENTAL CUSPIDOR
_____	[]	[]	[] KITCHEN SINK	_____	[]	[]	[] ELECTRICAL HEATER
_____	[]	[]	[] FAUCET	_____	[]	[]	[] WATER BOILER
_____	[]	[]	[] SHOWER HEAD	_____	[]	[]	[] DRINKING FOUNTAIN
_____	[]	[]	[] WATER METER	_____	[]	[]	[] BAR SINK
_____	[]	[]	[] GREASE TRAP	_____	[]	[]	[] SODA FOUNTAIN SINK
_____	[]	[]	[] BATH TUBS	_____	[]	[]	[] LABORATORY SINK
_____	[]	[]	[] SLOP SINK	_____	[]	[]	[] STERILIZER
_____	[]	[]	[] URINAL	_____	[]	[]	[] SWIMMING POOL
_____	[]	[]	[] AIR CONDITIONING UNIT	_____	[]	[]	[] OTHERS (SPECIFY)
_____	[]	[]	[] WATER TANK/RESERVOIR	_____	[]	[]	
_____ TOTAL				_____ TOTAL			


[] WATER DISTRIBUTION SYSTEM [] SANITARY SEWER SYTEM [] STORM DRAINAGE SYSTEM

WATER SUPPLY	SYSTEM SUPPLY
[] SHALLOW WELL	[] WASTE WATER TREATMENT PLANT
[] DEEPWELL & PUMP SET	[] SEPTIC VAULT/IMHOFF TANK
[] CITY/MUNICIOAL WATER SYSTEM	[] SURFACE DRAINAGE
[] OTHERS _____	[] SUBSURFACE SAND FILTER
	[] STREET CANAL
	[] SANITARY SEWER CONNECTION
	[] WATER COURSE
NUMBER OF STOREYS OF BUILDING _____	TOTAL AREA OF BUILDING/SUBDIVISION _____ SQ. M.
PROPOSED DATE _____	TOTAL COST _____
START OF INSTALLATION _____	OF INSTALLATION P _____
EXPECTED DATE OF COMPLETION _____	PREAPAREDBY: _____

BOX 2 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)

ACTION TAKEN	
PERMIT IS HEREBY GRANTED TO INSTALL THE SANITARY/PLUMBING	
FIXTURES ENUMERATED HEREIN SUBJECT TO THE FOWLING 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 A DULY LICENSED SANITARY ENGINEER /MASTER PLUMBER BE DESIGNATED UNDERTAKE THE INSTALLATION/CONSTRUCTION.	BUILDING OFFICIAL
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 ACTUAL OCCUPANCY OF THE BUILDING	DATE
NOTE: THIS PERMITMAY BE CANCELLED OR REVOKEDPURSUANT TO SECTIONS 305 & 306 OF THE NATIONAL BUILDING CODE.	

BOX 3 (TO BE ACCOMPLISHED BY RECEIVING & RECORDING SECTION)

BUILDING DOCUMENTS	
<input type="checkbox"/> SANITARY/PLUMBING PLANS & SPECIFICATIONS <input type="checkbox"/> BILL OF MATERIALS 	<input type="checkbox"/> COST ESTIMATES <input type="checkbox"/> OTHER (SPECIFY) _____ _____

BOX 4 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERN)

ASSESSED FEES				
	AMOUNT	ASSESSED BY	O.R NO.	DATE PAID

BOX 5 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERN)

PROGRES FLOW						
NOTED: CHIEF, PROCESSING DIVISION/SECTION	IN		OUT		ACTION/REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
RECEIVING AND RECORDING						
GEODETIC (LINE & GRADE)						
SANITARY						

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVESET FORTH.

BOX 6

SANITARY ENGINEER/MASTER PLUMBER SIGNED & SEALED PLANS & SPECS.		PRC REG. NO.
PRINT NAME		
ADDRESS		
P.T.R NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN

BOX 8

SIGNATURE		
APPLICANT		
RES. CERT. NO.	DATE ISSUED	PLACE ISSUED

BOX 7

SANITARY ENGINEER/MASTER PLUMBER SIGNED & SEALED PLANS & SPECS.		PRC REG NO.
PRINT NAME		
ADDRESS		
P.T.R NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN