

Republic of the Philippines
 City/Municipality of Daanbantayan
 Province of Cebu

OFFICE OF THE BUILDING OFFICIAL

PLUMBING PERMIT

APPLICATION NO.

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PP NO

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BUILDING PERMIT NO.

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

OWNER/APPLICANT		LAST NAME			FIRST NAME			M.I.	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE				FORM OF OWNERSHIP			USE OR CHARACTER OF OCCUPANCY		
ADDRESS: NO.,		STREET,		BARANGAY,		CITY/MUNICIPALITY		ZIP CODE	TELEPHONE NO
LOCATION OF CONSTRUCTION: LOT NO.			910 -D		BLK NO. _____		TCT NO. _____		TAX DEC. NO.
STREET _____				BARANGAY _____		CITY/ MUNICIPALITY OF _____			
SCOPE OF WORK									
<input checked="" type="checkbox"/> NEW CONSTRUCTION		<input type="checkbox"/> RENOVATION _____			<input type="checkbox"/> RAISING _____				
<input type="checkbox"/> ERECTION		<input type="checkbox"/> CONVERSION _____			<input type="checkbox"/> DEMOLITION _____				
<input type="checkbox"/> ADDITION		<input type="checkbox"/> REPAIR _____			<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____				
<input type="checkbox"/> ALTERATION		<input type="checkbox"/> MOVING _____			<input type="checkbox"/> OTHERS (Specify) _____				

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

FIXTURES TO BE INSTALLED				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"/> DRINKING FOUNTAIN
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FAUCET	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BAR SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SHOWER HEAD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SODA FOUNTAIN SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER METER	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LABORATORY SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GREASE TRAP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> STERILIZER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BATH TUB	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHERS (Specify) _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLOP SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> URINAL	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AIR CONDITIONING UNIT	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER TANK/RESERVOIR	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____ TOTAL				_____ TOTAL			
<input type="checkbox"/> WATER DISTRIBUTION SYSTEM		<input type="checkbox"/> SEWAGE SYSTEM		<input checked="" type="checkbox"/> SEPTIC TANK		<input type="checkbox"/> STORM DRAINAGE SYSTEM	
PREPARED BY: _____							

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
_____ Date _____	
MASTER PLUMBER (Signed and Sealed Over Printed Name)	
Address _____	
PRC. No _____	Validity _____
PTR. No _____	Date Issued _____
Issued at _____	TIN _____

BOX 4

SUPERVISOR / IN-CHARGE OF PLUMBING WORKS	
_____ Date _____	
MASTER PLUMBER (Signed and Sealed Over Printed Name)	
Address _____	
PRC. No _____	Validity _____
PTR. No _____	Date Issued _____
Issued at _____	TIN _____

BOX 5

BUILDING OWNER		

(Signature Over Printed Name) Date _____		
Address AGUJO, Daanbantayan, Cebu		
C.T.C. No. _____	Date Issued _____	Place Issued _____

BOX 6

WITH MY CONSENT: LOT OWNER		

(Signature Over Printed Name) Date _____		
Address _____		
C.T.C. No. _____	Date Issued _____	Place Issued _____