

Print name:

City of Hillsboro

Building Permit Application 150 E. Main Street, 4th Floor, Hillsboro, OR 97123 Hillsboro

Building

150 E. Main Street, 4 Floor, Fillsboro, Ch. 37126

Phone: (503) 681-6144 | Inspections: (503) 681-6244

Fax: (503) 681-6469 | www.hillsboro-oregon.gov

OFFICE USE ONLY				
Date received:	Permit no.:			
Sewer Permit no:	Mech Permit no.:			
Plumb Permit no:	On-Site Permit no:			

. ,		Plumb Permit no:	On-Site Permit no:	
TYPE OI	F WORK		REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
☐ New construction	☐ Demolition		Permit fees* are based on the value of the work performe	
Addition/alteration/replacement	Other:		Indicate the value (rounded to the nearest dollar) of all	
CATEGORY OF CONSTRUCTION			equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
1- and 2-family dwelling	☐ Commercial/industrial		Valuation	
☐ Accessory building	☐ Multi-family		Number. of bedrooms:	
☐ Master builder	Other:		Number of bathrooms:	
JOB SITE INFORMAT	TON AND LOCATION		Total number of floors:	
Job site address:			New dwelling area: square feet	
City/State/ZIP:			Garage/carport area: square feet	
Suite/bldg./apt. no.:	Project name:		Covered porch area: square feet	
Cross street/directions to job site:			Deck area: square feet	
			Other structure area: square feet	
			REQUIRED DATA: COMMERCIAL-USE CHECKLIS	
Subdivision:	Lot no.:		Permit fees* are based on the value of the work performe Indicate the value (rounded to the nearest dollar) of all	
Tax map/parcel no.:			equipment, materials, labor, overhead, and the profit for	
DESCRIPTIO	N OF WORK		work indicated on this application. Valuation	
			Existing building area: square feet	
			New building area: square feet	
			Number of stories:	
PLAN NO.: REIS	SUE:		Type of construction:	
☐ PROPERTY OWNER	☐ TENAN	NT	Occupancy groups: Use:	
Name:			Existing: Previous:	
Address:			New: Current:	
City/State/ZIP:	1		☐ Change of Use requires an on-site survey for	
Phone: ()	Fax: ()		backflow/cross connection protection. Applicant will be contacted by the Water Department.	
☐ APPLICANT	☐ CONTACT I	PERSON	NOTICE	
Business name:			All contractors and subcontractors are required to be	
Contact name:			licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons	
Address:				
City/State/ZIP:	1		apply:	
Phone: ()	Fax::()			
E-mail:				
CONTRA	CTOR		BUILDING PERMIT FEES*	
Business name:			Please refer to fee schedule	
Address:			Fees due upon application	
City/State/ZIP:	T		Amount received	
Phone: ()	Fax: ()		Date received:	
CCB lic.:			This permit application expires	
Authorized signature:			if a permit is not obtained within 180 days after it has been accepted as complete	

Date:

* Fee methodology set by Tri-County Building Industry Service Board