



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 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 | | | | | | | |
| 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 5

| | | |
|--|-------------|--------------|
| BUILDING OWNER | | |
| _____ (Signature Over Printed Name) Date _____ | | |
| Address | | |
| C.T.C. No. | Date Issued | Place Issued |

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 6

| | | |
|--|-------------|--------------|
| WITH MY CONSENT: LOT OWNER | | |
| _____ (Signature Over Printed Name) Date _____ | | |
| Address | | |
| C.T.C. No. | Date Issued | Place Issued |

TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION BOX 7

| | |
|--|---|
| RECEIVED BY: | DATE: |
| FIVE (5) SETS OF PLUMBING DOCUMENTS | |
| PLUMBING PLANS AND SPECIFICATIONS | 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 | | | | | |
| PLUMBING | | | | | |
| OTHERS (Specify) | | | | | |
| | | | | | |

BOX 9

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:

ENGR. JOSELITO M. GUEVARRA

BUILDING OFFICIAL

(Signature Over Printed Name)

Date _____