

**REPUBLIC OF THE PHILIPPINES**  
**PROVINCE OF BULACAN**  
**MUNICIPALITY OF BALIWAG**  
**OFFICE OF THE BUILDING OFFICIAL**  
**AREA CODE \_\_\_\_\_**



## SANITARY / PLUMBING PERMIT

APPLICATION NO.  

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PERMIT NO.  

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DATE OF APPLICATION \_\_\_\_\_

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

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

NAME OF OWNER / APPLICANT	LAST NAME	FIRST NAME	MIDDLE NAME	TIN
ADDRESS	NO.	STREET	BARANGAY	CITY/MUNICIPALITY
LOCATION OF INSTALLATION	NO.	STREET	BARANGAY	CITY/MUNICIPALITY
SCOPE OF WORK				
<input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> ADDITION OF _____ <input type="checkbox"/> REPAIR OF _____ <input type="checkbox"/> REMOVAL OF _____ <input type="checkbox"/> OTHERS (SPECIFY) _____ OF _____ OF _____				

USE OF TYPE OF OCCUPANCY

<input type="checkbox"/> RESIDENTIAL _____	<input type="checkbox"/> AGRICULTURAL _____
<input type="checkbox"/> COMMERCIAL _____	<input type="checkbox"/> PARK, PLAZAS, MONUMENTS _____
<input type="checkbox"/> INDUSTRIAL _____	<input type="checkbox"/> RECREATIONAL _____
<input type="checkbox"/> INSTITUTIONAL _____	<input type="checkbox"/> OTHER (SPECIFY) _____

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"/> LAVATORIES	_____	<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"/> ELECTRIC HEATER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FAUCET	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER BOILER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SHOWER HEAD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DRINKING FOUNTAIN
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER METER	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BAR SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GREASE TRAP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SODA FOUNTAIN SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BATH TUBS	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LABORATORY SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLOP SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> STERILIZER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> URINAL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SWIMMING POOL
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AIR CONDITIONING UNIT	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHER (SPECIFY)
_____	<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"/> SANITARY SEWER SYSTEM	<input type="checkbox"/> STORM DRAINAGE SYSTEM
WATER SUPPLY: <input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL & PUMP SET <input type="checkbox"/> CITY / MUNICIPAL WATER SYSTEM <input type="checkbox"/> OTHERS _____	SYSTEM DISPOSAL: <input type="checkbox"/> WASTE WATER TREATMENT PLANT <input type="checkbox"/> SEPTIC VAULT / IMHOFF TANK <input type="checkbox"/> SUB-SURFACE SAND FILTER <input type="checkbox"/> SANITARY SEWER CONNECTION	<input type="checkbox"/> SURFACE DRAINAGE <input type="checkbox"/> STREET CANAL <input type="checkbox"/> WATER COURSE
NUMBER OF STOREYS OF BUILDING _____	TOTAL AREA OF BUILDING / SUBDIVISION _____ SQ.M.	
PROPOSED DATE _____	TOTAL COST OF INSTALLATION P _____	
START OF INSTALLATION HUY _____		
EXPECTED DATE OF COMPLETION _____	PREPARED BY _____	

BOX 2 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)

ACTION TAKEN:

PERMIT IS HEREBY GRANTED TO INSTALL THE SANITARY / PLUMBING FIXTURES ENUMERATED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS:

- THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH THE APPROVED PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE NATIONAL BUILDING CODE.
- THAT A DULY LICENSED SANITARY ENGINEER / MASTER PLUMBER BE DESIGNATED TO UNDERTAKE THE INSTALLATION / CONSTRUCTION.
- THAT A CERTIFICATE OF A COMPLETION DULY SIGNED AND SEALED BY A SANITARY ENGINEER / MASTER PLUMBER IN-CHARGE OF INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION.
- THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING

\_\_\_\_\_ MUNICIPAL ENGINEER / BUILDING OFFICIAL

\_\_\_\_\_ DATE

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

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

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

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

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

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

PROGRESS FLOW						
NOTED: CHIEF, PROCESSING DIVISION / SECTION	IN		OUT		ACTION / REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
RECEIVING & RECORDING						
GEODETTIC (LINE & 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		PRC REG. NO.
PRINT NAME		
ADDRESS		
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN

BOX 8

SIGNATURE		
APPLICANT		
COMMUNITY TAX CERT.	DATE ISSUED	PLACE ISSUED

BOX 7

SANITARY ENGINEER / MASTER PLUMBER IN-CHARGE OF INSTALLATION		PRC REG. NO.
PRINT NAME		
ADDRESS		
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TIN