

Republic of the Philippines  
**OFFICE OF THE BUILDING OFFICIAL**  
 CITY OF OZAMIZ

APPLICATION NO. 

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AREA CODE \_\_\_\_\_

PERMIT NO. 

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

SANITARY / PLUMBING PERMIT

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

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

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

USE OR TYPE OF OCCUPANCY	OTHERS (SPECIFY)
<input type="checkbox"/> RESIDENTIAL _____ <input type="checkbox"/> COMMERCIAL _____ <input type="checkbox"/> INDUSTRIAL _____ <input type="checkbox"/> INSTITUTIONAL _____	<input type="checkbox"/> AGRICULTURAL _____ <input type="checkbox"/> PARKS, PLAZAS, MONUMENTS _____ <input type="checkbox"/> RECREATIONAL _____ <input type="checkbox"/> OTHERS (SPECIFY) _____

FIXTURES TO BE INSTALLED :				FIXTURES TO BE INSTALLED :			
QTY.	NEW FIXTURE'S	EXISTING FIXTURES	KIND OF FIXTURES	QTY.	NEW FIXTURE'S	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"/> GAS HEATER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FAUSETSHOWER 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 TUBS	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SODA FOUNTAINS 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 TANKK/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
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WATER SUPPLY :	SYSTEM DISPOSAL	SURFACE DRAINAGE
<input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL & PUMP SET <input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM <input type="checkbox"/> OTHERS _____	<input type="checkbox"/> WASTE WATER TREATMENT PLANT <input type="checkbox"/> SEPTIC VAULT/IMHOFF TANK <input type="checkbox"/> SANITARY SEWER CONNECTION <input type="checkbox"/> SUB-SURFACE SAND FILTER	<input type="checkbox"/> STREET CANAL <input type="checkbox"/> WATER COURSE

NUMBER OF STOREYS OF BUILDING \_\_\_\_\_

TOTAL AREA OF BUILDING/SUBDIVISION \_\_\_\_\_ SQ.M.

PROPOSED DATE \_\_\_\_\_  
 START OF INSTALLATION \_\_\_\_\_  
 EXPECTED DATE \_\_\_\_\_  
 OF COMPLETION \_\_\_\_\_

TOTAL COST \_\_\_\_\_  
 OF INSTALLATION P \_\_\_\_\_  
 PREPARED BY \_\_\_\_\_

**BOX 2 ( TO BE ACCOMPLISHED BY BUILDING OFFICIAL)**

ACTION TAKEN

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

1. THAT THE PROPOSED GRANTED TO INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE NATIONAL BUILDING CODE.
2. THAT A DULY LICENSED SANITARY ENGINEER/MASTER PLUMBER BE ENGAGED TO UNDERTAKE THE INSTALLATION/CONST.
3. 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) DATS AFTER COMPLETION OF THE INSTALLATION
4. THAT A CERTIFICATE OF FINAL INSPECTION AND CERTIFICATE OF OCCUPANCY BE SECURED PROR TO THE ACTUAL OCCUPANCY OF THE BUILDING

\_\_\_\_\_

BUILDING OFFICIAL

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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 SECTION)

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

BOX 4 ( TOBE ACCOMPLISHED BY DUIVISION/SECTION CONCERNED)

ASSESSED FEES				
	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 RECEIVING AND RECORDING GEODITIC (LINE AND GRADE) SANITARY	IN		OUT		ACTION REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		

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

BOX 6

SANITARY ENGINEERING/MASTER PLUMBER SIGNED AND SEALED PLANS & SPECIFICATION		P.R.O.REG.NO.
PRINT NAME		
ADDRESS		
P.T.R NO.	DATE ISSUED	PLACE OF ISSUED
SIGNATURE		TAN

BOX 7

SIGNATURE  _____		
APPLICANT		
COM.TAX.CERT.NO.	DATE ISSUED	PLACE ISSUED

BOX 7

SANITARY ENGINEERING/MASTER PLUMBER SIGNED AND SEALED PLANS & SPECIFICATION		P.R.O.REG.NO.
PRINT NAME		
ADDRESS		
P.T.R NO.	DATE ISSUED	PLACE OF ISSUED
SIGNATURE		TAN