

**Republic of the Philippines  
Department of Public Works and Highways  
OFFICE OF THE BUILDING OFFICIAL**

Application No.  
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**CITY OF ESCALANTE  
AREA CODE – 06095**

Permit Number  
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**SANITARY / PLUMBING PERMIT**

\_\_\_\_\_ Date of Application

\_\_\_\_\_ Date Issued

Box 1 (To be accomplished by Sanitary / Master Plumber in print )

NAME OF OWNER/APPLICANT		Last Name	First name	M.I.	Tax Identification Number		
ADDRESS		No., Street, Barangay, City			Telephone Number		
LOCATION OF CONSTRUCTION		No., Street, Barangay, City					
SCOPE OF WORK							
<input type="checkbox"/> New Construction		<input type="checkbox"/> Renovation of _____					
<input type="checkbox"/> Addition of _____		<input type="checkbox"/> Demolition of _____					
<input type="checkbox"/> Repair of _____		<input type="checkbox"/> Others(specify) _____					
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"/> Insitutional		<input type="checkbox"/> Others(specify) _____					
FIXTURES TO BE INSTALLED							
QTY.	NEW FIXTURES	EXISTING FIXTURES	KINDS OF FIXTURES	QTY.	NEW FIXTURES	EXISTING FIXTURES	KINDS 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"/> ShowerHead	_____	<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"/> Bathtub	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Soda Founatin 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		
<input type="checkbox"/> Water Distribution			<input type="checkbox"/> Sanitary Sewer System	<input type="checkbox"/> Storm Drainage System			
WATER SUPPLY			SYSTEM OF DISPOSAL				
<input type="checkbox"/> Shallow Well			<input type="checkbox"/> Waste Water Treatment	<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			<input type="checkbox"/> Sanitary Sewer Connection	<input type="checkbox"/> Water Course			
<input type="checkbox"/> Others _____			<input type="checkbox"/> Sub – Surface Sand Filter	<input type="checkbox"/> Others (specify) _____			
Number of Storey/s of Building: _____			Total Area of the Building / Subdivision _____ m <sup>2</sup>				
Proposed Date 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 fixtures 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.	ENGR. FREDDIE P. SERRADOR
2. That a duly licensed Sanitary Engineer / Master Plumber be engaged to undertake the installation/construction.	_____ Building Official
3. That a Certificate of Completion duly signed by the Sanitary Engineer / Master Plumber in – charge of installation shall be submitted not later seven (7) days after completion of the installation	_____ Date
4. That a Certificate of Final Inspection and a Certificate of Occupancy be secured prior to the actual occupancy of the building	

Box 3 (To be accomplished by the Receiving & Recording Section)

BUILDING DOCUMENTS	
<input type="checkbox"/> Sanitary Plumbing Plans & Specifications	<input type="checkbox"/> Cost Estimates
<input type="checkbox"/> Bill of Materials	<input type="checkbox"/> Others (specify) _____

Box 4 (To be accomplished by the Division/Section concerned)

ASSESED FEES				
Division/Section	Amount Due	Assessed by	O.R. Number	Date Paid

Box 5 (To be accomplished by the Division/Section concerned)

PROGRESS FLOW						
Noted Chief Processing	IN		OUT		ACTION/REMARKS	Processed by:
	Time	Date	Time	Date		
1. Receiving & Recording						
2. Geoditic (Line and Grade)						
3. Sanitary						
TOTAL COST						
<i>We hereby affix our hands sigigying our conformity to the inforamtion herein above setforth</i>						

Box 6

<b>Sanitary Engineer / Master Plumber</b>		PRC Reg. No.
Signs & Sealed plans & Specifications		
Print Name		
Address		
P.T.R.	Date	Place Issued
Signature		TIN

Box 9

<b>Signature</b>		
APPLICANT		
Res. Cert. No.	Date Issued	Place Issued

Box 7

<b>Sanitary Engineer / Master Plumber</b>		PRC Reg. No.
Signs & Sealed plans & Specifications		
Print Name		
Address		
P.T.R.	Date	Place Issued
Signature		TIN