



THE CITY OF HILLSBORO

Drew Hastings, Mayor ~ Mel McKenzie, Safety and Service Director

130 NORTH HIGH STREET · HILLSBORO, OHIO 45133-1152

Building Permit Application

Permit No: _____ *Official Use Only*

ALL PROCESSING FEES ARE NON-REFUNDABLE ▪ Make checks payable to City of Hillsboro

Residential: 1 Family Dwelling 2 Family Dwelling 3 Family Dwelling **Date:** _____

Commercial: 4 or More Family Dwelling; Commercial Structure Other _____
of Units: _____

After Hours Review Requested? Y N *After 4:30 p.m. M-F - Available for Commercial and Multi-Family Only*

Is this submittal a revision to approved plans? Y N **If Yes, Provide Permit Number:** _____

Type of Work:

- New Build
- Addition
- Alterations
- Repair/Replacement
- Change of Use
- Deck/Ramp
- Garage/Shed/Accessory Building
- Mechanical
- Temporary Electrical
- Sprinkler - floor plan must be included with submittal
- Electric Reconnect
- Electrical Upgrade w/o Add'l Wiring Service size _____
- Electrical Upgrade w/Add'l Wiring Service size _____
- Added Service _____ size
- Manufactured Home - Electrical
- Fire Suppression
- Fire Alarm
- Certificate of Occupancy
- Minor: Building Mechanical
- Electrical Other _____

For New Commercial Only: Will the construction be phased? Y N **If Yes, Provide Number of Phases:** _____

Job Site Information:

Certified Address _____ Zip _____ Working in Unit/Ste./Flr. _____ Parcel Number _____

If Vacant, How Long? _____ Bldg/Lot # _____ # of Stories _____ Existing Use of Building/Space _____

Project/Work Description:

Project Name _____ Gross Sq. Ft. Working Area _____ Cost of Construction _____

Applicant: Contractor Property Owner Other: _____

Name (Contact Person) _____ Company Name _____ Street Address _____ City, State, Zip _____

Telephone Number/Ext. _____ Fax Number _____ E-Mail Address _____

Property Owner of Record:

Individual Name _____ Company Name _____ Street Address _____ City, State, Zip _____

Telephone Number/Ext. _____ Fax Number _____ E-Mail Address _____

PLEASE NOTE: Incomplete information will result in the rejection of this submittal.

Rev. 09/18

Job Site Address: _____

ZONING VERIFICATION

The current zoning district for the address as listed above is: _____.

Please refer to the current Zoning Code for permitted uses and other information.

Safety & Service Director/Code Enforcement Officer

Date

**CITY OF HILLSBORO PUBLIC UTILITIES
WATER/SEWER DEPARTMENT**

The address as listed above:

Has current service

Has a past due balance as of _____ in the amount of _____

*Please note any past due balances must be paid prior to issuing a permit

Is new service

Has purchased the Water & Sewer Specifications Books in the amount of \$50.00

Public Utilities Office Manager

Date

CITY OF HILLSBORO INCOME TAX DEPARTMENT

The Tax Form has been completed and delivered to the Income Tax Department on _____ by _____

Date



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Dear Hillsboro Resident:

Re: Requirements of the Earnings Tax and Annual Tax Filing

The City of Hillsboro levies a one and a half percent (1.5%) earnings tax on all earned income. Filing of an annual City of Hillsboro income tax return is required by everyone who lives in Hillsboro, regardless of your income; whether or not any tax is due. This requirement applies to both renter and home owners.

The returns are due on April 15 of the subsequent year, unless Emancipation Day holiday falls on that date. The 2018 tax returns are due April 15th, 2019. If you anticipate that you will owe tax, you may make an estimate and make quarterly payments. Forms, extension requests, a complete listing of taxable/non-taxable items, and other information regarding the Tax Ordinance are available upon request or at the web-site www.hillsboroohio.net.

Proper administration of the tax ordinance depends on the accuracy of our records; therefore, we appreciate your prompt completion and return of the enclosed Resident questionnaire. Completion of this questionnaire is necessary; however, the questionnaire is not the annual tax filing.

The city of Hillsboro is pleased that you have chosen to reside here and we, in the Tax Department want to do everything necessary to help you comply with the Tax Ordinance. If you require assistance with the completion of this questionnaire, with the preparation of your Hillsboro tax forms, or if you have any questions, please contact us at the number listed below.

Hillsboro Income Tax Bureau

130 N High Street

Hillsboro, Ohio 45133

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

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

www.hillsboroohio.net

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INDIVIDUAL INCOME TAX QUESTIONNAIRE

Please assist us in completing your account information. All information is kept confidential. Please answer the questions fully and mail back to the Hillsboro Income Tax Bureau within 10 days. If you have questions, please contact our office.

Full Name _____ Social Security Number _____

Spouse's Name _____ Social Security Number _____

Address _____

Telephone _____ Cell _____

_____ Married _____ Single _____ Retired _____ Other _____

Date moved into Hillsboro _____ Own _____ Rent _____

Landlord (if renting) _____

Employer Name _____

Employer Address _____

Spouse's Employer Name _____

Spouse's Employer Address _____

Type of income _____ Rental _____ partnership _____ Pass through _____ Shareholder

_____ Small business _____ Direct Sales _____ W-2 _____ 1099 _____ Other _____

Other members of household with earned income, regardless of age:

Name	Social Security Number	Employer
_____	_____	_____
_____	_____	_____

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