

OFFICE OF THE MUNICIPAL ENGINEER/BUILDING OFFICIALS

APPLICATION NO.

AREA CODE 04029

PERMIT NO.

DATE OF APPLICATION

SANITARY/PLUMBING PERMIT

DATE OF 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		
LOCATION OF INSTALLATION		NO. STREET	BARANGAY	CITY/MUNICIPALITY		
SCOPE OF WORK		<input type="checkbox"/> ADDITION OF _____ <input type="checkbox"/> REPAIR OF _____ <input type="checkbox"/> REMOVAL OF _____		OTHERS (SPECIFY) <input type="checkbox"/> _____ OF _____ <input type="checkbox"/> _____ OF _____		
USE OR TYPE OF OCCUPANCY						
<input type="checkbox"/> RESIDENTIAL _____ <input type="checkbox"/> COMMERCIAL _____ <input type="checkbox"/> INDUSTRIAL _____ <input type="checkbox"/> INSTITUTIONAL _____		<input type="checkbox"/> AGRICULTURAL _____ <input type="checkbox"/> PARKS, PLAZA'S, MONUMENTS _____ <input type="checkbox"/> RECREATIONAL _____ <input type="checkbox"/> OTHERS (SPECIFY) _____				
FIXTURES TO BE INSTALLED						
	NEW	EXISTING	KIND OF	NEW	EXISTING	KIND OF
QTY. FIXTURES	FIXTURES	FIXTURES	FIXTURES	QTY. FIXTURES	FIXTURES	FIXTURES
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER CLOSET	_____	<input type="checkbox"/>	<input type="checkbox"/> BIDETTE
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FLOOR DRAIN	_____	<input type="checkbox"/>	<input type="checkbox"/> LAUNDRY TRAYS
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LAVATORIES	_____	<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"/> GAS HEATER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FAUCET	_____	<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"/> WATER BOILER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER METER	_____	<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"/> BAR SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BATH TUBS	_____	<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"/> LABORATORY SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> URINAL	_____	<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"/> SWIMMING POOL
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER TANK/RESERVOIR	_____	<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"/> STORM DRAINAGE SYSTEM		
WATER SUPPLY			SYSTEM DISPOSAL:			
<input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL & PUMP SET <input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM <input type="checkbox"/> OTHERS _____			<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			<input type="checkbox"/> SURFACE DRAINAGE <input type="checkbox"/> STREET CANAL <input type="checkbox"/> 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			PREPARED BY _____			
OF COMPLETION _____						

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 ACCOR- DANCE 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 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 ACTUAL OCCUPANCY OF THE BUILDING.		<p>ARMANDO O. VALDEAVILLA Municipal Engineer/Building Official</p> <p>_____</p> <p>Date</p>
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BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)

BUILDING DOCUMENTS			
<input type="checkbox"/> SANITARY PLUMBING	<input type="checkbox"/> COST ESTIMATES		
<input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> OTHERS (SECIFY)		

BOX 4 (TO BE ACCOMPLISHED BY THE DIVISION/SECTION CONCERNED)

ASSESSED FEES				
AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID	

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

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

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SETFOURTH

BOX 6

SANITARY ENGINEER/MASTER PLUMBER SIGNED AND SEALED PLANS & SPECIFICATIONS	PRC REG. NO.	SIGNATURE			
PRINT NAME		APPLICANT			
ADDRESS					
PTR NO.	DATE ISSUED	PLACE ISSUED	RES. CERT. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE:		TAN			

BOX 7

SANITARY ENGINEER/MASTER PLUMBER IN-CHARGE OF INSTALLATION	PRC REG. NO.	
PRINT NAME		
ADDRESS		
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE:		TAN