REPUBLIC OF THE PHILIPPINES
CITY OF ROXAS
PROVINCE OF CAPIZ

APPLICATION NO. ☐☐ ☐☐☐☐☐☐☐☐

PERMIT NO. ☐☐☐☐☐☐☐☐☐☐☐☐

DISTRICT/ CITY/ MUNICIPALITY
AREA CODE_____

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, M.I.	TAX ACCT. NO.
ADDRESS	NO., STREET, BARANGAY, CITY/ MUNICIPALITY	TELEPHONE NO.
LOCATION OF CONSTRUCTION	NO., STREET, BARANGAY, CITY/ MUNICIPALITY	

SCOPE OF WORK

☐ NEW INSTALLATION

☐ ADDITION OF
☐ REPAIR OF
☐ REMOVAL OF

OTHERS (SPECIFY)
_____ OF _____
_____ OF _____

USE OR TYPE OF OCCUPANCY

☐ RESIDENTIAL_____
☐ COMMERCIAL_____
☐ INDUSTRIAL_____
☐ INSTITUTIONAL_____
☐ AGRICULTURAL_____
☐ PARKS, PLAZAS, MONUMENTS_____
☐ RECREATIONAL_____
☐ OTHERS (SPECIFY)_____

FIXTURES INSTALLED

_____	☐	☐	☐	WATER CLOSET	_____	☐	☐	☐	BIDETTE
_____	☐	☐	☐	FLOOR DRAIN	_____	☐	☐	☐	LAUNDRY TRAYS
_____	☐	☐	☐	LAVATORIES	_____	☐	☐	☐	DENTAL CUSPIDOR
_____	☐	☐	☐	KITCHEN SINK	_____	☐	☐	☐	GAS HEATER
_____	☐	☐	☐	FAUCET	_____	☐	☐	☐	ELECTRIC HEATER
_____	☐	☐	☐	SHOWER HEAD	_____	☐	☐	☐	WATER BOILER
_____	☐	☐	☐	WATER METER	_____	☐	☐	☐	DRINKING FOUNTAIN
_____	☐	☐	☐	GREASE TRAP	_____	☐	☐	☐	BAR SINK
_____	☐	☐	☐	BATH TUBS	_____	☐	☐	☐	SODA FOUNTAIN SINK
_____	☐	☐	☐	SLOP SINK	_____	☐	☐	☐	LABORATORY SINK
_____	☐	☐	☐	URINAL	_____	☐	☐	☐	STERILIZER
_____	☐	☐	☐	AIR CONDITIONAL UNIT	_____	☐	☐	☐	SWIMMING POOL
_____	☐	☐	☐	WATER TANK/ RESERVOIR	_____	☐	☐	☐	OTHERS (SPECIFY)
	_____	TOTAL				_____	TOTAL		

☐ WATER DISTRIBUTION SYSTEM ☐ SANITARY SEWER SYSTEM ☐ DRAINAGE SYSTEM

WATER SUPPLY

☐ SHALLOW WELL
☐ DEEP WELL & PUMP SET
☐ CITY/ MUNICIPALITY WATER SYSTEM
☐ OTHERS _____

SYSTEM OF DISPOSAL

☐ WASTE WATER TREATMENT PLANT
☐ SEPTIC VAULT/ IMH OR TANK
☐ SANITARY SEWER CONNECTION
☐ SUB- SURFACE SAND FILTER
☐ SURFACE DRAMMAGE
☐ STREET CANAL
☐ 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 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.
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 -CHARGED OF INSTALLATION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION.
4. THAT A CERTIFICATE OF FINAL INSPECTION AND A CERTIFICATE OF OCCUPANCY BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.

NOEL I. LAMINARES
BUILDING OFFICIAL

_____
DATE

NOTE

PERMIT CANCELLED OR REMOVED PURSUANT TO SEC. 305; 306 OF THE NATIONAL BUILDING CODE"