



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 IN PRINT 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
				CONTACT NO.
LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ CURRENT TAX DEC. NO. _____				
STREET _____ BARANGAY _____, MUNTINLUPA CITY				
SCOPE OF WORK				
<input type="checkbox"/> NEW CONSTRUCTION		<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 _____		

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

FIXTURES TO BE INSTALLED							
QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	QTY.	NEW FIXTURES	EXISTING 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"/> LAVATORY	_____	<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"/> DRINKING FOUNTAIN
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FAUCET	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BAR SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SHOWER HEAD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SODA FOUNTAIN SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER METER	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LABORATORY SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GREASE TRAP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> STERILIZER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BATH TUB	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHERS (Specify) _____
_____	<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"/> ACU CONDENSATE DRAIN	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER TANK/RESERVOIR	_____	<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:							
WATER SUPPLY:				SYSTEM OF DISPOSAL:			
<input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL & PUMP SET <input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM <input type="checkbox"/> OTHERS (Specify) _____				<input type="checkbox"/> WASTE WATER TREATMENT PLANT <input type="checkbox"/> 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 <input type="checkbox"/> OTHERS (Specify) _____							
NO. OF STOREY OF BUILDING _____				TOTAL AREA OF BUILDING / SUBDIVISION _____ SQM.			
PROPOSED DATE START OF INSTALLATION _____				TOTAL COST OF INSTALLATION _____			
EXPECTED DATE OF COMPLETION _____							
PREPARED BY: _____							

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
_____ SANITARY ENGINEER / MASTER PLUMBER (Signed and Sealed Over Printed Name)	Date _____
Address _____	
PRC No. _____	Validity _____
APO ID No. _____	Validity _____
PTR No. _____	Date Issued _____
Issued at _____	TIN _____

BOX 4

SUPERVISOR / IN-CHARGE OF INSTALLATION	
_____ SANITARY ENGINEER / MASTER PLUMBER (Signed and Sealed Over Printed Name)	Date _____
Address _____	
PRC No. _____	Validity _____
APO ID No. _____	Validity _____
PTR No. _____	Date Issued _____
Issued at _____	TIN _____

BOX 5

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 6

PROGRESS FLOW					
	IN		OUT		PROCESSED BY
	DATE	TIME	DATE	TIME	
SANITARY / PLUMBING					
GEODETTIC (Line and Grade)					
OTHERS (Specify)					

BOX 7

OWNER / APPLICANT		
_____ (Signature Over Printed Name) Date _____		
Address		
C.T.C. / ID No.	Date Issued	Place Issued

BOX 8

LOT OWNER / BUILDING OWNER		
_____ (Signature Over Printed Name) Date _____		
Address		
C.T.C. / ID No.	Date Issued	Place Issued

BOX 9

<p>ACTION TAKEN</p> <p>Permit is hereby granted to install the sanitary / plumbing enumerated herein subject to the following condition:</p> <ol style="list-style-type: none"> 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 the 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>Note: this permit maybe cancelled or revoked pursuant to sections 305 & 306 of the National Building Code.</p> <p>PERMIT ISSUED BY:</p> <p style="text-align: center;">ENGR. DYNADELLE N. ARANDA</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">BUILDING OFFICIAL</p> <p style="text-align: center;">Date _____</p>
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