



Republic of the Philippines  
City of MEYCAUAYAN  
Province of BULACAN  
OFFICE OF THE BUILDING OFFICIAL

**PLUMBING PERMIT**

APPLICATION NO.

PLUMBING PERMIT NO.

BUILDING PERMIT NO.




**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/LOCATION NO.	STREET,	BARANGAY,	CITY/MUNICIPALITY	ZIP CODE
				TELEPHONE NO.

**SCOPE OF WORK**

<input type="checkbox"/> NEW CONNECTION	<input type="checkbox"/> RENOVATION _____	<input type="checkbox"/> RAISING _____
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION _____	<input type="checkbox"/> DEMOLITION _____
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____	<input type="checkbox"/> OTHERS (Specify) _____

**BOX 2 (TO BE ACCOMPLISHED IN PRINT 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 CUPSIDOR
_____	<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"/> SODA FOUNTAIN SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER METER	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LABORATORY SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GREASE TRAP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> STERILIZER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BATH TUB	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHERS (Specify) _____
_____	<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 CLOSET		<input type="checkbox"/> SEWERAGE SYSTEM		<input type="checkbox"/> SEPTIC TANK		<input type="checkbox"/> STORM DRAINAGE SYSTEM	

PREPARED BY: \_\_\_\_\_

**BOX 3**

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

**BOX 4**

<b>SUPERVISOR / IN-CHARGE OF PLUMBING WORKS</b>	
_____	Date _____
MASTER PLUMBER (Signature Over Printed Name)	
Address	
PRC No.	Validity
PTR No.	Date Issued
Issued at	TIN

**BOX 6**

**BOX 5**

<b>BUILDING OWNER</b>		
_____		
(Signature Over Printed Name)		
Date _____		
Address		
C.TC No.	Date Issued	Place Issued

<b>WITH MY CONSENT: LOT OWNER</b>		
_____		
(Signature Over Printed Name)		
Date _____		
Address		
C.TC No.	Date Issued	Place Issued

TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION

BOX 7

RECEIVED BY:	DATE:
<b>FIVE (5) SETS OF PLUMBING DOCUMENTS</b>	
<input type="checkbox"/> PLUMBING PLANS AND SPECIFICATIONS	<input type="checkbox"/> COST ESTIMATES
<input type="checkbox"/> BILL OF MATERIALS	<input type="checkbox"/> OTHERS (Specify) _____

BOX 8

PROGRESS FLOW					
RECEIVING AND RECORDING	IN		OUT		PROCESSED BY
	DATE	TIME	DATE	TIME	
PLUMBING					
OTHERS (Specify)					
AMOUNT:	OFFICIAL RECEIPT NO.			DATE:	

BOX 9

**ACTION TAKEN:**

**PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING**

1. That the proposed plumbing works shall be in accordance with the plumbing plans filed with this Office and in conformity with the Revised Plumbing Code of the Philippines, the National Building Code and its IRR.
2. That prior to any commencement of plumbing works, duly accomplished prescribed "Notice of Construction shall be submitted to the office of the Building Official.
3. That upon completion of the plumbing works, the licensed supervisor/in-charged shall submit the entry of the logbook duly signed and sealed to the Building Official including as Built Plans and other documents and shall also accomplish the Certificate of Completion stating that the plumbing works of the building conform to the provision of the Revised Plumbing Code, the National Building Code and its IRR.
4. That this permit is null and void unless accomplished by the building permit.

**PERMIT ISSUED BY:**

**Engr. GIL P. MAGLAQUI**  
 Acting Building Official  
 (Signature Over Printed Name)

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