

REPUBLIC OF THE PHILIPPINES
 PROVINCE OF RIZAL
 MUNICIPALITY OF CARDONA
 OFFICE OF THE BUILDING OFFICIAL
 AREA CODE 04086

APPLICATION NO.

PERMIT NO.

SANITARY / PLUMBING PERMIT

DATE OF APPLICATION

DATE ISSUED

BOX 1 (TO BE ACCOMPLISHED BY SANITARY ENGINEER/MASTER PLUMBER IN PRINT)

NAME OF OWNER/APPLICANT		LAST NAME, FIRST NAME, MI		TAX ACCT. NO.																																																																																																																									
ADDRESS		NO. , STREET, BARANGAY,CITY/MUNICIPALITY		TELEPHONE NO.																																																																																																																									
LOCATION OF INSTALLATION		NO. , STREET, BARANGAY,CITY/MUNICIPALITY																																																																																																																											
SCOPE OF WORK		<input type="checkbox"/> ADDITION OF _____ <input type="checkbox"/> REPAIR OF _____ <input type="checkbox"/> REMOVAL OF _____		OTHERS (SPECIFY) <input type="checkbox"/> OF _____ <input type="checkbox"/> OF _____																																																																																																																									
USE OR TYPE OF OCCUPANCY		<input checked="" type="checkbox"/> RESIDENTIAL _____ <input type="checkbox"/> COMMERCIAL _____ <input type="checkbox"/> INDUSTRIAL _____ <input type="checkbox"/> INSTITUTIONAL _____		<input type="checkbox"/> AGRICULTURAL _____ <input type="checkbox"/> PARKS,PLAZAS,MONUMENTS _____ <input type="checkbox"/> RECREATIONAL _____ <input type="checkbox"/> OTHERS (SPECIFY) _____																																																																																																																									
FIXTURE TO BE INSTALLED <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>QTY.</th> <th>NEW FIXTURES</th> <th>EXISTING FIXTURES</th> <th>KIND OF FIXTURES</th> <th>QTY.</th> <th>NEW FIXTURES</th> <th>EXISTING FIXTURES</th> <th>KIND OF FIXTURES</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> WATER CLOSET</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> BIDETTE</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> FLOOR DRAIN</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> LAUNDRY TRAYS</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> LAVATORIES</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> DENTAL CUSPIDOR</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> KITCHEN SINK</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> GAS HEATER</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> FAUCET</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> ELECTRIC HEATER</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> SHOWER HEAD</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> WATER BOILER</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> WATER METER</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> DRINKING FOUNTAIN</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> GREASE TRAP</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> BAR SINK</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> BATH TUBS</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> SODA FOUNTAIN SINK</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> SLOP SINK</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> LAVATORY SINK</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> URINAL</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> STERILIZER</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> AIRCONDITION UNIT</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> SWIMMING POOL</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> WATER TANK/RESERV</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> OTHERS (SPECIFY)</td> </tr> <tr> <td colspan="2">TOTAL</td> <td colspan="2"></td> <td colspan="2">TOTAL</td> <td colspan="2"></td> </tr> </tbody> </table>						QTY.	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WATER SUPPLY <input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL & PUMP SET <input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM <input type="checkbox"/> OTHERS _____		SYSTEMS OF DISPOSAL <input type="checkbox"/> WASTE WATER TREATMENT PLANT <input type="checkbox"/> SEPTIC VAULT/AMBIER TANK <input type="checkbox"/> SANITARY SEWER CONNECTION <input type="checkbox"/> SUB-SURFACE SAND FILTER		<input type="checkbox"/> SURFACE DRAINAGE <input type="checkbox"/> STREET CANAL <input type="checkbox"/> WATER COURSE																																																																																																																									
NUMBER OF STOREYS OF BUILDING _____		TOTAL AREA OF BUILDING/SUBDIVISION _____		SQ.M.																																																																																																																									
PROPOSED DATE _____ START OF INSTALLATION _____ EXPECTED DATE OF COMPLETION _____		TOTAL COST OF INSTALLATION P. _____ PREPARED BY _____																																																																																																																											

BOX 1 (TO BE ACCOMPLISHED BY SANITARY ENGINEER/MASTER PLUMBER IN PRINT)

ACTION TAKEN

PERMIT IS HEREBY GRANTED TO INSTALL THE SANITARY / PLUMBING FIXTURE ENUMERATED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS:

- 1 THAT THE PROPOSED INSTALLATION SHALL BE IN ACCORDANCE WITH APPROVED PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE NATIONAL BUILDING CODE.
- 2 THAT THE DULY LICENSED ELB SANITARY ENGINEER MASTER PLUMBER BE ENOAGHD TO UNDERTAKE THE INSTALLATION / CONSTRUCTION.
- 3 THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY A SANITARY ENGINEER /MASTER PLUMBER IN - CHARGE OF INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION
- 4 THAT A CERTIFICATE OF FINAL INSPECTION AND CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE PHILIPPINES

ENGR. ROCH JEROME L. CAPISTRANO
 BUILDING OFFICIAL

DATE _____