

Republic of the Philippines
Municipality / City of **PUERTO PRINCESA**
Province of **PALAWAN**

OFFICE OF THE BUILDING OFFICIAL

APPLICATION NO.

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PERMIT NO.

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SANITARY / PLUMBING PERMIT

DATE OF APPLICATION _____

DATE ISSUED _____

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

NAME OF OWNER/ APPLICANT	LAST NAME, FIRST NAME, M.I.	TAX ACCT. NO.
ADDRESS	NO. OF STREET, BARANGAY, CITY/ MUNICIPALITY	TELEPHONE NO.
LOCATION OF INSTALLATION	NO. OF STREET, BARANGAY, CITY/ MUNICIPALITY	

SCOPE OF WORK

<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> ADDITION OF _____	<input type="checkbox"/> OTHERS (SPECIFY) _____
<input type="checkbox"/> REPAIR OF _____	<input type="checkbox"/> REPAIR OF _____ OF _____	
<input type="checkbox"/> REMOVAL OF _____	<input type="checkbox"/> REMOVAL OF _____ OF _____	

USE OR TYPE OF OCCUPANCY

<input type="checkbox"/> RESIDENTIAL _____	<input type="checkbox"/> AGRICULTURAL _____
<input type="checkbox"/> COMMERCIAL _____	<input type="checkbox"/> PARKS, PLAZAS, MONUMENTS _____
<input type="checkbox"/> INDUSTRIAL _____	<input type="checkbox"/> RECREATIONAL _____
<input type="checkbox"/> INSTITUTIONAL _____	<input type="checkbox"/> OTHERS (SPECIFY) _____

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"/>	WATER CLOSET	_____	<input type="checkbox"/>	<input type="checkbox"/>	BIDETTE				
_____	<input type="checkbox"/>	<input type="checkbox"/>	FLOOR DRAIN	_____	<input type="checkbox"/>	<input type="checkbox"/>	LAUNDRY TRAYS				
_____	<input type="checkbox"/>	<input type="checkbox"/>	LAVATORIES	_____	<input type="checkbox"/>	<input type="checkbox"/>	DENTAL CLUSPIDOR				
_____	<input type="checkbox"/>	<input type="checkbox"/>	KITCHEN SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	GAS HEATER				
_____	<input type="checkbox"/>	<input type="checkbox"/>	FAUCET	_____	<input type="checkbox"/>	<input type="checkbox"/>	ELECTRIC HEATER				
_____	<input type="checkbox"/>	<input type="checkbox"/>	SHOWER HEAD	_____	<input type="checkbox"/>	<input type="checkbox"/>	WATER BOILER				
_____	<input type="checkbox"/>	<input type="checkbox"/>	WATER METER	_____	<input type="checkbox"/>	<input type="checkbox"/>	DRINKING FOUNTAIN				
_____	<input type="checkbox"/>	<input type="checkbox"/>	GREASE TRAP	_____	<input type="checkbox"/>	<input type="checkbox"/>	BAR SINK				
_____	<input type="checkbox"/>	<input type="checkbox"/>	BATH TUBS	_____	<input type="checkbox"/>	<input type="checkbox"/>	SODA FOUNTAIN SINK				
_____	<input type="checkbox"/>	<input type="checkbox"/>	SLOP SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	LABORATORY SINK				
_____	<input type="checkbox"/>	<input type="checkbox"/>	URINAL	_____	<input type="checkbox"/>	<input type="checkbox"/>	STERILIZER				
_____	<input type="checkbox"/>	<input type="checkbox"/>	AIR CONDITIONING UNIT	_____	<input type="checkbox"/>	<input type="checkbox"/>	SWIMMING POOL				
_____	<input type="checkbox"/>	<input type="checkbox"/>	WATER TANK / RESERVOIR	_____	<input type="checkbox"/>	<input type="checkbox"/>	OTHERS (SPECIFY)				
TOTAL				TOTAL							
<input type="checkbox"/> WATER DISTRIBUTION SYSTEM				<input type="checkbox"/> SANITARY SEWER SYSTEM				<input type="checkbox"/> STORM DRAINAGE SYSTEM			

<p>WATER SUPPLY</p> <input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WEEL & PUMP SET <input type="checkbox"/> CITY/ MUNICIPAL WATER SYSTEM <input type="checkbox"/> OTHERS _____	<p>SYSTEM OF DISPOSAL</p> <input type="checkbox"/> WASTE WATER TREATMENT PLANT <input type="checkbox"/> SEPTIC VAULT/ MHOFF TANK <input type="checkbox"/> SANITARY SEWER CONNECTION <input type="checkbox"/> SUB-SURFACE SAND FILTER <input type="checkbox"/> SURFACE DRAINAGE <input type="checkbox"/> STREET CANAL <input type="checkbox"/> WATER COURSE
NUMBER OF STOREYS OF BUILDING _____	TOTAL AREA OF BUILDING/ SUBDIVISION _____ SQ.M.
PROPOSED DATE _____	TOTAL COST _____
START OF INSTALLATION _____	OF INSTALLATION P _____
EXPEXTED DATE _____	PREPARED BY: _____
OF COMPLETION _____	

ACTION TAKEN

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

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

NOTE:

THIS PERMIT MAYBE CANCELLED REVOKED PURSUANT TO SECTIONS 305 & 306 OF THE *NATIONAL BUILDING CODE* (PD1096)

SERGIO S. TAPALLA

City Engineer II/ Building Official

Date