

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

OFFICE OF THE BUILDING OFFICIAL

SANITARY PERMIT

APPLICATION 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<br>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>                                 |  |  |
| <input type="checkbox"/> SHALLOW WELL                |  |  |
| <input type="checkbox"/> DEEP WELL & PUMP SET        |  |  |
| <input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM |  |  |
| <input type="checkbox"/> OTHERS (Specify) _____      |  |  |
| <b>SYSTEM OF DISPOSAL:</b>                           |  |  |
| <input type="checkbox"/> WASTE WATER TREATMENT PLANT |  |  |
| <input type="checkbox"/> IMHOFF TANK                 |  |  |
| <input type="checkbox"/> SANITARY SEWER CONNECTION   |  |  |
| <input type="checkbox"/> SUB-SURFACE SAND FILTER     |  |  |
| <input type="checkbox"/> SURFACE DRAINAGE            |  |  |
| <input type="checkbox"/> STREET CANAL                |  |  |
| <input type="checkbox"/> WATER COURSE                |  |  |
| <input type="checkbox"/> OTHERS (Specify) _____      |  |  |
| PREPARED BY: _____                                   |  |  |

BOX 3

|                                                                   |             |
|-------------------------------------------------------------------|-------------|
| <b>DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS</b>              |             |
| _____ Date _____                                                  |             |
| <b>SANITARY ENGINEER</b><br>(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><br>(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)<br>Date _____ |             |              |
| Address                                     |             |              |
| C.T.C. No.                                  | Date Issued | Place Issued |

BOX 6

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

TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION

BOX 7

|                                                            |                                                 |
|------------------------------------------------------------|-------------------------------------------------|
| RECEIVED BY:                                               | DATE:                                           |
| <b>FIVE (5) SETS OF SANITARY DOCUMENTS</b>                 |                                                 |
| <input type="checkbox"/> SANITARY PLANS AND SPECIFICATIONS | <input type="checkbox"/> COST ESTIMATES         |
| <input type="checkbox"/> BILL OF MATERIALS                 | <input type="checkbox"/> OTHERS (Specify) _____ |

BOX 8

| PROGRESS FLOW    |      |      |      |      |              |
|------------------|------|------|------|------|--------------|
|                  | IN   |      | OUT  |      | PROCESSED BY |
|                  | DATE | TIME | DATE | TIME |              |
| SANITARY         |      |      |      |      |              |
| OTHERS (Specify) |      |      |      |      |              |
|                  |      |      |      |      |              |

BOX 9

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p><b>ACTION TAKEN:</b></p> <p><b>PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:</b></p> <ol style="list-style-type: none"><li>1. That the proposed sanitary works shall be in accordance with the sanitary plans filed with this Office and in conformity with the latest Code on Sanitation of the Philippines, the National Building Code and its IRR.</li><li>2. That prior to any commencement of sanitary works, a duly accomplished prescribed “<b>Notice of Construction</b>” shall be submitted to the Office of the Building Official.</li><li>3. That upon completion of the sanitary works, the licensed supervisor/in-charge shall submit the entry to the logbook duly signed and sealed to the Building Official including as-built plans and other documents and shall also accomplish the Certificate of Completion stating that the sanitary works conform to the provision of the Code on Sanitation, the National Building Code and its IRR.</li><li>4. That this permit is null and void unless accompanied by the building permit.</li></ol> <p><b>PERMIT ISSUED BY:</b></p> <p style="text-align: center;"><b>ENGR. RYAM J. TOLENTINO</b></p> <p style="text-align: center;">_____<br/><b>BUILDING OFFICIAL</b><br/>(Signature Over Printed Name)<br/>Date _____</p> |
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