

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									
<input type="checkbox"/> NEW CONSTRUCTION			<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 BY THE DESIGN PROFESSIONAL)

FIXTURES TO BE INSTALLED				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
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BOX 6

WITH MY CONSENT: LOT OWNER

_____ (Signature Over Printed Name)
Date _____

Address _____

C.T.C. No.	Date Issued	Place Issued
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