

Republic of the Philippines  
Province of Oriental Mindoro  
CITY OF CALAPAN  
**TANGGAPAN NG PINUNONG PANGGUSALI**  
*(Office of the Building Official)*

## PLUMBING PERMIT

APPLICATION NO.

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P.P. NO.

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BUILDING PERMIT NO.

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**BOX 1 (TO BE ACCOMPLISHED BY THE OWNER/APPLICANT)**

OWNER/APPLICANT:		LAST NAME		FIRST NAME		MI	TIN
FOR CONSTRUCTION OWNED BY AN ENTERPRISE:		FORM OF OWNERSHIP			USE OR CHARACTER OF OCCUPANCY		
ADDRESS	NO.	STREET	BARANGAY	CITY/MUNICIPALITY	ZIP CODE	TELEPHONE NO.	
LOCATION OF CONSTRUCTION		LOT NO. _____	BLK. NO. _____	TCT. NO. _____	TAX DEC. NO. _____		
STREET _____		BARANGAY _____		CITY/MUNICIPALITY		<b>CALAPAN CITY</b>	
SCOPE OF WORK:							
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION _____		<input type="checkbox"/> DEMOLITION _____				
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION _____		<input type="checkbox"/> ACCESSORY BUILDING STRUCTURE _____				
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR _____		<input type="checkbox"/> RAISING _____				
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____		<input type="checkbox"/> OTHERS (Specify) _____				

**BOX 2 (TO BE ACCOMPLISHED 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 CUSPIDOR
_____	<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 DISTRIBUTION SYSTEM		<input type="checkbox"/> SEWAGE SYSTEM		<input type="checkbox"/> SEPTIC TANK		<input type="checkbox"/> STORM DRAINAGE SYSTEM	
PREPARED BY _____							

**BOX 3**

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

**BOX 4**

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

**BOX 5**

BUILDING OWNER		
_____ (Signature Over Printed Name)		
Address		
CTC No.	Date Issued	Place Issued

**BOX 6**

WITH MY CONSENT: LOT OWNER		
_____ (Signature Over Printed Name)		
Address		
CTC No.	Date Issued	Place Issued