

**NOTE:**

**SANITARY/PLUMBING PERMIT**

**KINDLY PRINT BACK TO BACK (LONG BOND PAPER)**



## SANITARY/PLUMBING PERMIT

APPLICATION NO.

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DATE ISSUED \_\_\_\_\_

PERMIT NO.

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DATE ISSUED \_\_\_\_\_

**BOX 1 (TO BE ACCOMPLISHED BY PROFESSIONAL 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	ADDITION OF _____		OTHERS ( SPECIFY )	
___ NEW INSTALLATION	___ REPAIR OF _____		___ OF _____	
___ ANNUAL INSPECTION	___ REMOVAL OF _____		___ OF _____	
USE OF 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 TRAY	
_____	<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"/> SODE 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"/> UNRINAL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> STERILIZER	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AIR CONDITION UNIT	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SWIMMING POOL	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER/RESERVOIR	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHERS (SPECIFY)	
_____ TOTAL								
___ WATER DISTRIBUTION			___ SANITARY SEWER SERVICES			___ STORM DRAINAGE SYSTEM		

<b>WATER SUPPLY</b> <input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL <input type="checkbox"/> CITY/MUNICIPALITY WATER SYSTEM <input type="checkbox"/> OTHER _____ NUMBER OF STOREYS OF BUILDING _____	<b>SYSTEM OF DISPOSAL</b> <input type="checkbox"/> WASTE WATER SEATMENT PLANT <input type="checkbox"/> SEPTIC VAULT, HOOF TANK <input type="checkbox"/> SANITARY SEWER CONNECTION <input type="checkbox"/> SUB-SURFACE AND FILTER TOTAL AREA OF BUIDING SUBDIVISION _____ S.Q.M	<input type="checkbox"/> SURFACE DRAINAGE <input type="checkbox"/> STREET CANAL <input type="checkbox"/> WATER COURSE
PROPOSED DATE _____	TOTAL COST _____	
START OF INSTALLATION _____	OF INSTALLATION P _____	
EXPECTED DATE _____	PREPARED BY _____	
OF COMPLETION _____		

**BOX 2 (TO BE ACCOMPLISHED BY BUILDING OFFICIAL)**  
ACTION TAKEN

PERMIT IS HEREBY GRANTED TO INSTALL THE SANITARY /PLUMBING FIXTURE 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 A DULY LICENSED SANITARY ENGINEERS/MASTER PLUMBER BE ENGGAGED TO UNERTAKE THE INSTALLATION/CONSTRUCTION.
3. THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY A SANITARY ENGINEERS/MASTERS PLUMBER IN CHARGE OF INSTALLATION SHALL BE SUBMITTED NOT LATER
4. THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION. THAT ACERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.

**RHODENCIO L. TOLENTINO**

CITY ENGINEER/ BUILDING OFFICIAL

DATE \_\_\_\_\_

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

**BUILDING DOCUMENT**

<input type="checkbox"/> SANITARY PLLUMBING PLANS & SPECIFICATIONS	<input type="checkbox"/> COST ESTIMATE
<input type="checkbox"/> BILL OF MATERIAL	<input type="checkbox"/> OTHERS SPECIFY _____

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

**ASSESSES 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/REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
CHIEF PROCESSING DIVISION/SECTION						
RECEIVING AND RECORDING						
GEODETTIC ( LINE GRADE )						
SANITARY						

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY HEREIN ABOVE SETFORTH.

**BOX 6**

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

**BOX 8**

SIGNATURE		
_____		
<b>APPLICANT</b>		
RES. CERT. NO.	DATE ISSUED	PLACED ISSUED

**BOX 7**

SANITARY ENGINEER/MASTER PLUMBER IN-CHARGE OF INSTALLION		R.E.C REG. NO.
PRINT NAME		
ADDRESS		
P.T.R NO.	DATE ISSUED	PLACED ISSUED
SIGNATURE		TIN