NBC FORM NO. A -06

Republic of the Philippines
City of Imus
Province of Cavite

OFFICE OF THE BUILDING OFFICIAL

PLUMBING PERMIT

APPLICATION NO.   PP 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 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 OF _____

SCOPE OF WORK

- ☐ NEW CONSTRUCTION
- ☐ ERECTION
- ☐ ADDITION
- ☐ ALTERATION
- ☐ RENOVATION _____
- ☐ CONVERSION _____
- ☐ REPAIR _____
- ☐ MOVING _____
- ☐ RAISING_____
- ☐ DEMOLITION _____
- ☐ ACCESSORY BUILDING/STRUCTURE _____
- ☐ 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
_____	☐	☐	WATER CLOSET	_____	☐	☐	BIDETTE
_____	☐	☐	FLOOR DRAIN	_____	☐	☐	LAUNDRY TRAYS
_____	☐	☐	LAVATORY	_____	☐	☐	DENTAL CUSPIDOR
_____	☐	☐	KITCHEN SINK	_____	☐	☐	DRINKING FOUNTAIN
_____	☐	☐	FAUCET	_____	☐	☐	BAR SINK
_____	☐	☐	SHOWER HEAD	_____	☐	☐	SODA FOUNTAIN SINK
_____	☐	☐	WATER METER	_____	☐	☐	LABORATORY SINK
_____	☐	☐	GREASE TRAP	_____	☐	☐	STERILIZER
_____	☐	☐	BATH TUB	_____	☐	☐	OTHERS (Specify)
_____	☐	☐	SLOP SINK	_____	☐	☐	_____
_____	☐	☐	URINAL	_____	☐	☐	_____
_____	☐	☐	AIR CONDITIONING UNIT	_____	☐	☐	_____
_____	☐	☐	WATER TANK/RESERVOIR	_____	☐	☐	
_____ TOTAL				_____ TOTAL			

☐ WATER DISTRIBUTION SYSTEM   ☐ SEWAGE SYSTEM   ☐ SEPTIC TANK   ☐ STORM DRAINAGE SYSTEM

PREPARED BY: _____

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS
_____ Date_____ **MASTER PLUMBER** (Signed and Sealed Over Printed Name)

Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 4

SUPERVISOR / IN-CHARGE OF PLUMBING WORKS
_____Date_____ **MASTER PLUMBER** (Signed and Sealed Over Printed Name)

Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 5

BUILDING OWNER
_____ (Signature Over Printed Name) Date_____

Address		
C.T.C. No.	Date Issued	Place Issued

BOX 6

WITH MY CONSENT: **LOT OWNER**
_____ (Signature Over Printed Name) Date_____

Address		
C.T.C. No.	Date Issued	Place Issued