

**REPUBLIC OF THE PHILIPPINES**

APPLICATION NO:

PROVINCE OF ANTIQUE  
MUNICIPAL OF PANDAN  
OFFICE OF THE LOCAL BUILDING OFFICIAL

PERMIT NO:

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

DATE OF APPLICATION

**SANITARY/PLUMBING PERMIT**

DATE ISSUED

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

NAME OF OWNER/APPLICANT	LASTNAME, FIRSTNAME,MI	TAX IDENT NO.
ADDRESS	NO. STREET, BARANGAY, CITY/MUNICIPALITY	TELEPHONE NO.
LOCATION OF INSTALLATION	NO. STREET, BARANGAY, CITY/MUNICIPALITY	
SCOPE OF WORK	ADDITION OF _____	OTHERS (SPECIFY)
NEW INSTALLATION	REPAIR OF _____	_____ OF _____
	REMOVAL OF _____	_____ OF _____

**USE OR TYPE OF OCCUPANCY**

RESIDENTIAL _____	AGRICULTURAL _____
COMMERCIAL _____	PARKS, PLAZAS, MONUMENTS _____
INDUSTRIAL _____	RECREATIONAL _____
INTITIONAL _____	OTHERS (SPECIFY) _____

<b>FIXTURES TO BE INSTALLED:</b>							
QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES
_____			WATER CLOSET	_____			BIDETTE
_____			FLOOR DRAIN	_____			LAUNDRY TRAYS
_____			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
_____			UNIRAL	_____			STERILIZER
_____			AIR CONDITIONING UNIT	_____			SWIMMING POOL
_____			WATER TANK/RESERVIOR	_____			OTHER (SPECIFY) _____
_____	TOTAL			_____	TOTAL		

WATER DISTRIBUTION SYSTEM       SANITARY SEWER SYSTEM       STORM DRAINAGE SYSTEM

WATER SUPPLY:	SYSTEM OF DISPOSAL
SHALLOW WELL	WASTE WATER TREATMENT PLANT
DEEP WELL & PUMP SET	SEPTIC VAULT/IMHOFF TANK
CITY/MUNICIPALITY WATER S'	SANETARY SEWER CONNECTION
OTHERS _____	SUB-SURFACE SAND FILTER
NUMBER OF STOREYS OF BUILDING _____	TOTAL AREA OF BUILDING/SUBDIVISION _____ SQ.M.
PROPOSED DATE _____	TOTAL COST _____
START OF INSTALLATION _____	OF INSTALLATION P _____
EXPECTED DATE _____	
OF COMPLETION _____	PREPARED BY _____

**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 LISENSSED SANITARY ENGINEER/MASTER PLUMBER BE ENGAGED TO UNDERTAKE THE INSTALLATION/CONSTRUCTION.
3. THAT A CERTIFICATION OF COMPLETION DULY SIGNED BY AN 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.

\_\_\_\_\_  
Municipal Engineer

\_\_\_\_\_  
DATE

NOTED:  
 " THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTION 305 & 306 OF THE NATION BUILDING CODE"

BOX3 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)

**BUILDING DOCUMENTS**

- |   |   |
|---|---|
| <input type="checkbox"/> SANCTUARY PLUMBING PLANS & SPECIFICATION | <input type="checkbox"/> COST ESTEMATES         |
| <input type="checkbox"/> BILL OF MATERIALS                        | <input type="checkbox"/> OTHERS (SPECIFY) _____ |
|   | _____   |

BOX4 (TO BE ACCOMPLISHED BY THE DIVISION/SECTION CONCERNED)

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

BOX4 (TO BE ACCOMPLISHED BY THE DIVISION/SECTION CONCERNED)

POGRESS FLOW						
NOTED: CHIEF, PROCESSING DIVISION SECTION	IN		OUT		ACTION/REMARKS	PROCESS BY
RECEIVING AND RECORDING						
GEODETTIC (LINE and GRADE						
SANITARY						

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

BOX6

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

SIGNATURE		
RES CERT NO.	DATE ISSUED	PLACE ISSUED

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

