



Republic of the Philippines
City of Malabon
Metropolitan, Manila
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		FORM OF OWNERSHIP	USE OR CHARACTER OF OCCUPANCY	
BY AN ENTERPRISE				
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

