



REPUBLIC OF THE PHILIPPINES
LUCENA CITY
 DEPARTMENT OF THE BUILDING OFFICIAL
APPLICATION FOR SANITARY/PLUMBING PERMIT

APPLICATION NO.

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DATE OF APPLICATION: _____

BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT AND BY THE DESIGN PROFESSIONALS)

OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE		FORM OF OWNERSHIP		USE OR CHARACTER OF OCCUPANCY
ADDRESS	NO.	STREET,	BARANGAY,	CITY/MUNICIPALITY
			ZIP CODE	TEL. NO.
LOCATION OF INSTALLATION: LOT NO.: _____ BLK NO.: _____ TCT NO.: _____ TAX DEC. NO.: _____				
STREET: _____ BARANGAY: _____ LUCENA CITY.				
SCOPE OF WORK:				
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ERECTION _____ <input type="checkbox"/> ADDITION _____ <input type="checkbox"/> ALTERATION _____		<input type="checkbox"/> RENOVATION _____ <input type="checkbox"/> CONVERSION _____ <input type="checkbox"/> REPAIR _____ <input type="checkbox"/> MOVING _____		<input type="checkbox"/> RAISING _____ <input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____ <input type="checkbox"/> OTHERS (Specify) _____

BOX 2 (TO BE ACCOMPLISHED IN PRINT BY THE DESIGN PROFESSIONAL)

FIXTURE 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"/> DRINKING FOUNTAIN
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FAUCET	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BAR SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SHOWER HEAD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SODA FOUNTAIN SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER METER	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LABORATORY SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GREASE TRAP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> STERILIZER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BATH TUBS	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SWIMMING POOL
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLOP SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHERS (SPECIFY) _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> URINAL	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AIR CONDITIONING UNIT	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER TANK/RESERVIOR	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
TOTAL				TOTAL			
WATER DISTRIBUTION SYSTEM <input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL & PUMPSET <input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM <input type="checkbox"/> OTHERS (Specify) _____			SEWAGE SYSTEM <input type="checkbox"/> WASTE WATER TREATMENT PLANT <input type="checkbox"/> IMHOFF TANK <input type="checkbox"/> SANITARY SEWER CONNECTION <input type="checkbox"/> SUB-SURFACE SAND FILTER <input type="checkbox"/> OTHERS (Specify) _____			STORM DRAINAGE SYSTEM <input type="checkbox"/> SURFACE DRAINAGE <input type="checkbox"/> STREET CANAL <input type="checkbox"/> WATER COURSE <input type="checkbox"/> OTHERS (Specify) _____	
PREPARED BY: _____							

BOX 3

DESIGN PROFESSIONAL PLANS AND SPECIFICATION	
_____ Date: _____ SANITARY ENGINEER/MASTER PLUMBER (Signed and Sealed Over Printed Name)	
Address: _____	
PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

BOX 4

SUPERVISOR IN-CHARGE OF INSTALLATION	
_____ Date: _____ SANITARY ENGINEER/MASTER PLUMBER (Signed and Sealed Over Printed Name)	
Address: _____	
PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

BOX 5

BUILDING OWNER / APPLICANT:		
_____ (Signature Over Printed Name) Date: _____		
Address: _____		
CTC No.	Date Issued	Place Issued

BOX 6

WITH CONSENT: LOT OWNER		
_____ (Signature Over Printed Name) Date: _____		
Address: _____		
CTC No.	Date Issued	Place Issued

BOX 7

_____ Date: _____ APPLICANT (Signature Over Printed Name)			
Address: _____			
CTC No.	Date Issued	Place Issued	TIN