

REPUBLIC OF THE PHILIPPINES
MUNICIPALITY OF TUY
PROVINCE OF BATANGAS
OFFICE OF THE MUNICIPAL ENGINEER

APPLICATION NO.

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SANITARY/PLUMBING PERMIT

DATE ISSUED _____

DATE ISSUED _____

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

NAME OF OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN
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ADDRESS	NO. STREET	BARANGAY	CITY/MUNICIPALITY	TELEPHONE NO.
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LOCATION OF INSTALLATION	NO. STREET	BARANGAY	CITY/MUNICIPALITY
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SCOPE OF WORK	ADDITION OF _____	OTHERS (SPECIFY)
___ NEW INSTALLATION	___ REPAIR OF _____	___ OF _____
___ ANNUAL INSPECTION	___ REMOVAL OF _____	___ OF _____

USE OF TYPE OF OCCUPANCY	AGRICULTURAL _____
___ RESIDENTIAL _____	___ PARKS, PLAZAS, MONUMENTS _____
___ COMMERCIAL _____	___ RECREATIONAL _____
___ INDUSTRIAL _____	___ OTHERS (SPECIFY) _____
___ INSTITUTIONAL _____	

FIXTURES TO BE INSTALLED:

QTY	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	QTY	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	
			WATER CLOSET				BIDETTE	
			FLOOR DRAIN				LAUNDRY TRAY	
			LAVATORIES				DENTAL CUSPIDOR	
			KITCHEN SINK				GAS HEATER	
			FAUCET				ELECTRIC HEATER	
			SHOWER HEAD				WATER BOILER	
			WATER METER				DRINKING FOUNTAIN	
			GREASE TRAP				BAR SINK	
			BATH TUBS				SODA FOUNTAIN SINK	
			SLOP SINK				LABORATORY SINK	
			URINAL				STERILIZER	
			AIR CONDITION UNIT				SWIMMING POOL	
			WATER/RESERVOIR				OTHERS (SPECIFY)	
TOTAL								
___ WATER DISTRIBUTION			___ SANITARY SEWER SERVICES			___ STORM DRAINAGE SYSTEM		

WATER SUPPLY <input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL <input type="checkbox"/> CITY/MUNICIPALITY WATER SYSTEM <input type="checkbox"/> OTHER _____	SYSTEM OF DISPOSAL <input type="checkbox"/> WASTE WATER SEATMENT PLANT <input type="checkbox"/> SEPTIC VAULT, HOOF TANK <input type="checkbox"/> SANITARY SEWER CONNECTION <input type="checkbox"/> SUB-SURFACE AND FILTER	<input type="checkbox"/> SURFACE DRAINAGE <input type="checkbox"/> STREET CANAL <input type="checkbox"/> WATER COURSE
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NUMBER OF STOREYS OF BUILDING _____	TOTAL AREA OF BUILDING SUBDIVISION _____ S.Q.M
PROPOSED DATE _____	TOTAL COST _____
START OF INSTALLATION _____	OF INSTALLATION P _____
EXPECTED DATE _____	PREPARED BY _____
OF COMPLETION _____	

BOX 2 (TO BE ACCOMPLISHED BY BUILDING OFFICIAL)

ACTION TAKEN PERMIT IS HEREBY GRANTED TO INSTALL THE SANITARY / PLUMBING FIXTURE 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.	ISSUED BY: ISAGANI F. RESIDUO Building Official _____ DATE
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BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)**BUILDING DOCUMENT** SANITARY PLUMBING PLANS & SPECIFICATIONS COST ESTIMATE BILL OF MATERIAL OTHERS (SPECIFY) _____**BOX 4 (TO BE ACCOMPLISHED BY DIVISION/SECTION)****ASSESSED FEES**

	AMOUNT DUE	ASSESSED BY	O. R. NUMBER	DATE PAID

BOX 5 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)**PROGRESS FLOW**

NOTED:	IN		OUT		ACTION/REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
CHIEF PROCESSING DIVISION/SECTION						
RECEIVING AND RECORDING						
GEODETIC (LINE GRADE)						
SANITARY						

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY HEREIN ABOVE SETFORTH.

BOX 6SANITARY ENGINEER/MASTER PLUMBER SIGNED
AND SEALED PLANS & SPECIFICATION

PRC REG NO.

PRINT NAME

ADDRESS

P. T. R. NO.

DATE ISSUED

PLACE ISSUED

SIGNATURE

TIN

BOX 7SANITARY ENGINEER/MASTER PLUMBER
IN-CHARGE OF INSTALLATION

PRC REG NO.

PRINT NAME

ADDRESS

P. T. R. NO.

DATE ISSUED

PLACE ISSUED

SIGNATURE

TIN

BOX 8

SIGNATURE

APPLICANT

RES. CERT. NO.

DATE ISSUED

PLACE ISSUED