

Republic of the Philippines
Municipality of **DARAGA**
Province of **ALBAY**
OFFICE OF THE BUILDING OFFICIAL

SANITARY PERMIT

APPLICATION NO. <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>													SP. NO. <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>													BUILDINGPERMIT NO. <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>												

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 ENTERPRISED		FORM OF OWNERSHIP		USE OR CHARACTER OF OCCUPANCY			
ADDRESS: CODE	NO.	STREET,	BARANGAY,	CITY/MUNICIPALITY	ZIP	TELEPHONE NO.	
LOCATION OF CONSTRUCTION:		LOT NO: _____	BLK NO. _____	TCT: _____	TAX DEC NO _____		
STREET _____		BARANGAY _____		CITY/MUNICIPALITY OF _____			
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"/> ACCESORRY 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	SYSTEM OF DISPOSAL:	
_____ <input type="checkbox"/> SHALLOW WELL	<input type="checkbox"/> waste water treatment plant	<input type="checkbox"/> SURFACE DRAINAGE
_____ <input type="checkbox"/> DEEP WELL & PUMP SET	<input type="checkbox"/> IMHOFF TANK	<input type="checkbox"/> STREET CANAL
_____ <input type="checkbox"/> CITY/MUN WATER SYSTEM	<input type="checkbox"/> SANITARY SEWER CONNECTION	<input type="checkbox"/> CANAL COURSE
_____ <input type="checkbox"/> OTHERS (specify) _____	<input type="checkbox"/> SUB SURFACE SAND FILTER	<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 4

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

BOX 5

BUILDING OWNER		
Date _____		
(Signature Over Printed Name)		
Address		
C.T.C. No.	Date Issued	Placed Issued

BOX 6

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

TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION

BOX 7

RECEIVED BY:	DATE:
FIVE (5) SETS OF PLUMBING DOCUMENTS	
<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		
RECEIVING AND RECORDING						
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 filled with this Office and in Conformity with the 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 officials including as-built plans and other documents and shall also accomplish the Certificate of Completion stating that the sanitary works of the building 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 _____