



REPUBLIC OF THE PHILIPPINES
 PROVINCE OF ILOCOS NORTE
 MUNICIPALITY OF BACARRA
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,	MUNICIPALITY	ZIP CODE TELEPHONE NO.
LOCATION OF CONSTRUCTION: LOT NO. _____ BLOCK NO. _____ TCT NO. _____ TAX DEC. NO. _____				
STREET _____		BARANGAY _____		MUNICIPALITY OF BACARRA
SCOPE OF WORK				
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION _____	<input type="checkbox"/> DEMOLITION _____		
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION _____	<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____		
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/> OTHERS (Specify) _____		
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____	<input type="checkbox"/> _____		

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		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER CLOSET	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER TANK/RESERVOIR		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FLOOR DRAIN	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BIDETTE		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LAVATORY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LAUNDRY TRAYS		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> KITCHEN SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DENTAL CUSPIDOR		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FAUCET	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DRINKING FOUNTAIN		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SHOWER HEAD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BAR SINK		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER METER	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SODA FOUNTAIN SINK		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GREASE TRAP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LABORATORY SINK		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BATH TUB	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> STERILIZER		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLOP SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHERS (Specify) _____		
_____	<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 CONDITIONING UNIT	_____	<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	
DESIGN PROFESSIONAL, PLANS AND SPECIFICATION	
_____ MASTER PLUMBER (Signed and Sealed)	
Address: _____	
PRC NO.	Validity
PTR NO.	Date Issued
Issued at	TIN

BOX 4	
SUPERVISOR OF PLUMBING WORKS	
_____ MASTER PLUMBER (Signed and Sealed)	
Address: _____	
PRC NO.	Validity
PTR NO.	Date Issued
Issued at	TIN

BOX 5		
BUILDING OWNER		
_____ (Signature Over Printed Name)		
ADDRESS: _____		
CTC NO.	Date Issued	Place Issued

BOX 6		
WITH MY CONSENT: LOT OWNER		
_____ (Signature Over Printed Name)		
ADDRESS: _____		
CTC NO.	Date Issued	Place Issued

BOX 7 (SUBMITTALS TO CHECKED, RECEIVED AND RECORDED)

RECEIVED BY:

DATE:

FIVE (5) SETS OF PLUMBING DOCUMENTS

- PLUMBING PLANS AND SPECIFICATIONS COST ESTIMATES
 BILL OF MATERIALS OTHERS (Specify) _____

BOX 8 (TO BE ACCOMPLISHED BY THE PLUMBING SECTION OF THE OFFICE OF THE BUILDING OFFICIAL) To be shown to the applicant.

PROGRESS FLOW

REVIEWED: <i>CHIEF, PLUMBING SECTION</i>	IN		OUT		ACTION/REMARKS	PROCESSED BY
	DATE	TIME	DATE	TIME		
RECEIVING and RECORDING					RECEIVED / PROCESSED	
PLUMBING					EVALUATED / APPROVED	RAFAEL R. GALICINAO II,CE
OTHERS (Specify)						

BOX 9 (TO BE ACCOMPLISHED BY THE PLUMBING SECTION OF THE OFFICE OF THE BUILDING OFFICIAL)

ASSESSED FEES

	AMOUNT DUE	ASSESSED BY	OR NUMBER	DATE PAID	REVIEWED BY:
PLUMBING		RAFAEL R. GALICINAO II			CHIEF PROCESSING & EVALUATION DIVISION
OTHERS (specify)					

BOX 10

ACTION TAKEN:

PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:

1. THAT THE DESIGNER IS AWARE THAT UNDER ARTICLE 1723 OF THE CIVIL CODE OF THE PHILIPPINES, HE IS RESPONSIBLE FOR DAMAGE IF WITHIN FIFTEEN (15) YEARS FROM THE COMPLETION OF THE STRUCTURE, IT SHOULD COLLAPSE DUE TO DEFECT IN THE PLANS OR SPECIFICATIONS OR DEFECT IN THE GROUND. HE IS THEREFORE ENJOINED TO CONDUCT ANNUAL INSPECTIONS OF THE STRUCTURE TO ENSURE THAT THE CONDITIONS UNDER WHICH THE STRUCTURE WAS DESIGNED ARE NOT BEING VIOLATED OR ABUSED.
2. 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 CODE AND ITS IRR.
3. THAT UPON COMPLETION OF THE PLUMBING WORKS, THE LICENSED SUPERVISOR 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 CODE AND ITS IRR.
4. THAT THIS PERMIT IS NULL AND VOID UNLESS ACCOMPLISHED BY THE BUILDING PERMIT.

RECOMMENDING ISSUANCE OF SANITAY PERMIT:

CHIEF, PLUMBING SECTION
 (Signature Over Printed Name)
 Date _____

CHIEF, PROCESSING and EVALUATION DIVISION
 (Signature Over Printed Name)
 Date _____

PERMIT ISSUED:

Engr. RAFAEL R. GALICINAO II
 Building Official

 Date Issued