



REPUBLIC OF THE PHILIPPINES  
**DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS**  
 OFFICE OF THE BUILDING OFFICIAL

CITY OF BACOOD  
 PROVINCE OF CAVITE  
 AREA CODE 04119

APPLICATION NO.

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PERMIT NO.

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## SANITARY/PLUMBING PERMIT

DATE ISSUED \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

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

NAME OF OWNER/APPLICANT: LASTNAME		FIRSTNAME		M.I.	TIN
ADDRESS: NO. STREET		BARANGAY		CITY / MUNICIPALITY	
LOCATION OF CONSTRUCTION: BLK		LOT	STREET		SUBDIVISION / BARANGAY
<b>BACOOD CITY, CAVITE</b>					

**SCOPE OF WORK**

NEW INSTALLATION

ADDITION OF \_\_\_\_\_ OTHERS SPECIFY \_\_\_\_\_

REPAIR OF \_\_\_\_\_ OF \_\_\_\_\_

REMOVAL OF \_\_\_\_\_ OF \_\_\_\_\_

**USE OR TYPE OF OCCUPANCY**

<input type="checkbox"/> RESIDENTIAL _____	<input type="checkbox"/> AGRICULTURAL _____
<input type="checkbox"/> COMMERCIAL _____	<input type="checkbox"/> PARKS, PLAZA, MONUMENTS _____
<input type="checkbox"/> INDUSTRIAL _____	<input type="checkbox"/> RECREATIONAL _____
<input type="checkbox"/> INSTITUTIONAL _____	<input type="checkbox"/> OTHERS (SPECIFY) _____

**FIXTURES TO BE INSTALLED**

NEW QTY. FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	NEW QTY. 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
_____	_____	URINAL	_____	_____	STERILIZER
_____	_____	AIR CONDITIONING UNIT	_____	_____	SWIMMING POOL
_____	_____	WATER TANK/RESERVOR	_____	_____	OTHERS SPECIFY _____
_____	_____		_____	_____	
TOTAL			TOTAL		

WATER DISTRIBUTION SYSTEM
SANITARY SEWER SYSTEM
STORM DRAINAGE SYSTEM

<p><b>WATER SUPPLY :</b></p> <input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL & PUMP SET <input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM <input type="checkbox"/> OTHERS _____	<p><b>SYSTEM OF DISPOSAL:</b></p> <input type="checkbox"/> WASTE WATER TREATMENT <input type="checkbox"/> SEPTIC VAULT/ MHOFF TANK <input type="checkbox"/> SANITARY SEWER CNNECTION <input type="checkbox"/> SUB-SURFACE SAND FILTER	<input type="checkbox"/> SURFACE DRAINAGE <input type="checkbox"/> STREET CANAL <input type="checkbox"/> WATER COURSE
NUMBER OF STOREYS OF BUILDING _____	TOTAL AREA OF THE BUILDING/SUBDIVISION _____ SQ.M.	
PROPOSED DATE START OF INSTALLATION _____	TOTAL COST OF INSTALLATION _____	
EXPECTED DATE OF COMPLETION _____	PREPARED BY _____	

**BOX2 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)**

**ACTION TAKEN:**

PERMIT IS HERBY GRANTED TO INSTALL THE SANITARY/PLUMBING FIXTURE ENUMERATED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS:

- THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS FILLED WITH THIS OFFICE AND IN COMFORMITY WITH THE NATIONAL BUILDING CODE.
- THAT A DULY LICENCED 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 INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN(7) DAYS AFTER THE COMPLETION OF THE INSTALLATION.
- THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OFM THE BUILDING.

**RECOMMENDING APPROVAL:**

**ENGR. RAMESIS E. ALHAMBRA / ENGR. RODOLFO M. MARBELLA JR**  
ENGINEER III

**APPROVED BY:**

**ENGR. FELICITO R. MEJIA**  
CITY BUILDING OFFICIAL

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

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

**BUILDING DOCUMENTS**

SANITARY PLUMBING PLANS & SPECIFICATIONS  
 BILL OF MATERIALS

COST ESTIMATE  
 OTHERS (SPECIFY) \_\_\_\_\_

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

**ASSESSED FEES**

	AMOUNT DUE	ASSESSED BY	O.R. NO.	DATE PAID

**BOX5 (TO BE ACCOMPLISHED BY THE DIVISION / SECTION CONCERNED)**

**PROGRESS LOG**

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

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

**BOX 6**

<b>SANITARY ENGINEER / MASTER PLUMBER</b> <i>SIGNED AND SEALED PLANS &amp; SPECIFICATION</i>		PRC. REG. NO.
PRINTED NAME		
ADDRESS		
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN

**BOX 8**

<p style="text-align: center;">_____  <b>APPLICANT</b>  <i>(Signature Over Printed Name)</i></p>		
RES. CERT. NO.	DATE ISSUED	PLACE ISSUED

**BOX 7**

<b>SANITARY ENGINEER / MASTER PLUMBER</b> <i>IN-CHARGE OF CONSTRUCTION</i>		PRC. REG. NO.
PRINTED NAME		
ADDRESS		
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN