



Republic of the Philippines
 City of Puerto Princesa
 Province of Palawan
OFFICE OF THE CITY BUILDING OFFICIAL



SANITARY/ PLUMBING PERMIT

APPLICATION NO.

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SP NO

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BUILDING PERMIT NO.

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

OWNER/APPLICANT	LAST	FIRST	M.I.	TIN
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FOR CONSTRUCTION OWNED BY AN ENTERPRISE	FORM OF OWNERSHIP	USE OR CHARACTER OF OCCUPANCY
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ADDRESS	NO.	STREET	BARANGAY	CITY/ MUNICIPALITY	ZIP CODE	TEL. NO
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LOCATION OF CONSTRUCTION	NO. _____	BLK NO. _____	TCT NO. _____	TAX DEC NO. _____
STREET _____	BARANGAY _____			CITY OF PUERTO PRINCESA

SCOPE OF WORK

<input type="checkbox"/> NEW INSTALLATION	<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) _____

USE OR TYPE OF OCCUPANCY

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

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

FIXTURE 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 TRAY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LAVATORY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DENTAL CLUSPIDOR
	<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"/> SWIMMING POOL
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLOP SINK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHERS (Specify)
	<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 RESERVOR		<input type="checkbox"/>	<input type="checkbox"/>	
	TOTAL				TOTAL		

INSTALLATION AND OPERATIONS OF:

<p>WATER SUPPLY:</p> <input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL & PUMP SET <input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM <input type="checkbox"/> OTHERS (Specify) _____	<p>SYSTEM OF DISPOSAL</p> <input type="checkbox"/> WASTE WATER TREATMENT PLANT <input type="checkbox"/> IMHOFF TANK <input type="checkbox"/> SANITARY SEWER CONNECTION <input type="checkbox"/> SUB-SURFACE SAND FILTER
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<p>NUMBER OF STOREYS BUILDING</p> <p>PROPOSED DATE _____</p> <p>START OF INSTALLATION _____</p> <p>EXPECTED DATE OF COMPLETION _____</p>	<p>TOTAL AREA OF BUILDING/ SUBDIVISION _____ SQ. M</p> <p>TOTAL COST OF INSTALLATION P _____</p> <p>PREPARED BY: _____</p>
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BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
_____ Date _____ SANITARY ENGINEER/ MASTER PLUMBER (Signature Over Printed Name)	
Address: _____	
PRC NO.:	Validity:
PTR NO. :	Date Issued:
Issued at:	TIN:

BOX 4

SUPERVISOR/ IN-CHARGE OF SANITARY/ PLUMBING WORKS	
_____ Date _____ SANITARY ENGINEER/ MASTER PLUMBER (Signature Over Printed Name)	
Address: _____	
PRC NO.:	Validity:
PTR NO. :	Date Issued:
Issued at:	TIN:

BOX 5

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

BOX 6

WITH MY CONSENT: LOT OWNER		
_____ Date _____ (Signature Over Printed Name) Date: _____		
Address: _____		
C.T.C No.:	Date:	Place Issued:

BOX 7 (TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION SECTION)

RECEIVED BY: _____	DATE _____
FOUR (4) SETS SANITARY/ PLUMBING DOCUMENTS	
<input type="checkbox"/> SANITARY/ PLUMBING PLANS AND SPECIFICATIONS	<input type="checkbox"/> COST ESTIMATES
<input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> OTHERS (Specify) _____

BOX 8

PROGRESS FLOW					
	In		Out		Processed by
	Time	Date	Time	Date	
SANITARY					
OTHERS (Specify)					

BOX 9

ACTION TAKEN:

PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:

- That the proposed sanitary / plumbing works shall be in accordance with the sanitary/ plumbing plans filed with this Office and in conformity with the latest Code on Sanitation of the Philippines, Revised Plumbing Code of the Philippines, the National Building Code and its IRR, and other related laws & local Ordinances.
- That prior to any commencement of sanitary/ plumbing works, a duly accomplished prescribed **"Notice of Construction"** shall be submitted to the Office of the City Building Official.
- That upon completion of the sanitary/ plumbing works, the licensed supervisor/in-charge shall submit the entry to the logbook duly signed and sealed to the Building Official including as-built plans and other documents and shall also accomplish the Certificate of Completion stating that the sanitary/ plumbing works conform to the provision of the Code on Sanitation, Revised Plumbing Code, the National Building Code and its IRR.
- That this permit is **null and void** unless accompanied by the building permit.

RECOMMENDING APPROVAL:

JAMES ANTHONY F. ROMAGUERA
Sanitary Engineer
Office of the City Building Official

PERMIT ISSUED BY:

REX G. BUNDAC, CE, EnP
City Building Official