

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)**

**INSTALLATION AND OPERATION OF:**

<b>WATER SUPPLY:</b>		<b>SYSTEM OF DISPOSAL:</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) _____
<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 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 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