



Republic of the Philippines
City of San Pedro
Province of Laguna
OFFICE OF THE BUILDING OFFICIAL



SANITARY / PLUMBING PERMIT REQUIREMENTS

NOTE: PEASE PRINT ALL FORMS IN A LEGAL/LONG SIZE PAPER. FORMS MUST BE PRINTED BACK TO BACK

- ☐ 3 Original Copies of Properly filled-out Sanitary / Plumbing Application Form, duly signed and sealed by licensed Sanitary Engineer / Registered Master Plumber
- ☐ 5 Sets of Plumbing Plans, duly signed and sealed by licensed Sanitary Engineer / Registered Master Plumber
- ☐ 5 Sets of Cost Estimate or Bill of Materials, all originally signed and sealed by licensed Sanitary Engineer / Registered Master Plumber
- ☐ 5 Sets of Plumbing Specifications or Scope of Work, all originally signed and sealed by licensed Sanitary Engineer / Registered Master Plumber
- ☐ 1 copy - Certified True Copy of Transfer Certificate Title;
 - **In case the applicant is not the registered owner of the lot, any of the following duly notarized documents showing proof of ownership shall be submitted:
 - ☐ Contract of Lease or Award Notice
 - ☐ Deed of Absolute Sale / Donation / Usufruct
 - ☐ Contract of Sale
 - ☐ Authority to Construct / Affidavit of Consent from the Lot Owner / Affidavit of Heirs
- ☐ 1 Original Copy of Secretary's Certificate, duly notarized
- ☐ 1 Colored copy of Valid ID (applicant and representative, with specimen signature)
- ☐ 1 Original Copy of Barangay Clearance for Sanitary / Plumbing Permit
- ☐ 1 Original Copy of Homeowner's Clearance or Developer's Approval if applicable
- ☐ 1 Colored Copy of PRC ID and Updated PTR (latest year) with signed and sealed of licensed Sanitary Engineer / Registered Master Plumber

APPLICATION WITH INCOMPLETE REQUIREMENTS WILL NOT BE RECEIVED NOR PROCESSED

For inquiries:

CALL: (02) 8808-2020 local 205 and 206

TEXT: 0961 630 6655 or 0961 630 6685

E-MAIL: officeofthebuildingofficial@gmail.com

OBO-076-0

Republic of the Philippines
Department of Public Works and Highways
OFFICE OF THE BUILDING OFFICIAL
City of San Pedro, Laguna
Area Code: 4023



SANITARY / PLUMBING PERMIT

APPLICATION No.

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SP No.

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BUILDING PERMIT No.

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

OWNER / APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN
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FOR CONSTRUCTION OWNED BY AN ENTERPRISE	FORM OF OWNERSHIP
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LOCATION OF CONSTRUCTION LOT No. _____ BLK No. _____ TCT No. _____ TAX DEC. _____
STREET _____, BARANGAY _____, CITY OF SAN PEDRO, LAGUNA, 4023

SCOPE OF WORK	<input type="checkbox"/> ADDITION OF _____	OTHERS (SPECIFY)
<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> REPAIR OF _____	<input type="checkbox"/> REPAIR OF _____ OR _____
	<input type="checkbox"/> REMOVAL OF _____	<input type="checkbox"/> REMOVAL OF _____ OR _____

USE OR TYPE OF OCCUPANCY

<input type="checkbox"/> RESIDENTIAL _____	<input type="checkbox"/> AGRICULTURAL _____
<input type="checkbox"/> COMMERCIAL _____	<input type="checkbox"/> PARKS, PLAZAS, MONUMENTS _____
<input type="checkbox"/> INDUSTRIAL _____	<input type="checkbox"/> RECREATIONAL _____
<input type="checkbox"/> INSTITUTIONAL _____	<input type="checkbox"/> OTHERS (Specify) _____

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"/> LAVATORIES	_____	<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"/> GAS HEATER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FAUCET	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ELECTRICAL HEATER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SHOWER HEAD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER BOILER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER METER	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DRINKING FOUNTAIN
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GREASE TRAP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BAR SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BATH TUBS	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SODA FOUNTAIN SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLOP SINK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LABORATORY SINK
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> URINAL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> STERILIZER
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AIRCONDITIONING UNIT	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SWIMMING POOL
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WATER TANK/RESEVOIR	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHERS (Specify)
_____ TOTAL				_____ TOTAL			

<input type="checkbox"/> WATER DISTRIBUTION SYSTEM	<input type="checkbox"/> SANITARY SEWER SYSTEM	<input type="checkbox"/> STORM DRAINAGE SYSTEM
WATER SUPPLY	SYSTEM DISPOSAL	
<input type="checkbox"/> SHALLOW WELL	<input type="checkbox"/> WASTE WATER TREATMENT PLAN	<input type="checkbox"/> SURFACE DRAINAGE
<input type="checkbox"/> DEEP WELL & PUMP SET	<input type="checkbox"/> SEPTIC VAULT MHOFF TANK	<input type="checkbox"/> STREET CANAL
<input type="checkbox"/> CITY MUNICIPAL WATER SYSTEM	<input type="checkbox"/> SANITARY SEWER CONNECTION	<input type="checkbox"/> WATER COURSE
<input type="checkbox"/> OTHERS _____	<input type="checkbox"/> SUB SURFACE SAND FILTER	
NUMBER OF STOREYS OF BUILDING _____	TOTAL AREA OF BUILDING/SUBDIVISION _____ SQ.M	
PROPOSED DATE _____	TOTAL COST _____	
START OF INSTALLATION _____	OF INSTALLATION ₱ _____	
EXPECTED DATE _____	PREPARED BY: _____	
OF COMPLETION _____		

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 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 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 Final Inspection and Certificate of Occupancy be secured prior to the actual occupancy of the building.

NOTE:
THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTION 305 & 306 OF THE NATIONAL BUILDING CODE.

PERMIT ISSUED BY:

ENGR. JULIETA A. TIÑANA
Building Official

Date

BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)

BUILDING DOCUMENTS

<input type="checkbox"/> SANITARY / PLUMBING PLANS AND SPECIFICATIONS	<input type="checkbox"/> COST ESTIMATES
<input type="checkbox"/> BILL OF MATERIALS	<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	IN	OUT	ACTION / REMARKS	PROCESS BY	
RECEIVING AND RECORDING					
GEODETIC (LINE AND GRADE)					
SANITARY					

WE HEREBY AFFIX OUR HAND SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SETFORTH

BOX 6

SANITARY ENGINEER / MASTER PLUMBER SIGNED AND SEALED PLANS AND SPECIFICATIONS		PRC REG. No.
PRINT NAME		
ADDRESS		
PTR No.	Date Issued	Place Issued
SIGNATURE		TIN

SIGNATURE:		
_____ APPLICANT		
Res. Cert. No.	Date Issued	Place Issued

SANITARY ENGINEER / MASTER PLUMBER SIGNED AND SEALED IN-CHARGE OF INSTALLATION		PRC REG. No.
PRINT NAME		
ADDRESS		
PTR No.	Date Issued	Place Issued

SIGNATURE:		
_____ LOT OWNER		
Res. Cert. No.	Date Issued	Place Issued