



Republic of the Philippines  
City/Municipality of Urbiztondo  
Province of Pangasinan



## 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	TELEPHONE NO
LOCATION OF CONSTRUCTION:		LOT NO.		BLK NO.		TCT NO.	
STREET		BARANGAY		CITY/ MUNICIPALITY OF		TAX DEC. NO.	
<b>SCOPE OF WORK</b> <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> RENOVATION _____ <input type="checkbox"/> ERECTION <input type="checkbox"/> CONVERSION _____ <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR _____ <input type="checkbox"/> ALTERATION <input type="checkbox"/> MOVING _____ <input type="checkbox"/> RAISING _____ <input type="checkbox"/> DEMOLITION _____ <input type="checkbox"/> ACCESSORY BUILDING/STRUCTURE _____ <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> (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 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 6

<b>WITH MY CONSENT: LOT OWNER</b>		
_____ (Signature Over Printed Name) 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

**ACTION TAKEN:**

**PERMIT IS HEREBY ISSUED SUBJECT TO THE FOLLOWING:**

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.
2. That prior to any commencement of sanitary works, a duly accomplished prescribed **“Notice of Construction”** shall be submitted to the Office of the Building Official.
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.
4. That this permit is null and void unless accompanied by the building permit.

**PERMIT ISSUED BY:**

\_\_\_\_\_

**BUILDING OFFICIAL**  
(Signature Over Printed Name)  
Date \_\_\_\_\_