

# OFFICE OF THE BUILDING OFFICIAL

## PLUMBING PERMIT

APPLICATION NO.

PP NO.

BUILDING PERMIT NO.

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

OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN
FOR CONSTRUCTION OWNED	FORM OF OWNERSHIP		USE OR CHARACTER OF OCCUPANCY	
BY AN ENTERPRISE				
ADDRESS: NO., STREET, BARANGAY,	CITY/MUNICIPALITY		ZIPCODE	CONTACT NO./ EMAIL ADDRESS
		<b>RIZAL</b>	<b>3127</b>	
LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO. _____				
STREET _____ BARANGAY _____	CITY/MUNICIPALITY <u>RIZAL</u>			

**SCOPE OF WORK**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> NEW CONSTRUCTION    | <input type="checkbox"/> RENOVATION _____ | <input type="checkbox"/> RAISING _____                      |
| <input type="checkbox"/> ERECTION            | <input type="checkbox"/> CONVERSION _____ | <input type="checkbox"/> DEMOLITION _____                   |
| <input type="checkbox"/> ADDITION ALTERATION | <input type="checkbox"/> REPAIR _____     | <input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____ |
|  | <input type="checkbox"/> MOVING _____     | <input type="checkbox"/> OTHERS (Specify) _____             |

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

**FIXTURES TO BE INSTALLED**

QTY	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	QTY	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES
___	[ ]	[ ]	[ ] WATER CLOSET	___	[ ]	[ ]	[ ] BIDETTE
___	[ ]	[ ]	[ ] FLOOR DRAIN	___	[ ]	[ ]	[ ] LAUNDRY TRAYS
___	[ ]	[ ]	[ ] LAVATORIES	___	[ ]	[ ]	[ ] DENTAL CUSIDOR
___	[ ]	[ ]	[ ] KITCHEN SINK	___	[ ]	[ ]	[ ] ELECTRICAL HEATER
___	[ ]	[ ]	[ ] FAUCET	___	[ ]	[ ]	[ ] WATER BOILER
___	[ ]	[ ]	[ ] SHOWER HEAD	___	[ ]	[ ]	[ ] DRINKING FOUNTAIN
___	[ ]	[ ]	[ ] WATER METER	___	[ ]	[ ]	[ ] BAR SINK
___	[ ]	[ ]	[ ] GREASE TRAP	___	[ ]	[ ]	[ ] SODA FOUNTAIN SINK
___	[ ]	[ ]	[ ] BATH TUBS	___	[ ]	[ ]	[ ] LABORATORY SINK
___	[ ]	[ ]	[ ] SLOP SINK	___	[ ]	[ ]	[ ] STERILIZER
___	[ ]	[ ]	[ ] URINAL	___	[ ]	[ ]	[ ] SWIMMING POOL
___	[ ]	[ ]	[ ] AIR CONDITIONING UNIT	___	[ ]	[ ]	[ ] OTHERS (Specify)
___	[ ]	[ ]	[ ] WATER TANK/RESERVOIR	___	[ ]	[ ]	[ ] _____
_____ TOTAL				_____ TOTAL			

- |  |  |                                      |  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> WATER DISTRIBUTION SYSTEM | <input type="checkbox"/> SEWAGE SYSTEM | <input type="checkbox"/> SEPTIC TANK | <input type="checkbox"/> STORM DRAINAGE SYSTEM |
|--|--|--------------------------------------|--|

**BOX 3**  
**DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS**

\_\_\_\_\_ Date: \_\_\_\_\_

**MASTER PLUMBER**  
(Signed and Sealed Over Printer Name)

Address	
PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

**BOX 4**  
**SUPERVISOR / IN-CHARGE OF PLUMBING WORKS**

\_\_\_\_\_ Date: \_\_\_\_\_

**MASTER PLUMBER**  
(Signed and Sealed Over Printer Name)

Address	
PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

**BUILDING OWNER**

\_\_\_\_\_

(Signed and Sealed Over Printer Name)  
Date: \_\_\_\_\_

Address

**WITH MY CONSENT: LOT OWNER**

\_\_\_\_\_

(Signed and Sealed Over Printer Name)  
Date: \_\_\_\_\_

Address

C.T.C. No.	Date Issued	Place Issued
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C.T.C. No.	Date Issued	Place Issued
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**TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION**

**BOX 7**

RECEIVED BY:	DATE:
<b>FIVE (5) SETS OF PLUMBING DOCUMENTS</b>	
<input type="checkbox"/> 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:
	DATE	TIME	DATE	TIME	
RECEIVING AND RECORDING					
PLUMBING					
OTHERS (Specify)					

PERMIT ISSUED BY:

~~ENGINEER/ARCHITECT/PLUMBER~~ BUILDING

(Signature Over Printed Name)

~~DATE~~ BUILDING OFFICIAL  
**PERMIT IS HEREBY ISSUED/GRANTED SUBJECT TO THE**

**FOLLOWING CONDITIONS:**

(Signature Over Printed Name)

Date \_\_\_\_\_

1. That the proposed plumbing works shall be in accordance with the plumbing plans filed with this Office and in conformity with the Revised Plumbing Code of the Philippines, the National Building Code and its IRR.
2. That prior to any commencement of plumbing works, a duly accomplished prescribed **“Notice of Construction”** shall be submitted to the Office of the Building Official.
3. That upon completion of the 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 plumbing works of the building conform to the provision of the Revised Plumbing Code, the National Building Code and its IRR.
4. That this permit is null and void unless accompanied by the building permit.