

Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
OFFICE OF THE BUILDING OFFICIAL
SAN RAFAEL, BULACAN

APPLICATION NO. _____

PERMIT NO. _____

SANITARY/PLUMBING PERMIT

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	M.I.	T.A.N.			
ADDRESS	NO.	STREET	BARANGAY	CITY/MUNICIPALITY			
LOCATION OF INSTALLATION	NO.	STREET	BARANGAY	CITY/MUNICIPALITY			
SCOPE OF WORK	Addition of _____		Other(Specify) _____				
_____ New Installation	_____ Repair of _____		_____ of _____				
	_____ Removal of _____		_____ of _____				
USE OR TYPE OF OCCUPANCY							
_____ Residential	_____ Agricultural		_____				
_____ Commercial	_____ Parks, Plazas, Monuments		_____				
_____ Industrial	_____ Recreational		_____				
_____ Institutional	_____ Others (Specify)		_____				
FIXTURES TO BE INSTALLED							
QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES
_____	_____	_____	Water Closet	_____	_____	_____	Bidette
_____	_____	_____	Floor Drain	_____	_____	_____	Laundry Tray
_____	_____	_____	Lavatories	_____	_____	_____	Dental Cus
_____	_____	_____	Kitchen Sink	_____	_____	_____	Gas Heater
_____	_____	_____	Faucet	_____	_____	_____	Elec. Heater
_____	_____	_____	Shower Head	_____	_____	_____	Water Boiler
_____	_____	_____	Water Meter	_____	_____	_____	Dkg. Fountain
_____	_____	_____	Grease Trap	_____	_____	_____	Bar Sink
_____	_____	_____	Bath Tube	_____	_____	_____	Soda F.S.
_____	_____	_____	Slop Sink	_____	_____	_____	Lab Sink
_____	_____	_____	Urinal	_____	_____	_____	Sterilizer
_____	_____	_____	Air Con. Unit	_____	_____	_____	Swimming
_____	_____	_____	Water tank/ Resevior	_____	_____	_____	pool Others(Spec.)
TOTAL				TOTAL			
_____ Water Distribution System			_____ Sanitary Sewer		_____ Storm Drainage System		
WATER SUPPLY				SYSTEM OF DISPOSAL			
_____ Shallow Well				_____ Waste water treatment plant			
_____ Deep Well & Pump Set				_____ Septic Vault / IMMOFF Tank			
_____ City/Mun.water system				_____ Sanitary sewer connection			
_____ Others _____				_____ Sub-surfaces and Filter			
NUMBER OF STOREYS OF BUILDING _____				TOTAL AREA OF BUILDING/SUBDIVISION _____ sq.m.			
PROPOSED DATE _____				TOTAL COST _____			
START OF INSTALLATION _____				OF INSTALLATION _____			
EXPECTED DATE _____							

BOX 2 (To be accomplished by Building Official)

<p>ACTION TAKEN:</p> <p>Permit is hereby granted to install the sanitary/plumbing fixtures enumerated herein subject to the following conditions:</p> <ol style="list-style-type: none"> 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 Engr./Master Plumber he engaged to undertake the installation/construction. That a Certificate of Completion duly signed by a Sanitary Engr./Master Plumber in-charge of the installation shall be submitted not later than seven (7) days after completion of the installation. That a Certificate of Final Insp. And a Certificate of Occupancy be secured prior to the actual occupancy of the building. 		<p>MERCEDES V. RIVERA Building Official</p> <p>_____</p> <p>DATE</p>
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BOX 3 (To be accomplished by the Receiving and Recording Section)

BUILDING DOCUMENTS	
_____ Sanitary Plumbing Plans & Specification _____ Bill of materials	_____ Cost Estimates _____ Others (Specify) _____ _____

BOX 4 (To be accomplished by Division/Section concerned)

ASSESSED FEES				
	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID

BOX 5 (To be accomplished by Division/Section concerned)

PROGRESS FLOW						
NOTED Chief, Processing Division/Section	IN		OUT		ACTION TAKEN	
	Time	Date	Time	Date	Remarks	Possessed by
Receiving and Recording						
Geodetic (Line and Grade)						
Sanitary						

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

BOX 6

Sanitary Engineer/Master Plumber <u>Signed and Sealed Plans & Specifications</u> PRINT NAME	P.R.C. Reg.No.	
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		T.A.N.

BOX 6

Signature		

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

BOX 7

Sanitary Engineer/Master Plumber <u>In-charge of Intallation</u> PRINT NAME	P.R.C. Reg.No.	
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		T.A.N.