

OFFICE OF THE MUNICIPAL ENGINEER/BUILDING OFFICIAL

PLUMBING PERMIT

APPLICATION NO.	SP NO.	BUILDING PERMIT NO.																														
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BOX 1 (TO BE ACCOMPLISHED BY 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	ZIPCODE
TELEPHONE NO.				
LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO. _____				
STREET _____ BARANGAY _____ CITY/ MUNICIPALITY _____				
SCOPE OF WORK				
1. <input type="checkbox"/> NEW CONSTRUCTION	5. <input type="checkbox"/> RENOVATION _____	9. <input type="checkbox"/> DEMOLITION _____		
2. <input type="checkbox"/> ERECTION	6. <input type="checkbox"/> CONVERSION _____	10. <input type="checkbox"/> ANCILLARY BUILDING/STRUCTURE _____		
3. <input type="checkbox"/> ADDITION	7. <input type="checkbox"/> CONVERSION _____	11. <input type="checkbox"/> OTHERS (Specify) _____		
4. <input type="checkbox"/> ALTERATION	8. <input type="checkbox"/> MOVING _____	12. <input type="checkbox"/> _____		

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

FIXTURES TO BE INSTALLED									
QTY	NEW	EXISTING	KIND OF	QTY	NEW	EXISTING	KIND OF		
	FIXTURES	FIXTURES	FIXTURES		FIXTURES	FIXTURES	FIXTURES	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"/> Other (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"/> air conditioning unit	_____	<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
PREPARED BY: _____									

BOX 3

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

BOX 4

FULL-TIME INSPECTOR AND SUPERVISOR OF CONSTRUCTION WORKS	
_____ MASTER PLUMBER (Signed and Sealed Over Printed Name)	
Address	
PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

BOX 5

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

BOX 6

WITH MY CONCENT: LOT OWNER		
_____ (Signature Over Printed Name)		
Address		
C.T.C. No.	Date Issued	Place Issued

BOX 7 (SUBMITTALS TO BE CHECKED, RECEIVED AND RECORDED)

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

BOX 8 (TO BE ACCOMPLISHED BY THE PLUMBING SECTION OF THE OFFICE OF THE BUILDING OFFICIAL) to be shown to the applicant.

REVIEWED:	PROGRESS FLOW				ACTION/ REMARKS	PROCESSED BY
	IN		OUT			
	DATE	TIME	DATE	TIME		
CHIEF, PLUMBING SECTION						
RECEIVING AND RECORDING						
PLUMBING						
OTHERS(Specify)						

BOX 9 (TO BE ACCOMPLISHED BY THE PLUMBING SECTION OF THE OFFICE OF THE BUILDING OFFICIAL).

ASSESSED FEEDS					
	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID	REVIEWED BY:
PLUMBING					CHIEF, PROCESSING AND EVALUATION DIVISION
OTHERS (specify)					

BOX 10

<p>ACTION TAKEN:</p> <p>PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:</p> <ol style="list-style-type: none"> That the designer is aware that under Article 1723 of the Civil Code of the Philippines, He/She is responsible for damages if it should collapse within fifteen (15) years from the completion of the Building/Structure. If due to defect in the plans or specifications or defect in the ground. He/She is therefore enjoined to conduct periodic inspections of the Building/Structure to ensure that the conditions under which the building/structure was designed are not being violated or abused. That the proposed plumbing works. Shall be in accordance with the plumbing plans filed with this office and in conformity with the revised plumbing code of the Philippines, the code and its IRR. That upon completion of the plumbing works. The licensed supervisor 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 plumbing works of the building conform to the provision of the revised plumbing code, the code and its IRR. Signs shall adhere to the Code of Ethics for Advertising and Promotions and to the rules and regulations of the appropriate agency in-charge of the conduct of the business. That this permit is null and void unless accompanied by the building permit. <p>RECOMMENDING ISSUANCE OF PLUMBING PERMIT.</p> <p style="text-align: center;">_____ CHIEF, PLUMBING SECTION (Signature Over Printed Name) Date: _____</p> <p style="text-align: center;">_____ CHIEF, PROCESSING AND EVALUATION DIVISION (Signature Over Printed Name) Date: _____</p> <p>PERMIT ISSUED:</p> <p style="text-align: center;">_____ Pinunong Panggusali (Building Official) Date: _____</p>
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