

**Republic of the Philippines  
City of Legazpi  
Province of Albay**

**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 BY AN ENTERPRISE		FORM OF OWNERSHIP	USE OR CHARACTER OF OCCUPANCY	
ADDRESS: NO.	STREET	BARANGAY	CITY/MUNICIPALITY	TELEPHONE NO.
LOCATION OF CONSTRUCTION:		LOT NO. _____	BLK NO. _____	TCT NO. _____
STREET _____		BARANGAY _____		CITY/MUNICIPALITY OF _____
<b>SCOPE OF WORK</b>				
<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"/> OTHER (specify) _____

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

<b>FIXTURES TO BE INSTALLED:</b>							
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 WETER	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LABATORY 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"/>	_____
_____	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 SPECIFICATIONS	
_____ Date _____ <b>MASTER PLUMBER</b> (Signed and Sealed Over Printed Name)	
Address	
PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

**BOX 4**

SUPERVISOR / IN-CHARGE OF PLUMBING WORKS	
_____ Date _____ <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>  _____ (Signature Over Printed Name) Date _____		
Address		
C.T.C. No.	Date Issued	Place Issued

**BOX 6**

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

**BOX 7 (TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION)**

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**

<b>PROGRESS FLOW</b>					
	IN		OUT		PROCESSED BY:
	DATE	TIME	DATE	TIME	
RECEIVING AND RECORDING					
PLUMBING					
OTHERS (Specify)					

**BOX 9**

<p><b>ACTION TAKEN:</b></p> <p><b>PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. That prior to any commencement of plumbing works; a duly accomplished prescribed <b>“Notice of Construction”</b> shall be submitted to the Office of the Building Official.</li> <li>3. That upon completion of the plumbing works, the licensed supervisor/in-charge of construction works shall submit the entry to the logbook duly signed and sealed to the Building Official including as-built plans and other documents and shall accomplish the Certificate of Completion stating that the plumbing works conform to the provision of the Revised Plumbing Code, the National Building Code and its IRR.</li> <li>4. That this permit is null and void unless accompanied by the building permit.</li> </ol> <p><b>PERMIT ISSUED BY:</b></p> <div style="text-align: center; margin-top: 20px;">           _____  <b>BUILDING OFFICIAL</b>            (Signature Over Printed Name)            Date _____         </div>
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