



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. _____	
STREET _____		BARANGAY _____		CITY/ MUNICIPALITY OF SAN VICENTE		TAX DEC. NO. _____	
SCOPE OF WORK <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)

INSTALLATION AND OPERATION OF:		
WATER SUPPLY: <input type="checkbox"/> SHALLOW WELL <input type="checkbox"/> DEEP WELL & PUMP SET <input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM <input type="checkbox"/> OTHERS (Specify) _____	SYSTEM OF DISPOSAL: <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

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS	
_____ Date _____ 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	
_____ Date _____ 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