NBC FORM NO. A -06

Republic of the Philippines
Municipality of Ginatilan
Province of Cebu

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 _____ MUNICIPALITY OF **GINATILAN, CEBU**

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
	☐	☐	☐ WATER CLOSET
	☐	☐	☐ FLOOR DRAIN
	☐	☐	☐ LAVATORY
	☐	☐	☐ KITCHEN SINK
	☐	☐	☐ FAUCET
	☐	☐	☐ SHOWER HEAD
	☐	☐	☐ WATER METER
	☐	☐	☐ GREASE TRAP
	☐	☐	☐ BATH TUB
	☐	☐	☐ SLOP SINK
	☐	☐	☐ URINAL
	☐	☐	☐ AIR CONDITIONING UNIT
	☐	☐	☐ WATER TANK/RESERVOIR
_____ TOTAL			

QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES
	☐	☐	☐ BIDETTE
	☐	☐	☐ LAUNDRY TRAYS
	☐	☐	☐ DENTAL CUSPIDOR
	☐	☐	☐ DRINKING FOUNTAIN
	☐	☐	☐ BAR SINK
	☐	☐	☐ SODA FOUNTAIN SINK
	☐	☐	☐ LABORATORY SINK
	☐	☐	☐ STERILIZER
	☐	☐	☐ OTHERS (Specify)
_____ 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