

Republic of the Philippines
Province of Samar
MUNICIPALITY OF CATBALOGAN
MUNICIPAL ENGINEERING OFFICE

SANITAY/ PLUMBING PERMIT

Application No. _____ Permit No. _____

Date of Application _____ Date Issued _____

NAME OF OWNER/AAPPLICANT _____ LAST NAME _____ FIRST NAME _____ M.I _____ TAX ACCT NO. _____

ADDRESS _____ NO. STREET, BARANGAY, CITY MUNICIPALITY _____

LOCATION OF INSTALLATION _____ NO. STREET, BARANGAY, CITY MUNICIPALITY _____

SCOPE OF WORK
Addition of _____
Repair of _____ of _____
New Installation Removal of _____ of _____

USE OF TYPE OF OCCUPANCY
Residential _____ Agricultural _____
Commercial _____ Parks, Plaza, Monuments _____
Industrial _____ Recreational _____
Institutional _____ Others (Specify) _____

MIXTURE OF INSTALLED				MIXTURE OF INSTALLED			
QTY.	NEW FIXTURES	EXISTINE FIXTURES	KIND OF FIXTURES	QTY.	NEW FIXTURE	EXISTING FIXTURES	KIND OF FIXTURES
_____	_____	_____	Water Closet	_____	_____	_____	Bidette
_____	_____	_____	Floor Drain	_____	_____	_____	Laudry Tray
_____	_____	_____	Lavatories	_____	_____	_____	Dental Cuspidor
_____	_____	_____	Kitchen Sink	_____	_____	_____	Das Heater
_____	_____	_____	Faucet	_____	_____	_____	Elec. Heater
_____	_____	_____	Shower Head	_____	_____	_____	Water Boiler
_____	_____	_____	Water Meter	_____	_____	_____	Drinking Fountain
_____	_____	_____	Greade tap	_____	_____	_____	Bar Sink
_____	_____	_____	Bath Tub	_____	_____	_____	Soda Fountain
_____	_____	_____	Slope Sink	_____	_____	_____	Lab Sink
_____	_____	_____	Urinal	_____	_____	_____	Sterilizer
_____	_____	_____	Air con Unit	_____	_____	_____	Swimming Pool
_____	_____	_____	Water Tank Reservoir	_____	_____	_____	Other (Specify)
TOTAL				TOTAL			

Water Distribution System _____ Sanitary Sewer System _____ Storm Drainage System _____

WATER SUPPLY: _____ SYSTEM DISPOSAL _____
 _____ Shallow Well _____ Waste Water Treatment Plant __ Surface Drainage
 _____ Deep Well & Pump Set _____ Septic Vault/ WHD OFF Tank __ Street Canal
 _____ CITY/ MUNICIPAL WATER SYSTEM _____ Sanitary Sewer Connection __ Water Course
 _____ Others _____ Sub-Surface Filter

Number of Stories of Building _____ Total Area of Building/ Subdivision _____ Sq.m

Proposed Date _____ Total Cost _____
 Start of Installation _____ of Installation _____
 Expected Date _____
 Of Completion _____ Prepared by: _____

ACTION TAKEN:
 PERMIT IS HEREBY GRANTED TO INSTALL THE SANITARY/ PLUMBING FIXTURES
 ENUMERATED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS:
 1.) THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS
 FILED WITH THIS OFFICE AND CONFORMITY WITH THE NATIONAL BUILDING CODE.
 2.) THAT A DULY LICENSED SANITAY ENGINEER/MASTER PLUMBER BE ENGAGED TO UNDERTAKE
 THE INSTALLATION CONSTRUCTION
 3.) THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY A SANITARY ENGINEER/MASTER
 PLUMBER IN-CHARGE OF INSTALLATION SHALL SUBMITTED NOT LATER THAT SEVEN (7)
 DAYS AFTER COMPLETION OF THE INSTALLATION.
 4.) THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED
 FROM THE ACTUAL OCCUPANCY OF THE BUILDING

JESUS U. LAMADRID
Building Official