

REPUBLIC OF THE PHILIPPINES  
**DEPARTMENT OF PUBLIC WORKS & HIGHWAYS**  
OFFICE OF THE LOCAL BUILDING OFFICIAL

APPLICATION NO.

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PERMIT NO.

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## SANITARY/PLUMBING PERMIT

DATE OF APPLICATION \_\_\_\_\_

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

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

NAME OF OWNER/APPLICANT:	LAST NAME,	FIRST NAME,	MIDDLE NAME	TAX ACCOUNT NO.
ADRESS	NO.	STREET	BARANGAY	CITY/MUNICIPALITY
location of installation:				No., Street, Barangay, Municipality

SCOPE OF WORK: NEW INSTALLATION	Addition of _____ Repair of _____ Removal of _____	OTHERS (SPECIFY) _____ of _____ _____ of _____
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USE OR TYPE OF OCCUPANCY:	
RESIDENTIAL _____	AGRICULTURAL _____
COMMERCIAL _____	PARKS, PLAZAS, MONUMENTS _____
INDUSTRIAL _____	RECREATIONAL _____
INSTITUTIONAL _____	OTHERS (SPECIFY) _____

FIXTURES TO BE INSTALLED			KINDS OF FIXTURES	QTY.	NEW		EXISTING		KINDS OF FIXTURES
QTY.	NEW FIXTURES	EXISTING FISTURES			FIXTURES	FISTURES			
___	<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"/> 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"/> 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 conditioning 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 System			<input type="checkbox"/> Sanitary Sewer System		<input type="checkbox"/> Storm Drainage System				

<b>WATER SUPPLY:</b> <input type="checkbox"/> Shallow Well <input type="checkbox"/> Deep Well & Pump Set <input type="checkbox"/> City/Municipal Water System <input type="checkbox"/> Others _____	<b>SYSTEM OF DISPOSAL:</b> <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 of Installation P _____
Start of Installation _____	Prepared By _____
Expected Date 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 accordance with approved plans filed with this office & in conformity with the national building code.
2. That a duly licensed sanitary engineer/master plumber in-charge of 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.

\_\_\_\_\_  
Building Official

\_\_\_\_\_  
DATE

**NOTE:**  
THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO THE SECTION 305 & 306 OF THE "NATIONAL BUILDING CODE".

**BOX 3: (To be accomplished by the receiving & recording section)****BUILDING DOCUMENTS**Sanitary Plumbing Plans & Specifications  
Bill of Materials  
\_\_\_\_\_Cost Estimates  
Others (Specify)**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 the Division/Section concerned)****PROGRESS 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 ABOVE SETFORTH.

**BOX 6**

SANITARY ENGINEER/MASTER PLUMBER Signed and Sealed Plans & Specifications		P.R.C. Reg. No.
Print Name		
Address		
P.T.R. No.	Date Issued	Place Issued
Signature		TAN

**BOX 8**

Signature  _____		
APPLICANT		
Res. Cert. No.	Date Issued	Place Issued

**BOX 7**

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