

**** MUST BE NOTARIZED ****

Building & Zoning Department
City of Bradford
24 Kennedy Street
Bradford, PA 16701
(814) 362-3884, ext. 121 Fax: (814) 368-3335

Demolition Application

Location of proposed demolition: _____ **Date of Application:** _____

Total Cost of demolition (demo cost, trucking, hauling, disposal, etc.) _____

Owner Name: _____ Demo. Contractor: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Description of proposed structure to be demolished: _____

Dimensions of proposed structure for demolition and include floor levels: _____

List all other structures located on property: _____

Does the structure have any water or sew hookup currently? Yes _____ No _____

Please draw on the back of this form a plot plan of the property and label the property lines. Include a drawing of the proposed demolished structure (shown in broken lines) all distances from it to the property lines and to all other buildings. Please identify each building.

You will need to complete an application for Sidewalk Use and/or Occupancy if any equipment or refuse containers are blocking any sidewalk or parking spaces.

PERMIT HOLDER IS RESPONSIBLE FOR ADHERING TO THE FOLLOWING CONDITIONS:

- ≥ MUST CALL PA ONE CALL PRIOR TO DEMOLITION AT (800) 242-1776.
- ≥ All utilities must be disconnected and/or abandoned.
- ≥ Must obtain a Disconnect Permit from the Bradford Sanitary Authority (814) 368-6254 prior to demolition. The sanitary sewer must be capped and inspected before covering over. Work will be done as per the Sanitary Dept. requirements.
- ≥ A copy of the contractor's Certificate of Insurance and Workman's Compensation is needed (or exemption form signed).
- ≥ Contractor must pay Business Privilege Tax, which is based on the **total cost of project**.
- ≥ If asbestos is present, all rules and regulations concerning asbestos removal must be adhered to. All asbestos materials must be removed to an authorized location for disposal.
- ≥ If new construction is not taking place, any holes or ground depressions must be filled to the ground contour, leveled and seeded.
- ≥ All sidewalks must remain. Any damage to sidewalks, curbs or streets are the responsibility of the permit holder to repair.
- ≥ Traffic control (flagmen, etc.) if needed is the responsibility of the permit holder.
- ≥ All debris must be removed from the site and disposed of in accordance with the terms and conditions of the McKean County Landfill Ordinance.
- ≥ Contact this office for a final inspection upon completion of demolition.
- ≥ A demolition permit is valid for **30 days** upon the date of issuance.

Owner: _____

Applicant: _____

Mailing Address:

(STREET)

(STREET)

(CITY, STATE, ZIP)

(CITY, STATE, ZIP)

(PHONE)

(PHONE)

(OWNER'S SIGNATURE)

(APPLICANT SIGNATURE)

Sworn before me this _____ day of _____ Year _____

(Notary)

OFFICE USE ONLY:

Disconnect Permit: _____ Certificate of Insurance: _____

This application has been: APPROVED / DENIED

By: _____ Date ____/____/____

Fee Amount: _____ Permit# _____ Issued: _____



City of Bradford

Business Privilege Tax Return



Attn: Services & Landlords

The Business Privilege Tax is a gross receipts tax. It is levied, under the authority of Ordinance #3101 of December 16, 1986, on all persons or entities carrying on or exercising any trade, service, profession, construction, brokering, communication, consulting or other commercial activity or service attributable to activity, an office or other place of business in the City of Bradford.

The rate of this tax is (6) mills (\$6.00 per \$1,000.00)

Failure to file this Business Privilege Tax return and pay the tax calculated to be due is a punishable offense. Regulations explaining the application of the Business Privilege Tax are available by calling Berkheimer @ 1-610-599-3140 or visiting the website @ hab-inc.com.

Resident & non-resident contractors performing work in the City of Bradford shall, before beginning work, at the time a building permit is obtained, file a return, and pay the tax due thereon based upon the amount they are receiving for performing said contractor.

* If Applicant is the Owner & Contractor of property that is requiring a permit ~ No BPT will be applied *

**** All Information on this form is Confidential ****

For office use only:

Building permit #: _____ Parcel ID#: _____

Address: _____

Total cost of work performed \$ _____

x's .006 = Total Tax Due \$ _____

Contractor: _____ **Phone#:** _____

Address: _____

(Authorized Signature)

(Date)

Please make checks payable to: Bradford City Treasurer

City of Bradford
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