

Republic of the Philippines  
City of Imus  
Province of Cavite

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"/> DEEP WELL & PUMP SET		<input type="checkbox"/> IMHOFF TANK
<input type="checkbox"/> CITY/MUNICIPAL WATER SYSTEM		<input type="checkbox"/> SANITARY SEWER CONNECTION
<input type="checkbox"/> OTHERS (Specify) _____		<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>	
_____ <b>SANITARY ENGINEER</b> (Signed and Sealed Over Printed Name)	
Date _____	
Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 4

<b>SUPERVISOR / IN-CHARGE OF SANITARY WORKS</b>	
_____ <b>SANITARY ENGINEER</b> (Signed and Sealed Over Printed Name)	
Date _____	
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