

OFFICE OF THE BUILDING OFFICIAL

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	TELEPHONE NO.
LOCATION OF CONSTRUCTION LOT NO.		BLK. NO.	TCT NO.	TAX DEC. NO.		
STREET		BARANGAY		CITY/MUNICIPALITY OF		
SCOPE OF WORK						
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION			<input type="checkbox"/> RAISING		
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION			<input type="checkbox"/> DEMOLITION		
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR			<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE		
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING			<input type="checkbox"/> OTHERS (Specify)		

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"/> 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	
_____ Date _____	
MASTER PLUMBER	
(Signature Over Printed Name)	
Address	
PRC. No.	Validity
PTR No.	Date Issued
Issued at	TIN

BOX 4

SUPERVISOR/ IN-CHARGE OF PLUMBING WORKS	
_____ Date _____	
MASTER PLUMBER	
(Signature over Printed Name)	
Address	
PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

BOX 5

BUILDING OWNER		

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

BOX 6

WITH MY CONSENT LOT OWNER		

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

TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION

BOX 7

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

PROGRESS FLOW					
	IN		OUT		PROCESSED BY
	DATE	TIME	DATE	TIME	
RECEIVING AND RECORDING					
PLUMBING					
OTHERS (Specify)					

BOX 9

ACTION TAKEN:

PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:

1. 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 National Building Code and its IRR.
2. That prior to any commencement of plumbing works, a duly accomplished prescribed "**Notice of Construction**" shall be submitted to the Office of Building Official.
3. That upon completion of the plumbing works, the licensed supervisor/in-charge shall submit the entry to the logbook duly signed and sealed to the building official including asbuilt 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 National Building Code and its IRR.
4. That this permit is null and void unless :

PERMIT ISSUED:

BENIGNO B. DELA CRUZ
BUILDING OFFICIAL
 (Signature Over Printed Name)