



Republic of the Philippines
City Government of Muntinlupa



OFFICE OF THE BUILDING OFFICIAL
SANITARY/PLUMBING PERMIT

APPLICATION NO.

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PP NO.

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BUILDING PERMIT NO.

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BOX 1 (TO BE ACCOMPLISHED BY THE OWNER/APPLICANT)

OWNER/APPLICANT		LAST NAME	FIRST NAME	M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE		FORM OF OWNERSHIP		USE OR CHARACTER OF OCCUPANCY	
ADDRESS NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY	ZIP CODE	TELEPHONE NO.
LOCATION OF CONSTRUCTION: LOT-NO. _____ BLK. NO. _____ TCT NO. _____ TAX DEC. NO. _____					
STREET _____ BARANGAY _____ MUNTINLUPA CITY					
SCOPE OF WORK					
<input type="checkbox"/> NEW CONSTRUCTION		<input type="checkbox"/> RENOVATION _____		<input type="checkbox"/> RAISING _____	
<input type="checkbox"/> ERECTION		<input type="checkbox"/> CONVERSION _____		<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____	
<input type="checkbox"/> ADDITION		<input type="checkbox"/> REPAIR _____		<input type="checkbox"/> OTHERS (Specify) _____	
<input type="checkbox"/> ALTERATION		<input type="checkbox"/> MOVING _____			

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

FIXTURES TO BE INSTALLED		EXISTING FIXTURES	KIND OF FIXTURES	QTY	NEW FIXTURES	EXISTING FIXTURES	<input type="checkbox"/> BIDETTE <input type="checkbox"/> LAUNDRY TRAYS <input type="checkbox"/> DENTAL CUSPIDOR <input type="checkbox"/> DRINKING FOUNTAIN <input type="checkbox"/> BAR SINK <input type="checkbox"/> SODA FOUNTAIN SINK <input type="checkbox"/> LABORATORY SINK <input type="checkbox"/> STERILIZER <input type="checkbox"/> OTHERS (Specify) _____
QTY	NEW FIXTURES						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER CLOSET		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FLOOR DRAIN		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LAVATORY		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> KITCHEN SINK		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FAUCET		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SHOWER HEAD		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER METER		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GREASE TRAP		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BATH TUB		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLOP SINK		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> URINAL		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AIR CONDITIONING		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER TANK/RESERVOIR		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL					TOTAL		
<input type="checkbox"/> WATER DISTRIBUTION SYSTEM		<input type="checkbox"/> SEWAGE SYSTEM		<input type="checkbox"/> SEPTIC TANK		<input type="checkbox"/> STORM DRAINAGE SYSTEM	
INSTALLATION AND OPERATION OF:				SYSTEM OF DISPOSAL:			
WATER SUPPLY:				<input type="checkbox"/> WASTE WATER TREATMENT PLANT.			
<input type="checkbox"/> SHALLOW WELL				<input type="checkbox"/> BI-OFF TANK			
<input type="checkbox"/> DEEP WELL & PUMP SET				<input type="checkbox"/> SANITARY SEWER CONNECTION			
<input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM				<input type="checkbox"/> SUB-SURFACE SAND FILTER			
<input type="checkbox"/> OTHERS (Specify) _____				<input type="checkbox"/> SURFACE DRAINAGE			
				<input type="checkbox"/> STREET CANAL			
				<input type="checkbox"/> WATER COURSE			
				<input type="checkbox"/> OTHERS (Specify) _____			

BOX 3

DESIGN PROFESSIONAL PLANS AND SPECIFICATIONS

_____ Date _____

SANITARY ENGINEER / MASTER PLUMBER
(Signed and Sealed Over Printed Name)

Address _____

PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

BOX 4

SUPERVISOR / IN-CHARGE OF PLUMBING WORKS

_____ Date _____

SANITARY ENGINEER / MASTER PLUMBER
(Signed and Sealed Over Printed Name)

Address _____

PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

BOX 5

APPLICANT

_____ Date _____

(Signature Over Printed Name)

Address _____

C.T.C. No.	Date Issued	Place Issued
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BOX 6

WITH MY CONSENT: LOT OWNER / BUILDING OWNER

_____ Date _____

(Signature Over Printed Name)

Address _____

C.T.C. No.	Date Issued	Place Issued
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NOTE: THIS PERMIT IS INVALID WITHOUT A SYSTEM GENERATED PRINTOUT.

TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION
BOX 7

RECEIVED BY:	DATE:
FIVE (5) SETS OF SANITARY/PLUMBING DOCUMENTS	
<input type="checkbox"/> SANITARY/PLUMBING PLANS AND SPECIFICATIONS	<input type="checkbox"/> COST ESTIMATES
<input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> OTHERS (Specify) _____

BOX 8

PROGRESS FLOW					PROCESSED BY:
	IN		OUT		
	DATE	TIME	TIME	DATE	
RECEIVING AND RECORDING					
SANITARY/PLUMBING					
OTHERS (Specify)					

BOX 9

ASSESSED FEES			
	AMOUNT DUE	O.R. NO.	DATE PAID
SANITARY/PLUMBING			
OTHERS (Specify)			

BOX 10

ACTION TAKEN

PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:

1. That the proposed sanitary/plumbing works shall be in accordance with the sanitary/plumbing plans filed with this Office and in conformity with latest Code on Sanitation of the Philippines and the Revised Plumbing Code of the Philippines, the National Building Code and its IRR.
2. That prior to any commencement of sanitary/plumbing works, a duly accomplished prescribed "Notice of Construction" shall be submitted to the Office of the Building Official.
3. That upon completion of the sanitary/plumbing works, the licensed supervisor/in-charge shall submit the entry to the logbook duly signed and sealed to the building official including as-built plans and other documents and shall also accomplish the Certificate of Completion stating that the sanitary/plumbing works of the building conform to the provision of the Code of Sanitation, the Revised Plumbing Code, The National Building Code and its IRR.
4. That this permit is null and void unless accompanied by the building permit.

PERMIT ISSUED BY:

BUILDING OFFICIAL
 (Signature Over Printed Name)
 Date: _____