NBC FORM NO. A -06

Republic of the Philippines
City/Municipality of _____
Province of _____

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 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

- ☐ NEW CONSTRUCTION
- ☐ ERECTION
- ☐ ADDITION
- ☐ ALTERATION
- ☐ RENOVATION _____
- ☐ CONVERSION _____
- ☐ REPAIR _____
- ☐ MOVING _____
- ☐ RAISING_____
- ☐ DEMOLITION _____
- ☐ ACCESSORY BUILDING/STRUCTURE _____
- ☐ OTHERS (Specify)_____

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

FIXTURES TO BE INSTALLED

QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES
_____	☐	☐	☐ WATER CLOSET	_____	☐	☐	☐ BIDETTE
_____	☐	☐	☐ FLOOR DRAIN	_____	☐	☐	☐ LAUNDRY TRAYS
_____	☐	☐	☐ LAVATORY	_____	☐	☐	☐ DENTAL CUSPIDOR
_____	☐	☐	☐ KITCHEN SINK	_____	☐	☐	☐ DRINKING FOUNTAIN
_____	☐	☐	☐ FAUCET	_____	☐	☐	☐ BAR SINK
_____	☐	☐	☐ SHOWER HEAD	_____	☐	☐	☐ SODA FOUNTAIN SINK
_____	☐	☐	☐ WATER METER	_____	☐	☐	☐ LABORATORY SINK
_____	☐	☐	☐ GREASE TRAP	_____	☐	☐	☐ STERILIZER
_____	☐	☐	☐ BATH TUB	_____	☐	☐	☐ OTHERS (Specify)
_____	☐	☐	☐ SLOP SINK	_____	☐	☐	_____
_____	☐	☐	☐ URINAL	_____	☐	☐	_____
_____	☐	☐	☐ AIR CONDITIONING UNIT	_____	☐	☐	_____
_____	☐	☐	☐ WATER TANK/RESERVOIR	_____	☐	☐	_____
_____ TOTAL				_____ TOTAL			

☐ WATER DISTRIBUTION SYSTEM ☐ SEWAGE SYSTEM ☐ SEPTIC TANK ☐ 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