

Republic of the Philippines  
 Department of Public Works and Highways  
 Pamahalaan Lungsod ng San Fernando  
 Kalakhang Lalawigan ng Bukidnon  
**TANGGAPAN NG PINUNONG PANGGUSALI**  
 (Office of the Building Official)

**Plumbing Section**  
**PLUMBING PERMIT**

APPLICATION NO.	PP NO.	BUILDING PERMIT NO																																																												
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**BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)**

OWNER/APPLICANT		LAST NAME	FIRST NAME	I.M.I.	TIN
FOR CONSTRUCTION OWNED		FORM OF OWNERSHIP		USE OR CHARACTER OR OCCUPANCY	
BY AN ENTERPRISE					
ADDRESS	NO.,	STREET,	BARANGAY,	CITY/MUNICIPALITY,	TELEPHONE NO
LOCATION OF CONSTRUCTION					
BLK NO		TCT NO		TAX DEC NO.	
STREET		BARANGAY		CITY/MUNICIPALITY	
<b>SCOPE OF WORK</b>					
<input type="checkbox"/>	NEW CONSTRUCTION		<input type="checkbox"/>	RENOVATION _____	
<input type="checkbox"/>	ERECTION		<input type="checkbox"/>	CONVERSION _____	
<input type="checkbox"/>	ADDITION		<input type="checkbox"/>	REPAIR _____	
<input type="checkbox"/>	ALTERATION		<input type="checkbox"/>	MOVING _____	
<input type="checkbox"/>			<input type="checkbox"/>	DEMOLITION	
<input type="checkbox"/>			<input type="checkbox"/>	ACCESSORY BUILDING/STRUCTURE	
<input type="checkbox"/>			<input type="checkbox"/>	OTHERS(Specify)	

**BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)**

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"/> LOUNDRY TRAYS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LABORATORY		<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"/> 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"/> OTHERS (Specify)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLOP SINK		<input type="checkbox"/>	<input type="checkbox"/>	
	<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 CONDITION UNIT		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER TANK/RESERVOIR		<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL				TOTAL			
<input type="checkbox"/> WATER DISTRIBUTION SYSTEM		<input type="checkbox"/> SEWAGE SYSTEM		<input type="checkbox"/> SEPTIC TANK		<input type="checkbox"/> STORM DRAINAGE SYSTEM	
PREPARED BY							

**BOX 3**

<b>DESIGN PROFESSIONAL, PLANS &amp; SPECIFICATIONS</b>	
_____ <b>MASTER PLUMBER</b> (Signed and Sealed Over Printed Name)	
Address	
PRC No.	Validity
PTR No.	Date Issued
Issued At	TIN

**BOX 4**

<b>SUPERVISOR OF PLUMBING WORKS</b>	
_____ <b>MASTER PLUMBER</b> (Signed and Sealed Over Printed Name)	
Address	
PRC No.	Validity
PTR No.	Date Issued
Issued At	TIN

**BOX 5**

<b>BUILDING OWNER</b>		
_____ (Signed Over Printed Name)		
Address		
C.T.C NO	DATE ISSUED	PLACE

**BOX 6**

<b>WITH MY CONSENT: LOT OWNER</b>		
_____ (Signed Over Printed Name)		
Address		
C.T.C NO	DATE ISSUED	PLACE ISSUED

