

Republic of the Philippines  
Province of Zamboanga del Norte  
Municipality of Polanco  
**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, M.I.	TAX ACCT. NO.			
ADDRESS	NO., STREET, BRGY. CITY/MUNICIPALITY	TELEPHONE NO.			
LOCATION OF INSTALLATION	NO., STREET, BRGY. CITY/MUNICIPALITY				
SCOPE OF WORK	<input type="checkbox"/> ADDITION OF _____ OTHERS (SPECIFY) _____ <input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> REPAIR OF _____ 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, PLAZAS, MONUMENTS _____ <input type="checkbox"/> INDUSTRIAL _____ <input type="checkbox"/> RECREATIONAL _____ <input type="checkbox"/> INSTITUTIONAL _____ <input type="checkbox"/> OTHERS (SPECIFY) _____				
FIXTURES TO BE INSTALLED:					
NEW	EXISTING	KIND OF	NEW	EXISTING	KIND OF
QTY. FIXTURES	FIXTURES	FIXTURES	QTY. FIXTURES	FIXTURES	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"/> FAUCET	_____ <input type="checkbox"/>	_____ <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"/>	_____ <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-FOUNTAIN 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	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/> SWIMMING POOL
_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/> WATER TANK/RESERVER	_____ <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	
WATER SUPPLY:		SYSTEM OF DISPOSAL:			
<input type="checkbox"/> SHALLOW WELL		<input type="checkbox"/> WASTE WATER TREATMENT PLANT		<input type="checkbox"/> SURFACE DRAINAGE	
<input type="checkbox"/> DEEP WELL & PUMP SET		<input type="checkbox"/> SEPTIC VAULT/IMHOFF TANK		<input type="checkbox"/> STREET CANAL	
<input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM		<input type="checkbox"/> SANITARY SEWER CONNECTION		<input type="checkbox"/> WATER COURSE	
<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> SUB-SURFACE SAND FILTER			
NUMBER OF STOREYS OF BUILDING _____			TOTAL AREA OF BUILDING/SUBDIVISION _____ sq. m.		
PROPOSED DATE _____			TOTAL COST _____		
START OF INSTALLATION _____			OF INSTALLATION P _____		
EXPECTED DATE _____			PREPARED BY: _____		
OF COMPLETION _____					

(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 INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS FILED WITH THIS OFFICE & IN CONFORMITY WITH THE NATL. BLG. CODE.	
2. THAT A 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.	
	MANUEL A. LEONES Building Official
4. THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.	
NOTE:	Date _____
THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTION 305 & 306 OF THE NAT'L BLG. CODE".	

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 DIVISION/SECTION CONCERNED)

ASSESSED FEES

	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID

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

PROGRESS FLOW

NOTE: CHIEF, PROCESSING DIVISION/SECTION	IN		OUT		ACTION/ REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
RECEIVING AND RECORDING						
GEODETIC (LINE AND 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 ISSUED		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE:		TIN.

BOX 6

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

BOX 7

SANITARY ENGINEER/MASTER PLUMBER IN-CHARGE OF INSTALLATION		P.R.C. REG. NO.
PRINT NAME		
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE:		TIN: