



Justin Harsha, Mayor - Brianne Abbott, 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 Addt'l Wiring Service size \_\_\_\_\_
Electrical Upgrade w/Addt'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. 05/2023

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

**FLOOD PLAIN**

Is this project/building located in a flood plain?                      YES      NO

Has flood plain administrator been contacted for requirements?      YES      NO

**CERTIFICATION**

I certify that I am the    Owner    Owner Authorized Agent. 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 be sent to my attention at the address shown above and copied to the owner.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_