Print Form

CITY OF HILLSBORO

Public Works Department, Engineering Division
150 East Main Street, Fourth Floor Hillsboro, Oregon 97123-3963
503-681-6146 Fax #503-681-6245

FRANCHISE UTILITY PERMIT APPLICATION

Submittal Requirements:

• 3 Sets of Constructions Drawings (To include Traffic Control Plan) • Application

If any of the required information is not submitted with application, the permit process will be delayed or returned until all of the requirements are submitted (Plan Review time 5 days) .

Date of Application:_____ **Permit No.:**_____

Project Name:_____

Project Address / Location:_____

Start Date:_____ **Completion Date:**_____

Description of Work:_____

_____

Franchise Name:_____ **CCB#:**_____

Contact Name:_____

Address:_____ **City/State/Zip:**_____

Phone/Fax:_____ **Mobile:**_____

Email Address:_____

Contractor Name:_____ **CCB#:**_____

Contact Name:_____

Address:_____ **City/State/Zip:**_____

Phone/Fax:_____ **Mobile:**_____

***Once the application has been approved – CALL 24 HOURS IN ADVANCE FOR AN INSPECTION.**

Signature and date of Applicant:_____

*Reviewed By:*_____ *Authorization Date:*_____

Updated 12/15/2011