



GENERAL RIGHT-OF-WAY PERMIT APPLICATION

Date:		Project Name:		
General Location:		Site Address (or closest address):		
		<u>Applicant:</u> <input type="checkbox"/> Primary Contact		
		Name:		
		Organization Name:		
		Address:		
		City:	State:	Zip Code:
		Mobile #:		
		Email:		
Description of Work:		<u>Contractor:</u> <input type="checkbox"/> Primary Contact		
		Name:		
		Organization Name:		
		Address:		
		City:	State:	Zip Code:
		Email:		
		CCB#:		
Start Date:	End Date:	Estimated number of days of construction:		
Street Closure: <input type="checkbox"/> Yes <input type="checkbox"/> No *If proposing street closure, additional review by Transportation is required.				

This application is for:

- POD / Shipping / Storage Container Placement
- Sidewalk Construction or Repair
- Driveway Approach Installation, Repair, or Replacement (\$10 fee required)
- Fire Service or Water Tap (\$250 fee required)
- Sanitary Sewer Tap or Disconnection (\$130 fee required)
- Storm Sewer Tap or Disconnection (\$130 fee required)
- Other (please enter a detailed description above)
- Street Tree Installation, Removal, or Replacement:
 - Removal:
 - Number of trees to be removed: ____
 - Species of tree(s) if known: _____
 - Purpose of removal: _____
 - Installation:
 - Number of trees to be planted: ____
 - Species of tree(s): _____
 - *City of Hillsboro's approved [Street Tree List](#)
 - ____ (Initial) I understand planting street trees requires the installation of [Root Barriers](#)

Submittal Requirements (see [City of Hillsboro Right-of-Way Permit Guidelines](#))

- One (1) set of complete construction drawings (including Traffic Control Plan)
- OR-
- Electronic Submittal of complete construction drawings (including Traffic Control Plan)
- Certificate of Liability from Licensed Contractor (if hiring a contractor)

BY SIGNING BELOW, THE APPLICANT(S) SHALL CERTIFY THAT:

- The above request does not violate any recorded deed restrictions that may be attached to or imposed upon the subject property.
- If the application is granted, the applicant will exercise the rights granted in accordance with the terms and subject to all the conditions and limitations of the approval.
- All the above statements and the statements in any plot plan, attachments, and exhibits transmitted herewith, are true; and the applicants to acknowledge that any permit issued, based on this application, may be revoked if it is found that that any such statements are false.
- The applicant has read the entire contents of this application, including the policies and criteria, and understands the requirements for approving or denying the application.

Applicant / Authorized Agent

Name (Print): _____

Signature: _____ Date: _____

Please submit your application and all required supporting documents to:

Eng_Permits@Hillsboro-Oregon.gov.

If you have any questions, please contact 503-681-6146

FOR OFFICIAL USE ONLY

Assigned Review # _____

Received by Staff: _____

Public Works Department

4415 NE 30th Avenue, Hillsboro, Oregon 97124

Phone 503.615.6509 Fax 503.615.6580 Web Hillsboro-Oregon.gov/PublicWorks