

OFFICE OF THE BUILDING OFFICIAL
PLUMBING PERMIT

APPLICATION NO.

PP NO.

BUILDING PERMIT NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)

OWNER / APPLICANT		LAST NAME		FIRST NAME		M.I.		TIN		
FOR CONSTRUCTION OWNED			FORM OF OWNERSHIP			USE OR CHARACTER OF OCCUPANCY				
BY AN ENTERPRISE										
ADDRESS: NO.,		STREET,		BARANGAY,		CITY/MUNICIPALITY		ZIP CODE		TELEPHONE NO.
LOCATION OF CONTRUCTION:			LOT NO. _____		BLK NO. _____		TCT NO. _____		TAX DEC NO. _____	
STREET _____		BARANGAY _____			CITY/MUNICIPALITY OF _____					
SCOPE OF WORK										
<input type="checkbox"/> NEW INSTALLATION			<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 IN PRINT 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 (Signed and Sealed 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 (Signed and Sealed 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

BOX 7

RECEIVED BY: _____	DATE: _____
FIVE (5) SETS OF PLUMBING DOCUMENTS	
<input type="checkbox"/> PLUMBING PLANS AND SPECIFICATIONS	<input type="checkbox"/> COST ESTIMATE
<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:

- That the proposed plumbing works shall be in accordance with the plumbing plans filed with this Office and in conformity with the provisions of the Revised Plumbing Code of the Philippines, the National Building Code and its IRR.
- 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.
- 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 conform to the provision of the Revised Plumbing Code, the National Building Code and its IRR.
- That this permit is null and void unless accompanied by the building permit.

<p>PERMIT ISSUED BY:</p> <p>_____ (Signed and Sealed Over Printed Name)</p> <p>MASTER PLUMBER Date: _____</p> <p>ADDRESS: _____</p> <p>PRC No. _____ Validity _____</p> <p>PTR No. _____ Date issued _____</p> <p>TIN _____ Issued at _____</p>	<p>_____ (Signed and Sealed Over Printed Name)</p> <p>MASTER PLUMBER Date: _____</p> <p>ADDRESS: _____</p> <p>PRC No. _____ Validity _____</p> <p>PTR No. _____ Date issued _____</p> <p>TIN _____ Issued at _____</p>
--	--

BUILDING OFFICIAL
 (Signature Over Printed Name)
 Date: _____