

CERTIFICATE OF NON-COVERAGE (CNC) APPLICATION

for

Project Name or Title

A. GENERAL INFORMATION

Project Location : _____

Scope of Project : (business or activity approved by SBMA)

Proponent : _____
(name of company/corporation)

Contact Person : _____
Designation : _____
Telephone : _____
Fax : _____
E-mail : _____

B. PROJECT DESCRIPTION

Project Ownership :
[] Single Proprietorship [] Partnership [] Corporation

Area Requirement :
Total Land Area : _____ sq.m.
Land Area to be occupied : _____ sq.m.

Facility Requirement :

Building : Office Others _____

Total Gross Area : _____ sq.m.
(total floor area including parking space)

Status :

Leased existing yes no

Construct new facility yes no

Sub-leased existing yes no

Manpower Requirement

No. of personnel

Position

Manager

Supervisors

Administrative

Others

Waste Generation

Type of Waste

Please Check

Yes

No

Vol./day/mo.

Solid

Liquid

Hazardous waste, *specify*

Waste Disposal

Sewage Disposal System

Discharge to an existing public sewerage system.

Treatment in individual septic tanks

Others: (Specify)_____

Solid Waste Disposal System

SBMA landfill area

Others: (Specify)_____

(Name & Signature of the Proponent)

Date

Please include the following attachments:

- Cover letter
- A photocopy of at least temporary Certificate of Registration or Permit to Operate
- Development Plan
- Material Safety Data Sheet for raw materials (if any)
- Others