Master Permit Inspection Record

Facility Address_____ Master Permit # _____
Contact Person_____ Inspection Date _____
Phone Number _____
Time of Inspection _____ CIRCLE ONE: **ELEC** **PLMB** **MECH**

Billing Hours Date of Next Inspection _____

Total for today at facility _____
Travel / Office time 1½ hrs.
Other _____ _____
Total hours to be billed _____

INSPECTION RESULTS:

_____

_____

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Inspected By _____ Date _____

Development Services & Permitting Center

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