



Republic of the Philippines
City/Municipality of **SAN VICENTE**
Province of **CAMARINES NORTE**

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 SAN VICENTE	ZIP CODE 4609	TELEPHONE NO
LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO. _____ STREET _____ BARANGAY _____ CITY/MUNICIPALITY OF SAN VICENTE				
SCOPE OF WORK <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)
INSTALLATION AND OPERATION OF:
WATER SUPPLY:

- SHALLOW WELL
- DEEP WELL & PUMP SET
- CITY/MUNICIPAL WATER SYSTEM
- OTHERS (Specify) _____

SYSTEM OF DISPOSAL:

- WASTE WATER TREATMENT PLANT
- IMHOFF TANK
- SANITARY SEWER CONNECTION
- SUB-SURFACE SAND FILTER

- SURFACE DRAINAGE
- STREET CANAL
- WATER COURSE
- OTHERS (Specify) _____

PREPARED BY: _____

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
_____ SANITARY ENGINEER (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 4

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

BOX 6

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