



Republic of the Philippines
 City of Malabon
 Metropolitan, Manila
OFFICE OF THE BUILDING OFFICIAL



PLUMBING PERMIT

APPLICATION NO.

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PP NO

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BUILDING PERMIT NO.

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BOX 1 (TO BE ACCOMPLISHED IN PRINT 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	ZIP CODE
					TELEPHONE NO
LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO. _____					
STREET _____ BARANGAY _____ CITY/ MUNICIPALITY OF _____					
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	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____			
<input type="checkbox"/> ALTERATION	<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
_____	<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"/> LAVATORY	_____	<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 CONDITIONING 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"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	TOTAL	_____	<input type="checkbox"/>	<input type="checkbox"/>	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 SPECIFICATIONS	
<p>_____ Date _____</p> <p>MASTER PLUMBER (Signed and Sealed Over Printed Name)</p>	
Address	
PRC. No.	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 4

SUPERVISOR / IN-CHARGE OF PLUMBING WORKS	
<p>_____ Date _____</p> <p>MASTER PLUMBER (Signed and Sealed Over Printed Name)</p>	
Address	
PRC. No.	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 5

BUILDING OWNER		
<p>_____</p> <p>(Signature Over Printed Name) Date _____</p>		
Address		
C.T.C. No.	Date Issued	Place Issued

BOX 6

WITH MY CONSENT: LOT OWNER		
<p>_____</p> <p>(Signature Over Printed Name) Date _____</p>		
Address		
C.T.C. No.	Date Issued	Place Issued

TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION

BOX 7

RECEIVED BY:	DATE:
FIVE (5) SETS OF PLUMBING DOCUMENTS	
<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)					

BOX 9

ACTION TAKEN:

PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:

1. That the proposed plumbing works shall be in accordance with the plumbing plans filed with this Office and in conformity with the latest 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.

PERMIT ISSUED BY:

ENGR. LEANDRO D. SERRANO III
OIC - BUILDING OFFICIAL
 (Signature Over Printed Name)
 Date _____