

REPUBLIC OF THE PHILIPPINES
Department of Public Works and Highways
OFFICE OF BUILDING PERMIT

DISTRICT/CITY/MUNICIPALITY
Area Code

APPLICATION NO.

SANITARY/PLUMBING PERMIT

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	TAX ID. NO.
Address	No.. Street, Barangay, City/Municipality		TELEPHONE NO.
Location of Installation	No.. Street, Barangay, City/Municipality		

SCOPE OF WORK

- | | | |
|---|--|---|
| <input type="checkbox"/> New Installation | <input type="checkbox"/> Addition of _____ | Other (Specify) |
| | <input type="checkbox"/> Repair of _____ | <input type="checkbox"/> _____ Of _____ |
| | <input type="checkbox"/> Removal of _____ | <input type="checkbox"/> _____ Of _____ |

USE OR TYPE OF OCCUPANCY

- | | |
|--|---|
| <input type="checkbox"/> Residential _____ | <input type="checkbox"/> Agriculture _____ |
| <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) _____ |

FIXTURE INSTALLED

QTY	NEW FIXTURES	EXISTING OF FIXTURES	KIND OF FIXTURES	QTY	NEW FIXTURES	EXISTING OF 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"/> Electric Heater
___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Faucet	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gas Heater
___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shower Head	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Water Broiler
___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Water meter	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Drinking Fountains
___	<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"/> Soda 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"/> Urinal	___	<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 Tank / Reservoir	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Others (Specify)
_____ TOTAL				_____ TOTAL			
<input type="checkbox"/> Water Distribution	<input type="checkbox"/> Sanitary Sewer System			<input type="checkbox"/> Storm Drainage System			

WATER SUPPLY:

- | | | |
|--|--|---|
| <input type="checkbox"/> Shallow Well | <input type="checkbox"/> Waste Water Treatment Plant | <input type="checkbox"/> Surface Drainage |
| <input type="checkbox"/> Deep Well & pump Set | <input type="checkbox"/> Septic Vault/Imhoff Tank | <input type="checkbox"/> Street Canal |
| <input type="checkbox"/> City/Municipal Water System | <input type="checkbox"/> Sanitary Sewer Connection | <input type="checkbox"/> Water Course |
| <input type="checkbox"/> Others _____ | <input type="checkbox"/> sub-surface Sand Filter | |

NUMBER OF STOREYS OF BUILDING _____

TOTAL AREA OF BUILDING/SUBDIVISION _____

Proposed Date start of Installation _____

Total Cost of Installation P _____

Expected Date of Compilation _____

Prepared By: _____

BOX 2 (TO BE ACCOMPLISH 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 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 engaged to undertake the
3. That a certificate of completion duly signed by 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 certification of occupancy be secured prior To the actual occupancy of the building.

Building Official

DATE

NOTE:

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

Box 3 (To be accomplished by the receiving & recording section)

BUILDING DOCUMENTS

- Sanitary Plumbing Plans & Specifications
- Bill Materials

- Cost Estimates
- Others (Specify) _____

Box 4 (To be accomplished by the Division/Section Concerned)

ASSESED FEES

	AMOUNT DUE	ASSESSED BY	O.R NUMBER	DATE PAID

Box 5 (To be accomplished by the Division/Section concerned)

PROGRESS FLOW

NOTED:	IN		OUT		Action/Remarks	Processed By
	Time	Date	Time	Date		
Chief, Processing Division/Section						
Receiving and Recording						
Geodetic (Line and Grade)						
Sanitary						

We hereby affix our hands signifying our conformity to the information herein above setforth.

Box 6

Signed & Sealed plans and Specifications		P.R.C. Reg. No.
Print Name		
Address		
P.T.R. No.	Date Issued	Place Issued
Signature		TIN

Box 8

_____ APPLICATION		
Res. Cert. No.	Date Issued	Place Issued

Box 7

SANITARY ENGINEER/MASTER PLUMBER		P.R.C. Reg. No.
In-charge of installations		
Print Name		
Address		
P.T.R. No.	Date Issued	Place Issued
Signature		TIN