



Republic of the Philippines  
City of Kabankalan  
Province of Negros Occidental  
OFFICE OF THE BUILDING OFFICIAL

## SANITARY PERMIT

APPLICATION NO.

SANITARY PERMIT NO.

BUILDING PERMIT NO.

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**BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)**

OWNER / APPLICANT	LASTNAME	FIRSTNAME	MI	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. _____ CURRENT 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"/> ACCESSORY / BUILDING STRUCTURE _____
<input type="checkbox"/> ADDITION _____		<input type="checkbox"/> REPAIR _____		<input type="checkbox"/> LEGALIZATION OF EXISTING BUILDING _____
<input type="checkbox"/> ALTERATION _____		<input type="checkbox"/> MOVING _____		<input type="checkbox"/> DEMOLITION _____
<input type="checkbox"/> OTHERS _____				

**BOX 2**

<b>INSTALLATION AND OPERATION OF:</b>		
<b>WATER SUPPLY:</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) _____	<b>SYSTEM OF DISPOSAL:</b> <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**

**BOX 4**

<b>DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS</b>	<b>SUPERVISOR/IN-CHARGE OF SANITARY WORKS</b>
_____ (Signed and Sealed Over Printed Name) Date _____	_____ (Signed and Sealed Over Printed Name) Date _____
Address	Address
PRC No.	PRC No.
Validity	Validity
PTR No.	PTR No.
Date Issued	Date Issued
Issued at	Issued at
TIN	TIN

**BOX 5**

**BOX 6**

<b>BUILDING OWNER</b>	<b>WITH MY CONSENT: LOT OWNER</b>
_____ (Signature Over Printed Name) Date _____	_____ (Signature Over Printed Name) Date _____
Address	Address
C.T.C. No.	C.T.C. No.
Date Issued	Date Issued
Place Issued	Place Issued