



# THE CITY OF HILLSBORO, OHIO

Drew Hastings, Mayor · Mel McKenzie, Safety & Service Director · Gary Lewis, Auditor

130 NORTH HIGH STREET · HILLSBORO, OHIO 45133-1152

## APPLICATION FOR NON-RESIDENTIAL PLAN APPROVAL (OBC)

Date \_\_\_\_\_ Applicant/Contractor \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### PROJECT INFORMATION:

Owner's Name: \_\_\_\_\_

Project Location Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Plans by: \_\_\_\_\_ Company: \_\_\_\_\_ Ohio Reg. #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE INCLUDE THREE SETS OF DRAWINGS WITH YOUR APPLICATION**  
***Inspection fees and Board of Building Standards 3% Surcharge fees will be added to all***  
***permits***

### CHECK ALL THAT APPLY:

\_\_\_\_\_ REPAIRS

\_\_\_\_\_ ADDITION

\_\_\_\_\_ CHANGE OF OCCUPANCY

\_\_\_\_\_ ELECTRICAL

\_\_\_\_\_ PRESSURE PIPING

\_\_\_\_\_ FIRE ALARM SYSTEM

\_\_\_\_\_ INDUSTRIALIZED UNIT

\_\_\_\_\_ NEW

\_\_\_\_\_ ALTERATION

\_\_\_\_\_ BUILDING/STRUCTURAL

\_\_\_\_\_ MECHANICAL

\_\_\_\_\_ FIRE SPRINKLER SYSTEM

\_\_\_\_\_ HVAC

\_\_\_\_\_ OTHER: \_\_\_\_\_

Phased Plan Review Request \_\_\_\_\_ Type: \_\_\_\_\_

All information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with this application should sent to my attention at the address shown above. All work shall be installed as directed by the local, state and federal regulations

SIGNATURE OF APPLICANT \_\_\_\_\_

Mayor's Office P (937) 393-5219 · Auditor's Office P (937)393-5791

[www.hillsboroohio.net](http://www.hillsboroohio.net)

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## ZONING VERIFICATION/ORDINANCE COMPLIANCE:

The property located at \_\_\_\_\_, Hillsboro,

Ohio, Highland County is in the \_\_\_\_\_ zone, and the structure requested is within code.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Safety Service Director/  
Code Enforcement Officer

### PUBLIC UTILITIES CITY OF HILLSBORO WATER DEPARTMENT

Plumber/Contractor:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Has registered with and has purchased the current Water and Sewer Spec Books from the Hillsboro Water Department.

This is in compliance with the laws and regulations of the City of Hillsboro.

\_\_\_\_\_  
Authorized by

\_\_\_\_\_  
Date



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## **City of Hillsboro Plan Examination and Inspection Procedures**

### **OBC plans examination:**

Applicant must file, for approval 3 sets of construction documents along with application for approval before any work is started.

Information on the construction documents shall be submitted as prescribed by OBC Section 106 along with site plan and other information required by other city departments (zoning, utilities, etc.)

Upon receipt, the construction documents will be reviewed, in order received, by the certified plans examiner.

Construction documents found to be in compliance with the rules of the board will be approved and a certificate of plan approval shall be issued.

Construction documents found to be incomplete, inadequate or not in compliance with the rules of the board shall not be approved and items not in compliance will be sent to the applicant in the form of an adjudication letter for revision of the building official.

Upon approval and issuance of the certificate of plan approval a list of required inspections will be provided to the applicant.

### **OBC Inspections:**

Required inspections shall be scheduled via telephone and scheduled a minimum of one working day prior to the time the inspection is required. Inspections will be performed per OBC Section 108.

Inspections performed finding the work is in compliance with the approved plans will be approved and noted on the job site; work being inspected that is found not in compliance with the approved plans a written notice will be left on the job site stating the violations, and a re-inspection will be required.

Upon completion of the project and all inspections have been approved the Building Official shall issue a certificate of occupancy.



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Dear Prospective Taxpayer:

We have information that you are or will be doing business in the city of Hillsboro,

The city income tax is on the net profits of all business conducted in the city of Hillsboro, and also on qualifying wages of all persons who are employed by you while working in the city.

Employers are responsible for withholding the city income tax of 1 ½% from qualifying wages of their employees and for remitting payments quarterly on forms to be provided by this office. Quarterly payments must be made on all taxes withheld. They are payable by the end of the month following the end of the quarter, namely, in the months of April, June, September and December. A reconciliation form will be supplied at the end of the year to be filled out and returned to us with W-2's included.

We are enclosing a confidential questionnaire, which we ask that you fill out and return to us within one week. All necessary forms will be sent to you upon receipt of the questionnaire.

If you have any questions pertaining to the income tax, please do not hesitate to call or write. Our office is open Monday through Friday, 8:00 a.m. to 4:30 p.m.

Sincerely,

HILLSBORO INCOME TAX BUREAU

**Hillsboro Income Tax Bureau**

**Phone 937-393-3848 | Fax 937-393-0590**

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## HILLSBORO INCOME TAX BUREAU

The following information will aid us in preparing forms for your use under Title Three, Chapter 35 of the City of Hillsboro, Code of Ordinances. Kindly answer all questions fully and mail this questionnaire to Hillsboro Income Tax Bureau at 130 N. High Street, Hillsboro, Ohio 45133. Your compliance with this request within five (5) days will be greatly appreciated.

NAME \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

CONTACT EMAIL \_\_\_\_\_

TRADE NAME (IF ANY) \_\_\_\_\_

HILLSBORO JOB LOCATION \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME & ADDRESS WHERE TAX FORMS ARE TO BE SENT

Check which pertains:

Individual Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Non-Profit Organization \_\_\_\_\_ Other \_\_\_\_\_

Do you have employees who will be working in the city and subject to the city tax?

Yes \_\_\_\_\_ No \_\_\_\_\_ Approximate number \_\_\_\_\_

Does your accounting period end on December 31<sup>st</sup>? \_\_\_\_\_ (calendar year)

If a fiscal year, give day and month your fiscal year ends. \_\_\_\_\_

NOTE: (fiscal year ending must be same as used for Federal Income Tax Purposes.)

Give beginning date of doing business in the City of Hillsboro \_\_\_\_\_

Please list names & addresses of all subcontractors working on this job.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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