



REPUBLIC OF THE PHILIPPINES  
**CITY OF PASIG**  
 OFFICE OF THE BUILDING OFFICIAL

APPLICATION NO.  
 [ ]

DISTRICT / CITY / MUNICIPALITY \_\_\_\_\_  
 AREA CODE \_\_\_\_\_

PERMIT NO.  
 [ ]

DATE OF APPLICATION \_\_\_\_\_ **SANITARY / PLUMBING PERMIT** \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

BOX 1 (TO BE ACCOMPLISHED BY SANITARY ENGINEER/MASTER PLUMBER IN PRINT)

NAME OF OWNER / APPLICANT	LAST NAME, FIRST NAME, M.I.	TAX ACCT. 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 _____ <input type="checkbox"/> REPAIR OF _____ <input type="checkbox"/> REMOVAL OF _____	OTHERS (SPECIFY) <input type="checkbox"/> _____ OF _____ <input type="checkbox"/> _____ OF _____

**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"/> INSTITUTIONAL _____	<input type="checkbox"/> OTHERS (SPECIFY) _____

**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"/> 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"/> SHOWER HEAD	_____	<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"/> 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 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	_____	

WATER DISTRIBUTION SYSTEM     
  SANITARY SEWER SYSTEM     
  STORM DRAINAGE SYSTEM

<b>WATER SUPPLY</b> <input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL & PUMP SET <input type="checkbox"/> CITY / MUNICIPAL WATER SYSTEM <input type="checkbox"/> OTHERS _____	<b>SYSTEM OF DISPOSAL</b> <input type="checkbox"/> WASTE WATER TREATMENT PLANT <input type="checkbox"/> SEPTIC VAULT / IMHOFF TANK <input type="checkbox"/> SANITARY SEWER CONNECTION <input type="checkbox"/> SUB-SURFACE SAND FILTER <input type="checkbox"/> SURFACE DRAINAGE <input type="checkbox"/> STREET CANAL <input type="checkbox"/> WATER COURSE
NUMBER OF STOREYS OF BUILDING _____	TOTAL AREA OF BUILDING / SUBDIVISION _____ SQ.M.
PROPOSED DATE _____	TOTAL COST OF INSTALLATION P _____
START OF INSTALLATION _____	PREPARED BY _____
EXPECTED DATE OF COMPLETION _____	

BOX 2 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)

**ACTION TAKEN**

PERMIT IS HEREBY GRANTED TO INSTALL THE SANITARY PLUMBING 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 INSTALLATION / CONSTRUCTION.
3. THAT A CERTIFICATE OF COMPLETION DULY ASSIGNED BY A 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 A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.

**ARCH. RAUL S. SILVA**  
 BUILDING OFFICIAL

DATE \_\_\_\_\_

**NOTE:** THIS PERMIT MAYBE CANCELLED OR REVOKED PURSUANT TO SECTIONS 305 & 306 OF THE NATIONAL BUILDING CODE.

**BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING AND RECORDING SECTION)**

<b>BUILDING DOCUMENTS</b>	
<input type="checkbox"/> SANITARY PLUMBING PLANS & SPECIFICATIONS <input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> OTHERS (SPECIFY) _____ _____

**BOX 4 (ACCOMPLISHED BY THE DIVISION / SECTION CONCERNED)**

ASSESSED FEE				
	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID

**BOX 5 (ACCOMPLISHED BY THE DIVISION / SECTION CONCERNED)**

PROGRESS FLOW						
NOTED: CHIEF, PROCESSING DIVISION / SECTION	IN		OUT		ACTION / REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
RECEIVING AND RECORDING						
GEODETIC (LINE and GRADE)						
SANITARY						

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SETFORTH

**BOX 6**

SANITARY ENGINEER / MASTER PLUMBER SIGNED AND SEALED PLANS & SPECIFICATIONS		PRC REG. NO.
PRINT NAME		
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN

**BOX 7**

SANITARY ENGINEER / MASTER PLUMBER IN-CHARGE OF INSTALLATION		PRC REG. NO.
PRINT NAME		
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN

**BOX 8**

SIGNATURE		
APPLICANT		
RES. CERT. NO.	DATE ISSUED	PLACE ISSUED