

Republic of the Philippines  
 Department of Public Works & Highways  
 Pamahalaang Lungsod/Bayan ng Naga  
 Lalawigan ng Zamboanga Sibugay  
**TANGGAPAN NG PUNONG PANGUSALI**  
**(Office of the Building Official)**  
 PROCESSING AND EVALUATION DIVISION  
**Plumbing Section**  
**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	ZIPCODE
					TELEPHONE NO.
LOCATION OF CONSTRUCTION:	LOT NO.	BLK NO.	TCT NO.	TAX DEC. NO.	
STREET	BARANGAY	CITY/MUNICIPALITY OF			
<b>SCOPE OF WORK</b>					
<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		

**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"/> LABORATORY SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER METER	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> STERILIZER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GREASE TRAP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHERS (Specify)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BATH TUB	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<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	
<b>PREPARED BY</b> _____							

**BOX 3**

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
_____ <b>MASTER PLUMBER</b> <i>(Signed and Sealed Over Printed Name)</i>	
Address	
PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

**BOX 4**

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

**BOX 5**

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

**BOX 6**

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