

REPUBLIC OF THE PHILIPPINES.  
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS  
OFFICE OF THE BUILDING OFFICIAL

**LA TRINIDAD, BENGUET**

DISTRICT/CITY/MUNICIPALITY

AREA CODE 01017

APPLICATION NO.

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**SANITARY/PLUMBING PERMIT**

PERMIT NO.

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DATE OF APPLICATION

DATE ISSUED

BOX 1 (To be accomplished by Sanitary Engineer/Master Plumber in Print)

NAME OF OWNER/APPLICANT				LAST NAME		FIRST NAME		MI.		TAX IDENTIFICATION NO.	
ADDRESS				NO. STREET		BARANGAY		MUNICIPALITY		TELEPHONE NO.	
LOCATION OF INSTALLATION				NO. STREET		BARANGAY		MUNICIPALITY			

SCOPE OF WORK

NEW INSTALLATION

ADDITION OF \_\_\_\_\_

REPAIR OF \_\_\_\_\_

REMOVAL OF \_\_\_\_\_

OTHERS (SPECIFY) \_\_\_\_\_ OF \_\_\_\_\_

USE OR TYPE OF OCCUPANCY

RESIDENTIAL \_\_\_\_\_

COMMERCIAL \_\_\_\_\_

INDUSTRIAL \_\_\_\_\_

INSTITUTIONAL \_\_\_\_\_

AGRICULTURAL \_\_\_\_\_

PARKS, PLAZAS, MONUMENTS \_\_\_\_\_

RECREATIONAL \_\_\_\_\_

OTHERS (Specify) \_\_\_\_\_

FIXTURES TO BE INSTALLED			KIND OF FIXTURES	QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES
QTY.	NEW FIXTURES	EXISTING 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 SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLOP SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LABORATORY 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 UNIT	_____	<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"/> OTHERS (Specify)
TOTAL				TOTAL			

WATER DISTRIBUTION SYSTEM

SANITARY SEWER SYSTEM

STORM DRAINAGE SYSTEM

WATER SUPPLY

SHALLOW WELL

DEEP WELL & PUMP SET

CITY/MUNICIPAL WATER SYSTEM

OTHERS \_\_\_\_\_

SYSTEM DISPOSAL

WASTE WATER TREATMENT PLANT

SEPTIC VAULT/IMHOOF TANK

SANITARY SEWER CONNECTION

SUB-SURFACE SAND FILTER

SURFACE DRAINAGE

STREET CANAL

WATER COURSE

NUMBER OF STOREYS OF BUILDING \_\_\_\_\_

TOTAL AREA OF BUILDING/SUBDIVISION \_\_\_\_\_ SQ.M.

PROPOSED DATE START OF INSTALLATION \_\_\_\_\_

EXPECTED DATE OF COMPLETION \_\_\_\_\_

TOTAL COST OF INSTALLATION P \_\_\_\_\_

PREPARED BY \_\_\_\_\_

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 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 A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.

**BENEDICT P. PINEDA**  
BUILDING OFFICIAL

DATE

NOTE: THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTIONS 305 & 306 OF THE "NATIONAL BUILDING CODE"

**BOX 3 ( To be accomplished by the Receiving & Recording Section)**

**BUILDING DOCUMENTS**

- SANITARY PLUMBING & SPECIFICATIONS  
 BILL OF MATERIALS

- COST ESTIMATES  
 OTHERS (Specify) \_\_\_\_\_

**BOX 4 ( To be accomplished by Division/Section concerned)**

**ASSESSED FEES**

	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE

**BOX 5 ( To be accomplished by Division/Section concerned)**

**PROGRESS FLOW**

NOTED:	IN		OUT		ACTION/ REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
<b>JULIUS U. MANDAC</b> CHIEF, PROCESSING DIVISION/SECTION						
RECEIVING AND RECORDING						
GEODETIC (LINE and GRADE)						
SANITARY						

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

**BOX 6**

<input type="checkbox"/> SANITARY ENGINEER <input type="checkbox"/> MASTER PLUMBER <small>SIGNED AND SEALED PLANS &amp; SPECIFICATIONS</small>	P.R.C. REG. No.	
PRINT NAME		
ADDRESS		
P.T.R.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN

**BOX 8**

SIGNATURE		
APPLICANT		
COM TAX CERT NO.	DATE ISSUED	PLACE ISSUED

**BOX 7**

<input type="checkbox"/> SANITARY ENGINEER <input type="checkbox"/> MASTER PLUMBER <small>IN-CHARGE OF INSTALLATION</small>	P.R.C. REG. No.	
PRINT NAME		
ADDRESS		
P.T.R.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN