

REPUBLIC OF THE PHILIPPINES  
**Department of Public Works and Highways**  
**OFFICE OF BUILDING PERMIT**

DISTRICT/CITY/MUNICIPALITY  
 Area Code

APPLICATION NO.

**SANITARY/PLUMBING PERMIT**

PERMIT NO.

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	TAX ID. 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 _____ | Other (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"/> Agriculture _____              |
| <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) _____         |

**FIXTURE INSTALLED**

QTY	NEW FIXTURES	EXISTING OF FIXTURES	KIND OF FIXTURES	QTY	NEW FIXTURES	EXISTING OF 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"/> Electric Heater
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Faucet	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gas Heater
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shower Head	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Water Broiler
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Water meter	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Drinking Fountains
_____	<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 Condition 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			
<input type="checkbox"/> Water Distribution	<input type="checkbox"/> Sanitary Sewer System	<input type="checkbox"/> Storm Drainage System					

**WATER SUPPLY:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Shallow Well                | <input type="checkbox"/> Waste Water Treatment Plant | <input type="checkbox"/> Surface Drainage |
| <input type="checkbox"/> Deep Well & pump Set        | <input type="checkbox"/> Septic Vault/Imhoff Tank    | <input type="checkbox"/> Street Canal     |
| <input type="checkbox"/> City/Municipal Water System | <input type="checkbox"/> Sanitary Sewer Connection   | <input type="checkbox"/> Water Course     |
| <input type="checkbox"/> Others _____                | <input type="checkbox"/> sub-surface Sand Filter     |   |

NUMBER OF STOREYS OF BUILDING \_\_\_\_\_ TOTAL AREA OF BUILDING/SUBDIVISION \_\_\_\_\_

Proposed Date start of Installation \_\_\_\_\_ Total Cost of Installation P \_\_\_\_\_

Expected Date of Compilation \_\_\_\_\_ Prepared By: \_\_\_\_\_

**BOX 2 (TO BE ACCOMPLISH BY THE BUILDING OFFICIAL )**

**ACTION TAKEN**

Permit is hereby granted to install the sanitary/plumbing fixture 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
3. That a certificate of completion duly signed by 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 certification of occupancy be secured prior To the actual occupancy of the building.

\_\_\_\_\_  
 Building Official

\_\_\_\_\_  
 DATE

**NOTE:**

THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTIONS 305 & 306 OF THE NATIONAL BUILDING CODE