



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
 OFFICE OF THE BUILDING OFFICIAL
MUNICIPALITY OF ALAMINOS
 DISTRICT/CITY MUNICIPALITY
 AREACODE

APPLICATION NO.

PERMIT NO.

SANITARY/PLUMBING PERMIT

DATE OF APPLICATION

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

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

SCOPE OF WORK

- ☐ ADDITION OF _____ OTHERS (SPECIFY) _____
☐ REPAIR OF _____ OF _____
☐ REMOVAL OF _____ OF _____
☐ NEW INSTALLATION

USE OR TYPE OF OCCUPANCY

- ☐ RESIDENTIAL _____
☐ COMMERCIAL _____
☐ INDUSTRIAL _____
☐ INSTITUTIONAL _____
☐ AGRICULTURAL _____
☐ PARKS, PLAZAS, MONUMENTS _____
☐ RECREATIONAL _____
☐ OTHERS (SPECIFY) _____

FIXTURES TO BE INSTALLED:

QTY	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	QTY	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES
—	<input type="radio"/>	<input type="radio"/>	WATER CLOSET	—	<input type="radio"/>	<input type="radio"/>	BIDETTE
—	<input type="radio"/>	<input type="radio"/>	FLOOR DRAIN	—	<input type="radio"/>	<input type="radio"/>	LAUNDRY TRAYS
—	<input type="radio"/>	<input type="radio"/>	LAVATORIES	—	<input type="radio"/>	<input type="radio"/>	DENTAL CUSPIDOR
—	<input type="radio"/>	<input type="radio"/>	KITCHEN SINK	—	<input type="radio"/>	<input type="radio"/>	GAS HEATER
—	<input type="radio"/>	<input type="radio"/>	FAUCET	—	<input type="radio"/>	<input type="radio"/>	ELECTRIC HEATER
—	<input type="radio"/>	<input type="radio"/>	SHOWER HEAD	—	<input type="radio"/>	<input type="radio"/>	WATER BOILER
—	<input type="radio"/>	<input type="radio"/>	WATER METER	—	<input type="radio"/>	<input type="radio"/>	DRINKING FOUNTAIN
—	<input type="radio"/>	<input type="radio"/>	GREASE TRAP	—	<input type="radio"/>	<input type="radio"/>	BAR SINK
—	<input type="radio"/>	<input type="radio"/>	BATH TUBS	—	<input type="radio"/>	<input type="radio"/>	SODA FOUNTAIN SINK
—	<input type="radio"/>	<input type="radio"/>	SLOP SINK	—	<input type="radio"/>	<input type="radio"/>	LABORATORY SINK
—	<input type="radio"/>	<input type="radio"/>	URINAL	—	<input type="radio"/>	<input type="radio"/>	STERILIZER
—	<input type="radio"/>	<input type="radio"/>	AIR CONDITIONER UNIT	—	<input type="radio"/>	<input type="radio"/>	SWIMMING POOL
—	<input type="radio"/>	<input type="radio"/>	WATER TANK RESERVIOR	—	<input type="radio"/>	<input type="radio"/>	OTHERS (SPECIFY)
TOTAL							

☐ WATER DISTRIBUTION SYSTEM
 ☐ SANITARY SEWER SYSTEM
 ☒ STORM DRAINAGE SYSTEM

WATER SUPPLY

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

SYSTEM DISPOSAL

- ☐ WASTE WATER TREATMENT PLANT
☐ SEPTIC VAULT/IMHOFF 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 ENUMERATE HEREIN SUBJECT TO THE FOLLOWING CONDITIONS:

- THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE NATIONAL BUILDING CODE.
- THAT A DULY LICENSED SANITARY ENGINEER/MASTER PLUMBER BE ENGAGED TO UNDERTAKE THE INSTALLATION/CONSTRUCTION.
- THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY A SANITARY ENGINEER/MASTER PLUMBER IN-CHARGE OF INSTALLTION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION.
- THAT A CERTIFICATE OF FINAL INSPECTON 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 & 306 OF THE "NATIONAL BUILDING CODE".

FLORENTINO J. DESTACAMENTO
 Municipal Engineer / Acting Building Official

DATE

BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)

BUILDING DOCUMENTS	
<input type="checkbox"/> SANITARY PLUMBING PLANS & SPECIFICATIONS	<input type="checkbox"/> COST ESTIMATES
<input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> OTHERS (SPECIFY) _____

BOX 4 (ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

ASSESSED FEES				
	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID

BOX 5 (ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

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

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

BOX 6

SANITARY ENGINEER/MASTER PLUMBER SIGNED AND SEALED PLANS & SPECIFICATIONS	PRC REG NO.
PRINT NAME	
ADDRESS	
P.T.R. NO.	DATE ISSUED
PLACE ISSUED	
SIGNATURE	TIN

SIGNATURE		
APPLICANT		
RES. CERT NO.	DATE ISSUED	PLACE ISSUED

BOX 7

SANITARY ENGINEER/MASTER PLUMBER INCHARGE OF CONSTRUCTION	PRC REG NO.
PRINT NAME	
ADDRESS	
P.T.R. NO.	DATE ISSUED
PLACE ISSUED	
SIGNATURE	TIN