

Republic of the Philippines  
**OFFICE OF THE CITY ARCHITECT**  
Butuan City

Area Code \_\_\_\_\_

APPLICATION NO. \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

**SANITARY / PLUMBING PERMIT**

Date of Proposed Start of Installation \_\_\_\_\_

Date Issued \_\_\_\_\_

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

OWNER / APPLICANT	LAST NAME	FIRST NAME	MIDDLE NAME	TIN
ADDRESS NO.	STREET	BARANGAY	CITY / MUNICIPALITY	TEL NO. / CELL NO.
LOCATION OF INSTALLATION NO.	STREET	BARANGAY	CITY / MUNICIPALITY	
<b>SCOPE OF WORK</b>				
<input type="checkbox"/> NEW INSTALLATION		<input type="checkbox"/> ADDITION OF _____		<input type="checkbox"/> OTHERS (specify) _____
		<input type="checkbox"/> REPAIR OF _____		
		<input type="checkbox"/> REMOVAL OF _____		
<b>TYPE OF OCCUPANCY OR USE</b>				
<input type="checkbox"/> A. RESIDENTIAL DWELLING		<input type="checkbox"/> E. BUSINESS & MERCANTILE		<input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE
<input type="checkbox"/> B. RESIDENTIAL HOTEL APARTMENT		<input type="checkbox"/> F. INDUSTRIAL		<input type="checkbox"/> J. ACCESSORY
<input type="checkbox"/> C. EDUCATION & RECREATION		<input type="checkbox"/> G. STORAGE & HAZARDOUS		<input type="checkbox"/> K. OTHERS (specify) _____
<input type="checkbox"/> D. INSTITUTIONAL		<input type="checkbox"/> H. ASSEMBLY OTHER THAN GRP. A		

**FIXTURES TO BE INSTALLED:**

QTY.	NEW FIXTURES	EXISTING FIXTURES	KINDS OF FIXTURES	QTY.	NEW FIXTURES	EXISTING FIXTURES
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Water Closet	_____	<input type="checkbox"/>	<input type="checkbox"/> Bidette
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Floor drain	_____	<input type="checkbox"/>	<input type="checkbox"/> laundry Trays
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lavatories	_____	<input type="checkbox"/>	<input type="checkbox"/> Dental Cuapidor
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Kitchen Sink	_____	<input type="checkbox"/>	<input type="checkbox"/> Gas Heater
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Faucet	_____	<input type="checkbox"/>	<input type="checkbox"/> Electric Heater
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shower Head	_____	<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"/> Drinking fountain
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Grease trap	_____	<input type="checkbox"/>	<input type="checkbox"/> Bar sink
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bath tub	_____	<input type="checkbox"/>	<input type="checkbox"/> Soda fountain sink
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Slope sink	_____	<input type="checkbox"/>	<input type="checkbox"/> laboratory sink
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Urinal	_____	<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"/> Swimming pool
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Water tank/reservoir	_____	<input type="checkbox"/>	<input type="checkbox"/> Others

\_\_\_\_\_ TOTAL

Sanitary Sewer System

Storm Drainage System

**WATER SUPPLY**

**WATER SUPPLY**

- Shallow
- Deep well & pump set
- City / Municipal Water system
- Others

- Waste Water Treatment Plant
- Septic Vault / Imbon Tank
- Sanitary Sewer Connection
- Sub-surface Sand Filter

Numbers of Storey of Building : \_\_\_\_\_  
 Proposed Date : \_\_\_\_\_  
 Start of Installation : \_\_\_\_\_  
 Expected Date : \_\_\_\_\_  
 Or Completion : \_\_\_\_\_

Total Area of Building/Subd. \_\_\_\_\_ sq.m.  
 Total Cost of Installation: \_\_\_\_\_  
 Expected Date : \_\_\_\_\_  
 Prepared by : \_\_\_\_\_

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

**ACTION TAKEN**

Permit is hereby granted to install the sanitary/plumbing fixture certain herein subjects to the ff. conditions

1. That the proposed installation shall be in accordance with the approved plans filed with this office and in conformity w/ the National Building Code.
2. That a duly licensed sanitary organizer/master plumber be engaged to undertake the installation/communication.
3. That a certificate of completion duly signed by a sanitary organizer/master plumber in-charge of installation shall be submitted on later than seven (7) days after completion of installation.
4. The certificate of inspection and a certificate of occupancy be occurred prior to the actual occupancy of the building

NOTE: THIS PERMIT MAY BE CALLED OR REVOKED PURSUANT TO SEC. 305 & 308 OF NBCP

\_\_\_\_\_  
**BUILDING OFFICIAL**  
 (Signature Over printer Name)

BOX 3 (To be accomplished by the receiving & recording section)

**BUILDING DOCUMENTS**

- Sanitary / Plumbing Plans & Specifications
- Bill of Materials

- Cost Estimates
- Others (Specify) \_\_\_\_\_

BOX 4 ( To be accomplished by the division / section concerned)

**ASSESSED FEES**

	AMOUNTED DUE	ASSESSED BY	O. R. NUMBER	DATE PAID

BOX 5 (To be accomplished by the division / section concerned)

**PROGRESS FLOW**

NOTED	IN		OUT		Action Remarks	Action Remarks
	Time	Date	Time	Date		
Chief, Processing Division / Section						
Receiving & Recording						
Geodetic ( Line & Grade )						
Sanitary						

We hereby affix hands signifying our conformity to be information herein above set forth.

BOX 6

**SANITARY ENGINEER / MASTER PLUMBER**  
 Signed & Sealed Plans and Specifications      PRC Reg. No

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

P.T.R No.	Date Issued:	Place issued:

Signature \_\_\_\_\_

Signed \_\_\_\_\_

\_\_\_\_\_ APPLICANT

Res. Cert. No.:	Date Issued:	Place Issued:

**SUPERVISOR / IN-CHARGE OF SANITARY / PLUMBING WORKS**

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

P.T.R No.	Date Issued:	Place issued:

Signature: \_\_\_\_\_