



Tourism Infrastructure and Enterprise Zone Authority
Office of the Building Official



SANITARY/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"/> ERECTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION		<input type="checkbox"/> RENOVATION <input type="checkbox"/> CONVERSION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVING		<input type="checkbox"/> RAISING <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE <input type="checkbox"/> OTHERS (Specify) _____

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

FIXTURES TO BE INSTALLED				FIXTURES TO BE INSTALLED				FIXTURES TO BE INSTALLED			
QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	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"/> LAUNDRY TRAYS
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FLOOR DRAIN	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DENTAL CUSPIDOR	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DRINKING FOUNTAIN
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LAVATORY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BAR SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SODA FOUNTAIN SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> KITCHEN SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LABORATORY SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> STERILIZER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FAUCET	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHERS (Specify) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SHOWER HEAD	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER METER	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GREASE TRAP	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BATH TUB	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/> URINAL	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER TANK/RESERVOIR	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
TOTAL				TOTAL				TOTAL			
<input type="checkbox"/> WATER DISTRIBUTION SYSTEM SHALLOW WELL DEEP WELL AND PUMPSET CITY/MUNICIPAL WATER SYSTEM				<input type="checkbox"/> SEWAGE SYSTEM WASTE WATER TREATMENT PLANT SANITARY SEWER CONNECTION SUB-SURFACE SAND FILTER IMHOFF TANK				<input type="checkbox"/> STORM DRAINAGE SYSTEM SURFACE DRAINAGE STREET CANAL WATER COURSE			
PREPARED BY: _____											

BOX 3

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

BOX 4

SUPERVISOR / IN-CHARGE OF PLUMBING WORKS	
_____ SANITARY ENGINEER/MASTER PLUMBER (Signed and Sealed Over Printed Name)	Date _____
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 _____

BOX 7 TO BE ACCOMPLISHED BY THE PERMITS AND LICENSES DIVISION

RECEIVED BY:	DATE:
FIVE (5) SETS OF 20"X30" & ONE (1) A3 OF SANITARY/PLUMBING DOCUMENTS	
<input type="checkbox"/> PLUMBING/SANITARY 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					
SANITARY/PLUMBING					
OTHERS (Specify)					

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 the 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 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 National Building Code and its IRR.
4. That this permit is null and void unless accompanied by the building permit.

PERMIT ISSUED BY:

BUILDING OFFICIAL
(Signature Over Printed Name)
Date _____