



Demolition Permit Application

City of Hillsboro

150 E. Main Street, 4th Floor, Hillsboro, OR 97123
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OFFICE USE ONLY	
Date Received:	
Permit No.:	
Project No.:	
Date Issued:	
By:	

5 Copies of Site Plan Demolition Permit Checklist - Signed

Sq. Ft. of Existing Impervious Surface _____ Valuation _____

Project Name: _____

Project Address: _____

Tax Lot and Map Number: _____

Contact Name and Phone: _____

Contact Email Address: _____

APPLICANT	Name: _____ Address: _____ Phone and FAX: _____
CONTRACTOR	Name: _____ Address: _____ Phone and FAX: _____ CCB# _____
PROPERTY OWNER	Name: _____ Address: _____ Phone and FAX: _____

	Size	Type	Location
Size of Domestic Meter(s):			
Size of Fire Service(s):			
Size of Irrigation Meter(s):			
All Backflow device(s):			

Attach additional sheet for additional devices

Signature of Applicant: _____