



BAGONG PILIPINAS

Republic of the Philippines

City of San Juan, Metro Manila

OFFICE OF THE BUILDING OFFICIAL

SANITARY/PLUMBING PERMIT

APPLICATION NO.

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PERMIT NO.

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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.	TAX ACCOUNT NO.
ADDRESS:	NO.	STREET	BARANGAY	CITY/MUNICIPALITY	ZIP CODE
LOCATION OF CONSTRUCTION:					TELEPHONE NO.
NO.		STREET	BARANGAY	CITY / MUNICIPALITY	
SCOPE OF WORK		<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 _____	
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: _____ SQM

PROPOSED DATE OF START OF INSTALLATION: _____

TOTAL COST OF INSTALLATION: P _____

EXPECTED DATE OF COMPLETION: _____

PREPARED BY: _____

BOX 2 (TO BE ACCOMPLISHED BY THE 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 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 CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.

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

ARCH. ALFREDO G. GARCIA

ACTING CITY BUILDING OFFICIAL

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

BUILDING DOCUMENTS

SANITARY / PLUMBING PLANS & SPECIFICATIONS

COST OF ESTIMATES

BILL OF MATERIALS

OTHER (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 & SPECIFICATIONS		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