

OFFICE OF THE BUILDING OFFICIAL

APPLICATION NO.

--	--	--	--	--	--	--	--	--	--

PERMIT NO.

--	--	--	--	--	--	--	--	--	--

DATE OF APPLICATION

DATE ISSUED

SANITARY / PLUMBING PERMIT

BOX 1 (TO BE ACCOMPLISHED BY SANITARY ENGINEER/MASTER)

NAME OF OWNER/APPLICANT:	LAST NAME,	FIRST NAME	MIDDLE NAME	T.I.N
ADDRESS:	NO.	STREET	BARANGAY	CITY BAGUIO
				CONTACT NO./EMAIL ADDRESS

LOCATION OF INSTALLATION: _____

SCOPE OF WORK	[] ADDITION OF _____	OTHERS (SPECIFY)
[] NEW INSTALLATION	[] REPAIR OF _____	[] _____ OF _____
	[] REMOVAL OF _____	[] _____ OF _____

USE OR TYPE OF OCCUPANCY

[] RESIDENTIAL _____	[] AGRICULTURAL _____
[] COMMERCIAL _____	[] PARKS, PLAZAS, MONUMENTS _____
[] INDUSTRIAL _____	[] OTHERS (SPECIFY) _____
[] INSTITUTIONAL _____	

FIXTURES TO BE INSTALLED							
QTY	NEW	EXISTING	KIND OF	QTY	NEW	EXISTING	KIND OF
	FIXTURES	FIXTURES	FIXTURES		FIXTURES	FIXTURES	FIXTURES
___	[]	[]	[] WATER CLOSET	___	[]	[]	[] BIDETTE
___	[]	[]	[] FLOOR DRAIN	___	[]	[]	[] LAUNDRY TRAYS
___	[]	[]	[] LAVATORIES	___	[]	[]	[] DENTAL CUSPIDOR
___	[]	[]	[] KITCHEN SINK	___	[]	[]	[] ELECTRICAL HEATER
___	[]	[]	[] FAUCET	___	[]	[]	[] WATER BOILER
___	[]	[]	[] SHOWER HEAD	___	[]	[]	[] DRINKING FOUNTAIN
___	[]	[]	[] WATER METER	___	[]	[]	[] BAR SINK
___	[]	[]	[] GREASE TRAP	___	[]	[]	[] SODA FOUNTAIN SINK
___	[]	[]	[] BATH TUBS	___	[]	[]	[] LABORATORY SINK
___	[]	[]	[] SLOP SINK	___	[]	[]	[] STERILIZER
___	[]	[]	[] URINAL	___	[]	[]	[] SWIMMING POOL
___	[]	[]	[] AIR CONDITIONING UNIT	___	[]	[]	[] OTHERS (SPECIFY)
___	[]	[]	[] WATER TANK/RESERVOIR	___	[]	[]	
TOTAL				TOTAL			

[] WATER DISTRIBUTION SYSTEM [] SANITARY SEWER SYTEM [] STORM DRAINAGE SYSTEM

WATER SUPPLY [] SHALLOW WELL [] DEEPWELL & PUMP SET [] CITY/MUNICIOAL WATER SYSTEM [] OTHERS _____ NUMBER OF STOREYS OF BUILDING _____	SYSTEM SUPPLY [] WASTE WATER TREATMENT PLANT [] SEPTIC VAULT/IMHOFF TANK [] SURFACE DRAINAGE [] SUBSURFACE SAND FILTER [] STREET CANAL [] SANITARY SEWER CONNECTION [] WATER COURSE TOTAL AREA OF BUILDING/SUBDIVISION _____ SQ. M. TOTAL COST _____ OF INSTALLATION P _____ PREPARED BY: _____
PROPOSED DATE _____ START OF INSTALLATION _____ EXPECTED DATE OF COMPLETION _____	

BOX 2 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)

ACTION TAKEN

PERMIT IS HEREBY GRANTED TO INSTALL THE SANITARY/PLUMBING FIXTURES ENUMERATED HEREIN SUBJECT TO THE FOLOWING CONDITIONS:

- THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE NATIONAL BUILDING CODE.
- THAT A DULY LICENSED SANITARY ENGINEER /MASTER PLUMBER BE DESIGNATED UNDERTAKE THE INSTALLATION/CONSTRUCTION.
- 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.
- THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING

ENGR. NAZITA F. BAÑEZ
BUILDING OFFICAIL

NOTE: THIS PERMITMAY BE CANCELLED OR REVOKEDPURSUANT TO SECTIONS 305 & 306 OF THE NATIONAL BUILDING CODE. DATE: _____

(Print back to back)

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

BUILDING DOCUMENTS	
<input type="checkbox"/> SANITARY/PLUMBING PLANS & SPECIFICATIONS <input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> COST ESTIMATES <input type="checkbox"/> OTHER (SPECIFY) _____ _____

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

ASSESSED FEES				
	AMOUNT	ASSESSED BY	O.R NO.	DATE PAID

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

PROGRESSES FLOW						
NOTED: CHIEF, PROCESSING DIVISION/SECTION	IN		OUT		ACTION/REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
RECEIVING AND RECORDING						
GEODETTIC (LINE & GRADE)						
SANITARY						ENGR. ALBERT M. PAY-AN

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVESET FORTH.

BOX 6

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

BOX 8

SIGNATURE _____		
APPLICANT		
RES. CERT. NO.	DATE ISSUED	PLACE ISSUED

BOX 7

SANITARY ENGINEER/MASTER PLUMBER IN-CHARGE OF CONSTRUCTION/INSTALLATION		PRC REG NO.
PRINT NAME		
ADDRESS		
P.T.R NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN