

Republic of the Philippines  
Province of Cagayan  
**TUGUEGARAO CITY**

**OFFICE OF THE LOCAL BUILDING OFFICIAL**

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

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

Date of Application: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**SANITARY/PLUMBING PERMIT**

**BOX 1 (To be accomplished by Sanitary Engineer/Master Plumber, in Print)**

NAME OF OWNER/APPLICANT: LAST NAME	FIRST NAME	M.I.	TAX ACCT. NO.
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ADDRESS: NO.	STREET NAME,	BARANGAY,	CITY
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SCOPE OF WORK:

// New Installation	// Addition of _____	OTHERS
	// Repair of _____	// of _____
	// Removal of _____	// of _____

USE OR TYPE OF OCCUPANCY:

// RESIDENTIAL _____	// AGRICULTURAL _____
// COMMERCIAL _____	// PARKS, PLAZAS, MONUMENTS _____
// INDUSTRIAL _____	// RECREATIONAL _____
// INSTITUTIONAL _____	// OTHERS(specify) _____

FIXTURES TO BE INSTALLED:							
QTY.	NEW FIXTURES	EXISTING FIXTURES	KINDS OF FIXTURES	QTY.	NEW FIXTURES	EXISTING FIXTURES	KINDS OF FIXTURES
_____	//	//	// water closet	_____	//	//	// bidette
_____	//	//	// floor drain	_____	//	//	// laundry tray
_____	//	//	// lavatories	_____	//	//	// dental
_____	//	//	// kitchen sink	_____	//	//	// gas heater
_____	//	//	// faucet	_____	//	//	// electrical heater
_____	//	//	// shower head	_____	//	//	// water boiler
_____	//	//	// water meter	_____	//	//	// drinking fountain
_____	//	//	// grease trap	_____	//	//	// bar sink
_____	//	//	// bath tubs	_____	//	//	// soda fountain
_____	//	//	// slop sink	_____	//	//	// laboratory
_____	//	//	// urinal	_____	//	//	// sterilizer
_____	//	//	// aircon unit	_____	//	//	// swimming pool
_____	//	//	// water tank/reser.	_____	//	//	// others (specify)
_____	TOTAL			_____	TOTAL		

// WATER DISTRIBUTION WATER SUPPLY	// SANITARY SEWER SYSTEM SYSTEM DISPOSAL	// STORM DRAINAGE SYSTEM
// shallow well	// waste water treatment plant	// surface drianage
// deep well & pumpset	// septic vault/IMHOFF tank	// street canal
// city water system	// sanitary sewer connection	// water source

NUMBER OF STOREYS OF BUILDING _____	TOTAL FLOOR AREA OF BUILDING/SUBDIVISION _____ SQ.M.
PROPOSED DATE _____	TOTAL COST INSTALLATION P _____
START OF INSTALLATION _____	
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 FIXTURE ENUMERATED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS:

1. That the proposed installation shall be in accordance with the approved plans filed with this office and in conformity with the NATIONAL BUILDING CODE.
2. That a duly licensed Sanitary/Master Engineer be engaged to undertake the installation of construction.

**EMILIO L. MATANGUIHAN, JR.**

Local Building Official

\_\_\_\_\_  
Date