



## FRANCHISE UTILITY PERMIT APPLICATION

Date:	Project Name:
Franchise:	Site Address (or closest address):
General Location:	<a href="#">ProjectDox Contact Name:</a>
	Name:
	Organization Name:
	Address:
	City: <input style="width: 150px;" type="text"/> State: <input style="width: 50px;" type="text"/> Zip Code: <input style="width: 100px;" type="text"/>
	Phone #: <input style="width: 150px;" type="text"/>
	Email: <input style="width: 150px;" type="text"/>
Description of Work:	<a href="#">Applicant (if different from above):</a>
	Name:
	Organization Name:
	Address:
	City: <input style="width: 150px;" type="text"/> State: <input style="width: 50px;" type="text"/> Zip Code: <input style="width: 100px;" type="text"/>
	Phone #: <input style="width: 150px;" type="text"/>
	Email: <input style="width: 150px;" type="text"/>
Links: <ul style="list-style-type: none"> <li><a href="#">City of Hillsboro Design &amp; Construction Standards</a></li> <li><a href="#">Clean Water Services' Design and Construction Standards</a></li> <li><a href="#">ProjectDox – Electronic Plan Review portal</a></li> <li><a href="#">ProjectDox Guidelines</a></li> </ul>	<a href="#">Contractor (if known at time of application):</a>
	Name:
	Organization Name:
	Address:
	City: <input style="width: 150px;" type="text"/> State: <input style="width: 50px;" type="text"/> Zip Code: <input style="width: 100px;" type="text"/>
	Phone #: <input style="width: 150px;" type="text"/>
	Email: <input style="width: 150px;" type="text"/>
	CCB#: <input style="width: 150px;" type="text"/>
Start Date:	Estimated number of days for construction:
End Date:	Street Closure: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, submittal will require additional review approval from Transportation group).

**Development Services & Permitting Center**

**Submittal Requirement Checklist**

- Electronic complete construction drawings (including MUTCD Traffic Control Plan)
- Placement of new franchise utilities diagrammed in relationship to City owned utilities
- New proposed utility installation location shown versus existing utilities
- Provide copy of Certificate of Liability for contractor
- Drawn to scale
- Show Property Lines, RoW and PUE with offset measurements of running line
- Address of project and crossroads
- Franchise utilities are to be placed within the PUE, unless it is not feasible. If franchise utility cannot be placed in PUE, please demonstrate why.

BY SIGNING BELOW, THE APPLICANT(S) SHALL CERTIFY THAT:

- The above request does not violate any recorded deed restrictions that may be attached to or imposed upon the subject property.
- If the application is granted, the applicant will exercise the rights granted in accordance with the terms and subject to all the conditions and limitations of the approval.
- All the above statements and the statements in any plot plan, attachments, and exhibits transmitted herewith, are true; and the applicants to acknowledge that any permit issued, based on this application, may be revoked if it is found that that any such statements are false.
- The applicant has read the entire contents of this application, including the policies and criteria, and understands the requirements for approving or denying the application.

Applicant / Authorized Agent's

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit your application to [Permits@hillsboro-oregon.gov](mailto:Permits@hillsboro-oregon.gov). If you have any questions, please contact 503-681-6153*

---

**FOR OFFICIAL USE ONLY**

*Assigned Review #* \_\_\_\_\_

*Received by Staff:* \_\_\_\_\_

**Development Services & Permitting Center**

Email [Permits@Hillsboro-Oregon.gov](mailto:Permits@Hillsboro-Oregon.gov) Phone 503-681-6153 Fax 503-681-5250 Web [Hillsboro-Oregon.gov/Permits](http://Hillsboro-Oregon.gov/Permits)