



Republic of the Philippines
Municipality of San Juan, Metro Manila
OFFICE OF THE BUILDING OFFICIAL



DPWH Form No. 77-001-M

AREA CODE 7405-A

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 | MIDDLE INITIAL | TAX. ACCT. NO. |
| ADDRESS: | NO. | STREET, | BARANGAY, | CITY/MUNICIPALITY | TELEPHONE NO. |
| LOCATION OF INSTALLATION | NO., | STREET, | BARANGAY, | CITY/MUNICIPALITY | |
| SCOPE OF WORK | | | | | |
| <input type="checkbox"/> NEW INSTALLATION | | <input type="checkbox"/> ADDITION OF _____ | | OTHERS (SPECIFY) | |
| | | <input type="checkbox"/> REPAIR OF _____ | | <input type="checkbox"/> _____ OF _____ | |
| | | <input type="checkbox"/> REMOVAL OF _____ | | <input type="checkbox"/> _____ OF _____ | |
| USE OR TYPE OF OCCUPANCY | | | | | |
| <input type="checkbox"/> RESIDENTIAL _____ | | <input type="checkbox"/> AGRICULTURAL _____ | | | |
| <input type="checkbox"/> COMMERCIAL _____ | | <input type="checkbox"/> PARKS, PLAZAS, MONUMENTS _____ | | | |
| <input type="checkbox"/> INDUSTRIAL _____ | | <input type="checkbox"/> RECREATIONAL _____ | | | |
| <input type="checkbox"/> INSTITUTIONAL _____ | | <input type="checkbox"/> OTHERS (SPECIFY) _____ | | | |

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"/> 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 | | | |
| WATER DISTRIBUTION SYSTEM | | | | SANITARY SEWER SYSTEM | | | |
| | | | | STORM DRAINAGE SYSTEM | | | |

WATER SUPPLY

- SHALLOW WELL
- DEEP WELL & PUMP SET
- CITY/MUNICIPALITY WATER SYSTEM
- OTHERS _____

SYSTEM OF DISPOSAL

- WASTE WATER TREATMENT PLANT
- SEPTIC VAULT/IMHOFF TANK
- SANITARY SEWER CONNECTION
- SUB-SURFACE SAND FILTER
- SURFACE DRAINAGE
- STREET CANAL
- WATER COURSE

NUMBER OF STOREYS OF BUILDING _____

TOTAL AREA OF BUILDING/SUBDIVISION _____ SQ.M.

PROPOSED DATE _____
START OF INSTALLATION _____

TOTAL COST _____
OF INSTALLATION P _____

EXPECTED DATE _____
OF COMPLETION _____

PREPARED BY _____

BOX 2 (TO BE ACCOMPLISHED BY BUILDING OFFICIAL)

ACTION TAKEN

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

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 A 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.

ARCH. ROMEO B. GONZALES
Building Official

Date _____

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

BOX 3 (TO BE ACCOMPLISHED BY THE 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"/> OTHERS (SPECIFY) _____ |

BOX 4 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)

| 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/ REMARKS | PROCESSED BY |
| | TIME | DATE | TIME | DATE | | |
| RECEIVING AND RECORDING | | | | | | |
| GEODETTIC (LINE AND 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 & SPECIFICATION | | PRC. 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 | | PRC. REG. NO |
| PRINT NAME | | |
| ADDRESS | | |
| P.T.R. NO. | DATE ISSUED | PLACE ISSUED |
| SIGNATURE | | TAN |