



# THE CITY OF HILLSBORO, OHIO

Drew Hastings, Mayor · Todd Wilkin, Safety & Service Director · Gary Lewis, Auditor

130 NORTH HIGH STREET · HILLSBORO, OHIO 45133-1152

## APPLICATION FOR RESIDENTIAL PLAN APPROVAL

Date \_\_\_\_\_

Applicant / Contractor \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

<p style="text-align: center;">Project Location Address _____</p> <p style="text-align: center;">City, State, Zip _____</p> <p style="text-align: center;">Lot Number: ____ Subdivision: _____</p>
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Owner \_\_\_\_\_ Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### PROCESSING FEE: \$50.00

(Processing fee will be added to all permits except Electrical Service Upgrade, HVAC Replacement, Gas Piping and Swimming Pools)

**\*\*\*Board of Building Standards 1% Surcharge fees will be added to all permits\*\*\***

BUILDING:   \_\_\_ SINGLE FAMILY DWELLING   \_\_\_ MULTI-FAMILY DWELLING  
               \_\_\_ ACCESSORY STRUCTURE       \_\_\_ MAUNFACTURED HOME  
               \_\_\_ ADDITION       \_\_\_ DECK       \_\_\_ PORCH       \_\_\_ CAR PORT

**\*\*AREA (total including-living space, garage, basement, decks, and porches) (SQ.FT.) \_\_\_\_\_**

ESTIMATED COST OF CONSTRUCTION: \$ \_\_\_\_\_

(\*\*Electrical and HVAC fees will added automatically to all building permits except accessory structures, unless noted by applicant)

ELECTRICAL PERMITS ONLY:   \_\_\_ SERVICE UPGRADE   \_\_\_ ACCESSORY STRUCTURE  
                                   \_\_\_ ADDED WIRING OR REWIRE (FEES BASED ON AREA OF WORK)

MECHANICAL PERMITS ONLY:   \_\_\_ HVAC REPLACEMENT   \_\_\_ GAS PIPING

SWIMMING POOL:   \_\_\_ ABOVE GROUND       \_\_\_ IN GROUND

ZONING PERMIT (IF APPLICABLE): \$60.00

(Accessory structures 0 – 200 square feet require zoning permit only)

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 sent to my attention at the address shown above. All work shall be installed as directed by the local, state and federal regulations

SIGNATURE OF APPLICANT \_\_\_\_\_

Mayor's Office P (937) 393-5219 · Auditor's Office P (937)393-5791

[www.hillsboroohio.net](http://www.hillsboroohio.net)

"This institution is an equal opportunity provider and employer."

**Zoning Verification Notice:**

The property located at \_\_\_\_\_, Hillsboro, Ohio, Highland County is in a \_\_\_\_\_ zone.

Signed \_\_\_\_\_  
City Clerk

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

**PUBLIC UTILITIES  
CITY OF HILLSBORO WATER DEPARTMENT**

Plumber / Contractor:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Has registered with and has purchased the current Water and Sewer Spec Books from the Hillsboro Water Department.

This is in compliance with the laws and regulations of the City of Hillsboro.

\_\_\_\_\_  
Authorized by

\_\_\_\_\_  
Date



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130 NORTH HIGH STREET · HILLSBORO, OHIO 45133-1152

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Dear Prospective Taxpayer:

We have information that you are or will be doing business in the City of Hillsboro,

The city income tax is on the net profits of all business conducted in the City of Hillsboro, and also on qualifying wages of all persons who are employed by you while working in the city.

Employers are responsible for withholding the city income tax of 1 ½% from qualifying wages of their employees and for remitting payments quarterly on forms to be provided by this office. Quarterly payments must be made on all taxes withheld. They are payable by the end of the month following the end of the quarter, namely, in the months of April, July, October and January. A reconciliation form will be supplied at the end of the year to be filled out and returned to us with W-2's included.

At the close of the tax year, a final return will be sent to you to be filled out and returned to us even if you have a loss. You will owe 1 ½% on your net profits on the money that was earned in our city.

We are enclosing a confidential questionnaire, which we ask that you fill out and return to us within one week. All necessary forms will be sent to you upon receipt of the questionnaire.

If you have any questions pertaining to the income tax, please do not hesitate to call or write. Our office is open Monday through Friday, 8:00 a.m. to 4:30 p.m.

Sincerely,

HILLSBORO INCOME TAX BUREAU

**Hillsboro Income Tax Bureau**

**Phone 937-393-3848 | Fax 937-393-0590**

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## HILLSBORO INCOME TAX BUREAU

The following information will aid us in preparing forms for your use under Title Three, Chapter 35 of the City of Hillsboro, Code of Ordinances. Kindly answer all questions fully and mail this questionnaire to the Hillsboro Income Tax Bureau at 130 N. High Street, Hillsboro, Ohio 45133. Your compliance with this request within five (5) days will be greatly appreciated.

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

TRADE NAME (IF ANY) \_\_\_\_\_

HILLSBORO JOB LOCATION \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_

NAME & ADDRESS WHERE TAX FORMS ARE TO BE SENT (if different from above)

Check which pertains:

Individual Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Non-Profit Organization \_\_\_\_\_ Other \_\_\_\_\_

Do you have employees who will be working in the city and subject to the city tax?

Yes \_\_\_\_\_ No \_\_\_\_\_ Approximate number \_\_\_\_\_

Does your accounting period end on December 31<sup>st</sup>? \_\_\_\_\_ (calendar year)

If a fiscal year, give day and month your fiscal year ends. \_\_\_\_\_

NOTE: (fiscal year ending must be same as used for Federal Income Tax Purposes.)

Give beginning date of doing business in the City of Hillsboro \_\_\_\_\_

Please list names & addresses of all subcontractors working on this job.

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