

OFFICE USE ONLY

Permit #:

Date Received:

Demolition Permit Application

TYPE OF STRUCTURE BEING DEMOLISHED:				REQUIRED INFORMATION		
Residential Commercial						
A site plan and a signed Demolition Checklist is required with this submittal.				Valuation: \$		
JOB SITE INFORMATION AND LOCATION				CHECK ALL THAT APPLY		
Job site address:				☐ The property has a sanitary sewer connection		
City/State/ZIP:				A septic tank exists on site		
Project Name :				☐ The property has a storm sewer connection		
DESCRIPTION OF WORK				Commercial only: Plumbing permit application must be included in order to receive Sewer SDC credits for removed plumbing fixtures.		
			WATER			
						SIZE
				Do	omestic Meter(s):	
				Fir	re Services(s):	
PROPERTY OWNER					igation Meter(s):	
Name:						
Address:				Ва	ickflow device to be	removed? Yes No
City/State/ZIP:						
Phone:					is permit applicatio thin 180 days.	n expires if a permit is not obtained
E-Mail:				*Demolition permit not applicable for interior demolitions. Please use a Building Permit Application.		
APPLICANT						
Business name:						
Contact name:						
Address:						
City/State/ZIP:						
Phone:	CCB License:					
E-mail:						
CONTRACTOR						
Business name:						
Address:						
City/State/ZIP:						
Phone:	CCB License:					
E-mail:						
Authorized signature						
Authorized signature: Print name:		Date:				

Development Services & Permitting Center

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

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