

Republic of the Philippines
MUNICIPALITY OF LIMAY
Office of the Building Official
Limay, Bataan



SANITARY/PLUMBING PERMIT

APPLICATION NO.

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BUILDING PERMIT NO.

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DATE OF APPLICATION

DATE ISSUED

BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)

NAME OF OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN	
ADDRESS: NO., STREET,		BARANGAY,	CITY/MUNICIPALITY	ZIP CODE	TELEPHONE NO

LOCATION OF INSTALLATION:

STREET _____ BARANGAY _____ CITY/ MUNICIPALITY OF _____

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"/> _____ OF _____
	<input type="checkbox"/> REMOVAL OF _____	<input type="checkbox"/> _____ OF _____

USES 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

QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	QTY.	NEW FIXTURES	EXISTING 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"/> LAVATORY	_____	<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 TUB	_____	<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 AND PUMPSET

CITY/MUNICIPAL WATER SYSTEM

SYSTEM OF DISPOSAL:

WASTE WATER TREATMENT PLANT

SEPTIC VAULT/ MHOFF TANK

SANITARY SEWER CONNECTION

SUB-SURFACE AND FILTER

SYSTEM OF DISPOSAL:

SURFACE DRAINAGE

STREET CANAL

WATER COURSE

NUMBER OF STOREYS OF BUILDING _____

TOTAL AREA OF BUILDING / SUBDIVISION _____ SQ. M.

PROPOSED DATED _____
START OF INSTALLATION _____

TOTAL COST OF INSTALLATION P. _____

EXPECTED DATE OF COMPLETION _____

PREPARED BY _____

BOX 2 (TO BE ACCOMPLISHED BUILDING OFFICIAL)

ACTION TAKEN:

PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:

1. That the proposed plumbing works shall be in accordance with the plumbing plans filed with this Office and in conformity with the Revised Plumbing Code of the Philippines, the National Building Code and its IRR.
2. That prior to any commencement of plumbing works, a duly accomplished prescribed "Notice of Construction" shall be submitted to the Office of the Building Official.
3. That upon completion of the plumbing works, the licensed supervisor/in-charge shall submit the entry to the logbook duly signed and sealed to the building official including as-built plans and other documents and shall also accomplish the Certificate of Completion stating that the plumbing works of the building conform to the provision of the Revised Plumbing Code, the National Building Code and its IRR.
4. That this permit is null and void unless accompanied by the building permit.

ENGR. _____
BUILDING OFFICIAL
Date _____

BOX 3 TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION

BUILDING DOCUMENTS	
FIVE (5) SETS OF 20"X30" & ONE (1) A3 OF SANITARY/PLUMBING DOCUMENTS	
<input type="checkbox"/> SANITARY/PLUMBING/ PLANS AND SPECIFICATIONS	<input type="checkbox"/>
<input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/>

BOX 4 (TO BE ACCOMPLISHED BY DIVISION / SECTION CONCERNED)

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

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

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						

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

BOX 6

SANITARY ENGINEER / MASTER PLUMBER SIGNED AND SEALED PLANS & SPECIFICATIONS		P.R.C. REG. No.
PRINT NAME		
ADDRESS		
P.T.R. No.	DATE ISSUED	PLACED ISSUED
SIGNATURE		TIN

BOX 8

SIGNATURE		
_____ APPLICANT Date _____		
RES. CERT. NO.	DATE ISSUED	PLACED ISSUED

BOX 7

SANITARY ENGINEER / MASTER PLUMBER SIGNED AND SEALED PLANS & SPECIFICATIONS		P.R.C. REG. No.
PRINT NAME		
ADDRESS		
P.T.R. No.	DATE ISSUED	PLACED ISSUED
SIGNATURE		TIN