

Building Permit Application

TYPE OF WORK	
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration/Replacement <input type="checkbox"/> Other:	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 & 2 Family Dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Master Builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
Suite/bldg./apt. no.:	
City/State/ZIP:	
Project Name:	
Subdivision:	Lot no.:
DESCRIPTION OF WORK	
REISSUE: <input type="checkbox"/>	PLAN NO.: _____
ADDRESS: _____	
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name:	
Address:	
City/State/ZIP:	
Phone:	
E-mail:	
APPLICANT	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	
E-mail:	
CCB License:	
Authorized Signature:	
Print name:	Date:

REQUIRED INFORMATION: 1 & 2 FAMILY DWELLING	
Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$ _____	
Number of bedrooms: _____	
Number of bathrooms: _____	
Total number of floors: _____	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED INFORMATION: COMMERCIAL USE	
Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$ _____	
Existing building area:	square feet
New building area:	square feet
Number of stories: _____	
Type of construction: _____	
Occupancy:	Use:
Existing:	Existing:
Proposed:	Proposed:
<input type="checkbox"/> Change of Use requires an on-site survey for backflow/cross connection protection. Applicant will be contacted by the Water Department.	
NOTICE	
All contractors and subcontractors are required to be 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.	
I acknowledge that work related to this Building Permit Application may be subject to regulations governing the handling, removal and/or disposal of asbestos and/or lead-based paint. If the work is subject to regulations governing asbestos and/or lead-based paint, I will comply with all such regulations. _____ (initials)	
BUILDING PERMIT FEES	
Plan Review Fee	
State Surcharge (12% of permit fee)	
TOTAL PERMIT FEE	

This permit application expires if a permit is not obtained within 180 days.

Development Services & Permitting Center

Email Permits@Hillsboro-Oregon.gov Phone 503-681-6153 Fax 503-681-5250 Web Hillsboro-Oregon.gov/Permits