

REPUBLIC OF THE PHILIPPINES
 PROVINCE OF RIZAL
MUNICIPALITY OF MORONG
 OFFICE OF THE BUILDING OFFICIAL
 AREA CODE

APPLICATION NO.

--	--	--	--	--	--	--	--	--	--

PERMIT NO.

--	--	--	--	--	--	--	--	--	--

SANITARY / PLUMBING PERMIT

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

FIXTURE TO BE INSTALLED

NEW	EXISTING	KIND OF	NEW	EXISTING	KIND OF
QTY.	FIXTURES	FIXTURES	QTY.	FIXTURES	FIXTURES
_____	<input type="checkbox"/>	<input type="checkbox"/> WATER CLOSET	_____	<input type="checkbox"/>	<input type="checkbox"/> BIDETE
_____	<input type="checkbox"/>	<input type="checkbox"/> FLOOR DRAIN	_____	<input type="checkbox"/>	<input type="checkbox"/> LAUNDRY TRAYS
_____	<input type="checkbox"/>	<input type="checkbox"/> LAVATORIES	_____	<input type="checkbox"/>	<input type="checkbox"/> DENTAL CUSPIDOR
_____	<input type="checkbox"/>	<input type="checkbox"/> KITCHEN SINK	_____	<input type="checkbox"/>	<input type="checkbox"/> GAS HEATER
_____	<input type="checkbox"/>	<input type="checkbox"/> FAUCET	_____	<input type="checkbox"/>	<input type="checkbox"/> ELECTRICAL HEATER
_____	<input type="checkbox"/>	<input type="checkbox"/> SHOWER HEAD	_____	<input type="checkbox"/>	<input type="checkbox"/> WATER BOILER
_____	<input type="checkbox"/>	<input type="checkbox"/> WATER METER	_____	<input type="checkbox"/>	<input type="checkbox"/> DRINKING FOUNTAIN
_____	<input type="checkbox"/>	<input type="checkbox"/> GREASE TRAP	_____	<input type="checkbox"/>	<input type="checkbox"/> BAR SINK
_____	<input type="checkbox"/>	<input type="checkbox"/> BATH TUBS	_____	<input type="checkbox"/>	<input type="checkbox"/> SODA FOUNTAIN SINK
_____	<input type="checkbox"/>	<input type="checkbox"/> SLOP SINK	_____	<input type="checkbox"/>	<input type="checkbox"/> LAVATORY SINK
_____	<input type="checkbox"/>	<input type="checkbox"/> URINAL	_____	<input type="checkbox"/>	<input type="checkbox"/> STERILIZER
_____	<input type="checkbox"/>	<input type="checkbox"/> AIRCONDITION UNIT	_____	<input type="checkbox"/>	<input type="checkbox"/> SWIMMING POOL
_____	<input type="checkbox"/>	<input type="checkbox"/> WATER TANK/RESERVE	_____	<input type="checkbox"/>	<input type="checkbox"/> OTHERS (SPECIFY)
_____ TOTAL			_____ TOTAL		
<input type="checkbox"/> WATER DISTRIBUTION SYSTEM		<input type="checkbox"/> SANITARY SYSTEM		<input type="checkbox"/> STORM DRAINAGE SYSTEM	

<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 _____	<p>SYSTEM OF DISPOSAL</p> <input type="checkbox"/> WASTE WATER TREATMENT <input type="checkbox"/> SEPTIC VAULT/IMHOFF TANK <input type="checkbox"/> SANITARY SEWER CONNECTION <input type="checkbox"/> SUB-SURFACE SAND FILTER <input type="checkbox"/> SURFACE DRINAGE <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 _____	PREPARED BY _____
EXPECTED DATE OF COMPLETION _____	

BOX 2 (TO BE ACCOMPLISHED BY SANITARY ENGINEER/MASTER PLUMBER IN PRINT)

ACTION TAKEN

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

- 1 THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PPLANS FILLED WITH THIS OFFICE AND IN CONFORMITY WITH THE NATIONAL BUILDING CODE.
- 2 THAT THE DULY LICENSED SANITARY ENGINEER MASTER PLUMBER BE ENGAGED TO UNDERTAKE THE INSTALLATION / CONSTRUCTION.
- 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) DAYS AFTER COMPLETION OF THE INSTALLATION.
- 4 THAT A CERTIFICATE OF FINAL INSPECTION AND CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE PHILIPPINES.

BUILDING OFFICIAL

DATE

BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING AND RECORDING SECTION)

BUILDING DOCUMENTS

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

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

ASSESSED FLOW

	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	PROCESS BY
	TIME	DATE	TIME	DATE		

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

BOX 6

SANITARY ENGINEER / MASTER PLUMBER SIGNED AND SEALED PLANS & SPECIFICATIONS		PRC REG. NO.
PRINT NAME		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TAN

SIGNATURE		
APPLICANT		
RES.CERT. NO.	DATE ISSUED	PLACE ISSUED

BOX 7

SANITARY ENGINEER / MASTER PLUMBER IN-CHARGE OF INSTALLATION		PRC REG. NO.
PRINT NAME		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE		TAN