

## REPUBLIC OF THE PHILIPPINES

## CITY OF BALANGA

DISTRICT / CITY / MUNICIPALITY

AREA CODE 03049

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 SANITARY ENGINEER/MASTER PLUMBER, IN PRINT)

NAME OF OWNER/APPLICANT	LAST NAME, FIRST NAME, M.I.	TIN
ADDRESS	NO., STREET, BARANGAY, CITY/MUNICIPALITY	TELEPHONE NO.
LOCATION OF INSTALLATION	NO., STREET, BARANGAY, CITY/MUNICIPALITY	
SCOPE OF WORK <input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> ADDITION OF _____ <input type="checkbox"/> REPAIR OF _____ <input type="checkbox"/> REMOVAL OF _____		
OTHERS (SPECIFY) <input type="checkbox"/> _____ OF _____ <input type="checkbox"/> _____ OF _____		
USE OR TYPE OF OCCUPANCY <input 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) _____		

**FIXTURES TO BE INSTALLED:**

QTY	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	QTY.	NEW FIXTURES	E XISTING 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"/> 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			
<input type="checkbox"/> WATER DISTRIBUTION SYSTEM				<input type="checkbox"/> SANITARY SEWER SYSTEM			
				<input type="checkbox"/> STORM DRAINAGE SYSTEM			

**WATER SUPPLY:**

☐ SHALLOW WELL  
☐ DEEP WELL & PUMP SET  
☐ CITY/MUNICIPAL WATER SYSTEM  
☐ OTHERS

**SYSTEM OF DISPOSAL:**

<input type="checkbox"/> WASTE WATER TREATMENT PLANT	<input type="checkbox"/> SURFACE DRAINAGE
<input type="checkbox"/> SEPTIC VAULT/IMHOFF TANK	<input type="checkbox"/> STREET CANAL
<input type="checkbox"/> SANITARY SEWER CONNECTION	<input type="checkbox"/> WATER COURSE
<input type="checkbox"/> SUB-SURFACE AND FILTER	

NUMBER OF STOREYS OF BUILDING

TOTAL AREA OF BUILDING/SUBDIVISION  
SQ. M.PROPOSED DATE  
START OF INSTALLATIONTOTAL COST  
OF INSTALLATION. P

EXPECTED DATE  
OF COMPLETION

PREPARED BY

BUILDING OFFICIAL

DATE \_\_\_\_\_

### 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

### NOTE

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

☐ SANITARY PLUMBING PLANS & SPECIFICATIONS ☐ COST ESTIMATES  
☐ BILL OF MATERIALS ☐ OTHERS (SPECIFY)

[illegible]

INSTITUTIONAL

PROGRESS FLOW						
NOTE: CHIEF, PROCESSING-DIVISION/SECTION	IN		OUT		ACTION/REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
RECEIVING AND RECORDING						
GEODETIC (LINE AND GRADE)						
SANITARY						

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

<b>SANITARY ENGINEER/MASTER PLUMBER C.E.</b> <b>SIGNED AND SEALED PLANS &amp; SPECIFICATIONS</b>		<b>P.R.C. REG. No.</b>
<b>PRINT NAME</b>		
<b>ADDRESS</b>		
<b>P. T. R. No.</b>	<b>DATE ISSUED</b>	<b>PLACE ISSUED</b>
<b>SIGNATURE</b>		<b>TIN</b>

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

<b>SANITARY ENGINEERMASTER PLUMBER</b> IN-CHARGE OF INSTALLATION		P.R.C. REG. No.
PRINT NAME		
ADDRESS		
P. T. R. No.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN