



HILLSBORO DEPARTMENT OF PUBLIC SAFETY

FIRE PREVENTION & INSPECTIONS

FRANCHISE UTILITY PERMIT APPLICATION

Date	
Project Name	
Project Address	
Start Date	
Completion Date	
Description of Work	

Franchise	
Name	
Address	
Contact Name	
Phone	
Contractor	
Name	
Address	
Contact Name	
Phone	

*Required when franchise utility operations are performed within the Public Right of Way

If any required information is not submitted with application, the permit will be delayed or returned until all the requirements are submitted for complete review. Once application has been approved – **CALL 24 HOURS IN ADVANCE FOR NOTIFICATION PURPOSES.**

Signature and date of Application: _____