

TO BE ACCOMPLISHED BY THE PROCESSING AND EVALUATION DIVISION

BOX 7

RECEIVED BY:	DATE:
FIVE (5) SETS OF SANITARY 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	
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 filed with this Office and in conformity with the latest 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 Official including as-built plans and other documents and shall also accomplish the Certificate of Completion stating that the sanitary works 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:

ENGR. ROLLY E. TAGALICUD

BUILDING OFFICIAL/OIC-Municipal Engineer
 (Signature Over Printed Name)
 Date _____



Republic of the Philippines
Municipality of ROSALES
Province of PANGASINAN

OFFICE OF THE BUILDING OFFICIAL

SANITARY PERMIT

APPLICATION NO.

--	--	--	--	--	--	--	--	--	--	--	--

SP NO

--	--	--	--	--	--	--	--	--	--	--	--

BUILDING PERMIT NO.

--	--	--	--	--	--	--	--	--	--	--	--

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 _____		
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:	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/MUNICIPAL WATER SYSTEM	<input type="checkbox"/> SANITARY SEWER CONNECTION	<input type="checkbox"/> WATER 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 SANITARY 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		

(Signature Over Printed Name) Date _____		
Address		
C.T.C. No.	Date Issued	Place Issued

BOX 6

WITH MY CONSENT: LOT OWNER		

(Signature Over Printed Name) Date _____		
Address		
C.T.C. No.	Date Issued	Place Issued