

AYUNGON

DISTRICT / MUNICIPALITY

AREA CODE _____

APPLICATION NO.

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PERMIT NO.

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**SANITARY / PLUMBING
PERMIT**

DATE OF APPLICATION

DATE ISSUED

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

NAME OF OWNER/APPLICANT	LASTNAME	FIRSTNAME	MIDDLENAME	TAX ACCT.NO.
ADDRESS	NO.	STREET	BARANGAY	CITY/MUNICIPALITY
LOCATION OF INSTALLATION	NO.	STREET	BARANGAY	CITY/MUNICIPALITY
USE OR TYPE OF OCCUPANCY				
<input checked="" type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> ADDITION OF _____ <input type="checkbox"/> REPAIR OF _____ <input type="checkbox"/> REMOVAL OF _____ <input type="checkbox"/> OTHER (SPECIFY) _____ OF _____ OF _____				

USE OR TYPE OF OCCUPANCY	<input checked="" type="checkbox"/> RESIDENTIAL _____ <input type="checkbox"/> COMMERCIAL _____ <input type="checkbox"/> INDUSTRIAL _____ <input type="checkbox"/> INSTITUTIONAL _____	<input type="checkbox"/> AGRICULTURAL _____ <input type="checkbox"/> PARKS, PLAZAS, MONUMENTS _____ <input type="checkbox"/> RECREATIONAL _____ <input type="checkbox"/> OTHERS (SPECIFY) _____
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NEW EXISTING KIND OF				NEW EXISTING KIND OF							
QTY	FIXURES	FIXTURES	FIXTURES	QTY	FIXURES	FIXTURES	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				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLOP SING	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LABATORY 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	_____	<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"/> OTHER (SPECIFY)				
_____	TOTAL			_____	TOTAL						
<input type="checkbox"/> WATER DISTRIBUTION SYSTEM				<input type="checkbox"/> SANITARY SEWER SYSTEM				<input type="checkbox"/> STORM DRAINAGE SYSTEM			

WATER SUPPLY:	SYTEM OF DISPOSAL:	
<input type="checkbox"/> SHALLOW WELL	<input type="checkbox"/> WASTE WATER TREATMENT PLANT	<input type="checkbox"/> SURFACE DRAINAGE
<input type="checkbox"/> DEEP WELL	<input type="checkbox"/> SEPTIC VAUL/IMH OFF TANK	<input type="checkbox"/> STREET CANAL
<input type="checkbox"/> CITY MUNICIPAL WATER SYSTEM	<input type="checkbox"/> SANITARY SEWER CONNECTION	<input type="checkbox"/> WATER COURSE
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> SUB- SURFACE AND FILTER	
NUMBER OF STOREY'S 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 BUILDING OFFICIAL)

ACTION TAKEN

PERMIT IS HEREBY GRANTED TO INSTALL THE SANITARY/ PLUMBING FIXTURE ENUMERATED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS.

1. THAT THE PROPOSED INSTALLATION SAHLL BE IN ACCORDANCE WITH APROVAL PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE NATIONAL BUILDING CODE.
2. THAT A DULY LICENSED SANITARY ENGINEEE/MASTER PLUMBER BE ENGAGED TO UNDERTAKE THE INSTALLATION CONSTRUCTION
3. THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY THE SANITARY ENGINEER/MASTER PLUMBER IN CHARGE OF INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION THE INSTALLATION.
4. THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING

NOTE:

THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTION 305 AND 306 OF THE NATIONAL BUILDING CODE.

ENGR. GERARDO O. CIPRIANO, JR.

BUILDING OFFICIAL

DATE

BUILDING DOCUMENTS	
SANITARY PLUMBING PLANS & SPECIFICATION BILL OF MATERIALS	COST ESTIMATES OTHERS (SPECIFY) _____ _____

BOX4 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

ASSESSED FEES				
	AMOUNT DUE	ASSESSED BY	O.R NO	DATE PAID

BOX5 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

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

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

BOX 6

SANITARY ENGINEER/MASTER PLUMBER C.R. SIGNED AND SEALED PLANS & SPECIFICATION			
PRINT NAME			
ADRESS			
P.T.R. NO.	DATE ISSUED	PLACE ISSUED	
SIGNATURE			

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

BOX 7

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