

Republic of the Philippines  
 City/Municipality of \_\_\_\_\_  
 Province of \_\_\_\_\_

**OFFICE OF THE BUILDING OFFICIAL**

**SANITARY 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
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 _____		
<b>SCOPE OF WORK</b>				
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RENOVATION _____	<input type="checkbox"/> RAISING _____		
<input type="checkbox"/> ERECTION	<input type="checkbox"/> CONVERSION _____	<input type="checkbox"/> DEMOLITION _____		
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR _____	<input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____		
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVING _____	<input type="checkbox"/> OTHERS (Specify) _____		

**BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)**

<b>INSTALLATION AND OPERATION OF:</b>		
<b>WATER SUPPLY:</b>	<b>SYSTEM OF DISPOSAL:</b>	
<input type="checkbox"/> SHALLOW WELL	<input type="checkbox"/> WASTE WATER TREATMENT PLANT	<input type="checkbox"/> SURFACE DRAINAGE
<input type="checkbox"/> DEEP WELL & PUMP SET	<input type="checkbox"/> IMHOFF 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 (Specify) _____	<input type="checkbox"/> SUB-SURFACE SAND FILTER	<input type="checkbox"/> OTHERS (Specify) _____
PREPARED BY: _____		

**BOX 3**

<b>DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS</b>	
_____ Date _____ <b>SANITARY ENGINEER</b> (Signed and Sealed Over Printed Name)	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

**BOX 4**

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

**BOX 5**

<b>BUILDING OWNER</b>		
_____ (Signature Over Printed Name) Date _____		
Address		
C.T.C. No.	Date Issued	Place Issued

**BOX 6**

<b>WITH MY CONSENT: LOT OWNER</b>		
_____ (Signature Over Printed Name) Date _____		
Address		
C.T.C. No.	Date Issued	Place Issued