



# SUBIC BAY METROPOLITAN AUTHORITY BUILDING PERMIT & SAFETY DEPARTMENT

DEPARTMENTAL QUALITY FORM  
BSD-SPAF-01  
Rev. No. : 01  
Effectivity Date: 06-07-2012

## APPLICATION FOR SANITARY/PLUMBING PERMIT

APPLICATION NO. \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

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

NAME OF OWNER/APPLICANT		LAST NAME, FIRST NAME, M.I.		TAXPAYER IDENTIFICATION NO.		
ADDRESS			NO., STREET		TELEPHONE NO.	
LOCATION OF INSTALLATION			NO., STREET			
SCOPE OF WORK						
<input type="checkbox"/> NEW INSTALLATION		<input type="checkbox"/> ADDITION OF _____ <input type="checkbox"/> REPAIR OF _____ <input type="checkbox"/> RENOVATION OF _____		<input type="checkbox"/> OTHERS (SPECIFY) _____ OF _____ _____ OF _____		
USE OR TYPE OF OCCUPANCY						
<input type="checkbox"/> RESIDENTIAL _____ <input type="checkbox"/> COMMERCIAL _____ <input type="checkbox"/> INDUSTRIAL _____ <input type="checkbox"/> INSTITUTIONAL _____		<input type="checkbox"/> AGRICULTURAL _____ <input type="checkbox"/> PARKS, PLAZA'S, MONUMENTS _____ <input type="checkbox"/> RECREATIONAL _____ <input type="checkbox"/> OTHERS (SPECIFY) _____				
FIXTURES TO BE INSTALLED:						
	NEW	EXISTING	KIND OF	NEW	EXISTING	KIND OF
QTY	FIXTURES	FIXTURES	FIXTURES	QTY	FIXTURES	FIXTURES
_____	<input type="checkbox"/>	<input type="checkbox"/>	WATER CLOSET	_____	<input type="checkbox"/>	BIDETTE
_____	<input type="checkbox"/>	<input type="checkbox"/>	FLOOR DRAIN	_____	<input type="checkbox"/>	LAUNDRY TRAYS
_____	<input type="checkbox"/>	<input type="checkbox"/>	LAVATORIES	_____	<input type="checkbox"/>	DENTAL CUPSIDOR
_____	<input type="checkbox"/>	<input type="checkbox"/>	KITCHEN SINK	_____	<input type="checkbox"/>	LAUNDRY TRAYS
_____	<input type="checkbox"/>	<input type="checkbox"/>	FAUCET	_____	<input type="checkbox"/>	ELECTRIC HEATER
_____	<input type="checkbox"/>	<input type="checkbox"/>	SHOWER HEAD	_____	<input type="checkbox"/>	WATER BOILER
_____	<input type="checkbox"/>	<input type="checkbox"/>	WATER METER	_____	<input type="checkbox"/>	DRINKING FOUNTAIN
_____	<input type="checkbox"/>	<input type="checkbox"/>	GREASE TRAP	_____	<input type="checkbox"/>	BAR SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	BATH TUBS	_____	<input type="checkbox"/>	SODA FOUNTAIN SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	SLOP SINK	_____	<input type="checkbox"/>	LABORATORY SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	URINAL	_____	<input type="checkbox"/>	STERILIZER
_____	<input type="checkbox"/>	<input type="checkbox"/>	AIRCONDITIONING UNIT	_____	<input type="checkbox"/>	SWIMMING POOL
_____	<input type="checkbox"/>	<input type="checkbox"/>	WATER TANK/RESERVOIR	_____	<input type="checkbox"/>	OTHER (SPECIFY)
_____		TOTAL		_____		TOTAL
<input type="checkbox"/> WATER DISTRIBUTION		<input type="checkbox"/> SANITARY SEWER SYSTEM		<input type="checkbox"/> STORM DRAINAGE SYSTEM		
WATER SUPPLY			SYSTEM DISPOSAL			
<input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL AND PUMP SET <input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM <input type="checkbox"/> OTHERS _____		<input type="checkbox"/> WASTE WATER TREATMENT PLANT <input type="checkbox"/> SEPTIC VAULT/IMHOFF 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		
NO. OF STOREYS OF BUILDING _____		TOTAL AREA OF BUILDINGS/SUBDIVISION _____ SQ.M.				
PROPOSED DATE OF INSTALLATION _____		TOTAL COST OF INSTALLATION P _____				
EXPECTED DATE OF COMPLETION _____		PREPARED BY: _____				

BOX 2 (TO BE ACCOMPLISHED BY BUILDING OFFICIAL)

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 IN CONFORMITY WITH THE "NATIONAL BUILDING CODE" (P.D. 1096) AND ITS CORRESPONDING IMPLEMENTING RULES AND REGULATIONS.	
2 THAT A DULY LICENSED SANITARY 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 BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION.	
4 THAT A "CERTIFICATE OF OCCUPANCY" SHALL BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.	
_____	_____
BUILDING OFFICIAL	DATE
NOTE: "THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTIONS 305 & 306 OF THE "NATIONAL BUILDING CODE".	

BOX 3 (TO BE ACCOMPLISHED BY DESIGNING SANITARY ENGINEER/MASTER PLUMBER IN PRINT)

<b>BUILDING DOCUMENTS</b>	
<input type="checkbox"/> SANITARY PLUMBING PLANS AND SPECIFICATIONS <input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> COST ESTIMATES _____ <input type="checkbox"/> OTHERS (SPECIFY) _____ _____

BOX 4 (TO BE ACCOMPLISHED BY THE DIVISION/SECTION CONCERNED)

ASSESSED FEES				
	AMOUNT DUE	ASSESSED BY	O.R. NUMBER	DATE PAID

BOX 5 (TO BE ACCOMPLISHED BY THE DIVISION/SECTION CONCERNED)

PROGRESS FLOW						
NOTED: CHIEF, PROCESSING DIVISION/SECTION	IN		OUT		ACTION/REMARKS	PROCESSED BY
	TIME	DATE	TIME	DATE		
RECEIVING AND RECORDING						
SANITARY/PLUMBING						

BOX 6

SANITARY ENGINEER/MASTER PLUMBER SIGNED AND SEALED PLANS & SPECIFICATIONS	PRC REG. NO.	SIGNATURE OVER PRINTED NAME		
PRINT NAME		APPLICANT		
ADDRESS		RES. CERT. NO.	DATE ISSUED	PLACE ISSUED
P.T.R. NO.	DATE ISSUED	PLACE ISSUED		
SIGNATURE	TIN			

BOX 7

SANITARY ENGINEER/MASTER PLUMBER IN-CHARGE OF INSTALLATION	PRC REG. NO.	
PRINT NAME		
ADDRESS		
P.T.R. NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE	TIN	