

**CITY OF BRADFORD**  
**BUILDING /ZONING DIVISION**  
FAX: 814-368-3335

**Must furnish proof of continuing Bond or  
Insurance in the amount of \$10,000 per sign**

**SIGN APPLICATION**

(Please PRINT. Application is PER SIGN. Note: A DRAWING is required.)

Regarding Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Rec'd \_\_\_\_\_  
(Where the sign will be erected)

Contact Person/Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Estimated Cost of Sign: \_\_\_\_\_

Owner of Property: \_\_\_\_\_ Sign Installer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Wording to appear on sign: \_\_\_\_\_

Will sign be illuminated? Yes \_\_\_\_\_ No \_\_\_\_\_ Underwriter's label # \_\_\_\_\_

Sign type: Wall Pole Ground Billboard Canopy Awning Other: \_\_\_\_\_

Overall measurements of sign: \_\_\_\_\_ Weight: \_\_\_\_\_

Height from ground to: Bottom of sign: \_\_\_\_\_ Top of Sign: \_\_\_\_\_

Distance from the outer surface of sign to the curb: \_\_\_\_\_ To side and/or lot lines: \_\_\_\_\_

Wind Load Requirement \_\_\_\_\_ P.S.F. (City code requires min. of 40 P.S.F.)

Distance between the building & the sign: \_\_\_\_\_ Length of building front: \_\_\_\_\_

Type of post/mounting to be used: \_\_\_\_\_

\*(An inspection from this office is required before pouring concrete)

\*(Upon completion, an electrical certificate is required for this office if a UL# has not been provided.)

Applicant's Comments: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For office use only)

Approved / Denied, Bldg. Insp. Signature \_\_\_\_\_ Date: \_\_\_\_\_

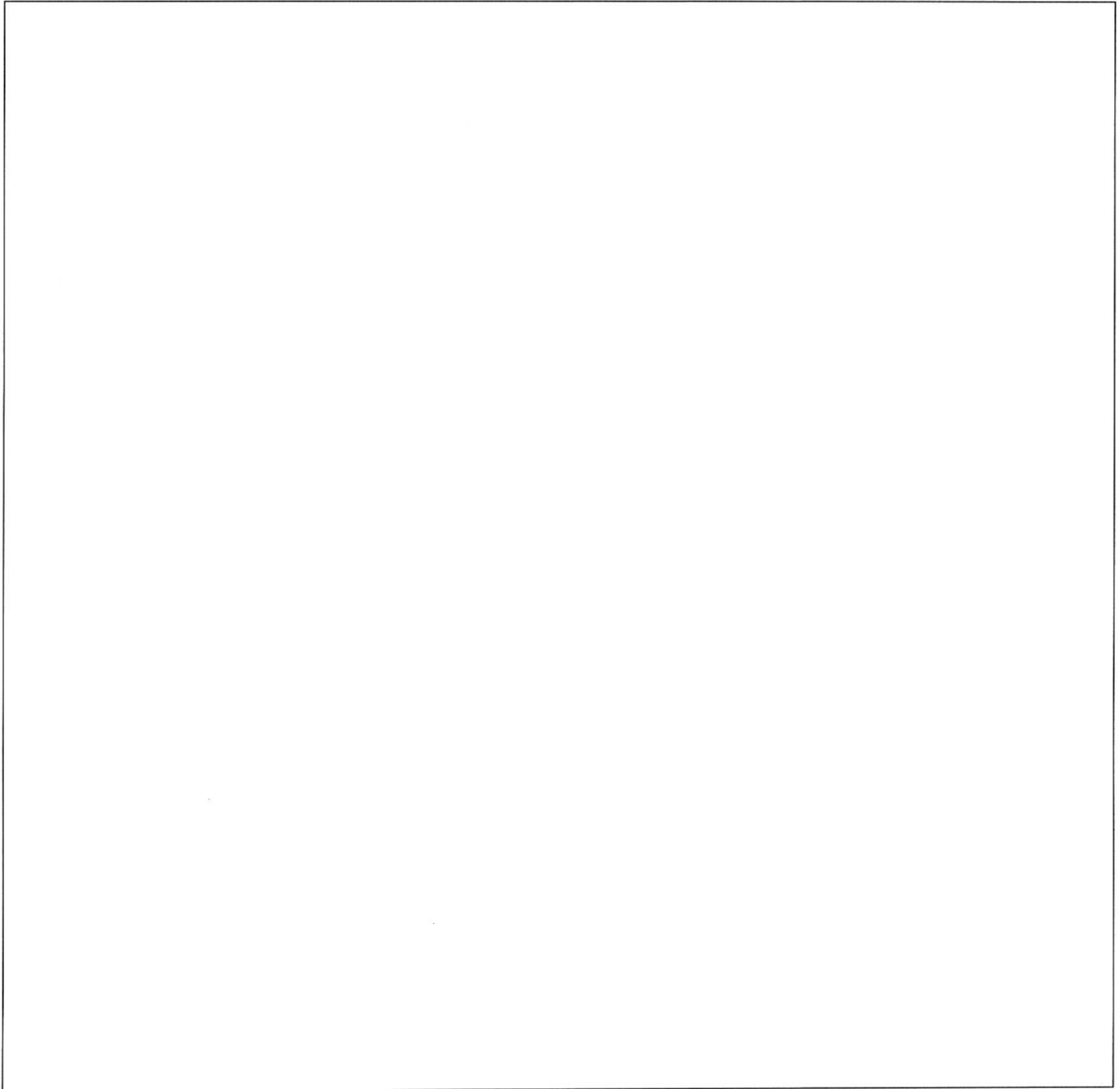
Approved / Denied, Zoning Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit # \_\_\_\_\_ Date issued: \_\_\_\_\_ Fee: \_\_\_\_\_ Date Pd: \_\_\_\_\_

Regarding Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

- Please provide a drawing of the premises to include the location of the sign, all measurements of the sign and all distances from all buildings, public right-of-ways, as listed on the first page of this application.
- The front property line is to be measured from the inside of the sidewalk (closest to the property, not the street). If there is NOT a sidewalk, please contact our office so we may help you calculate the distance using street widths. Please indicate where the front of the property is situated on this sheet.
- Thank you.

A large, empty rectangular box with a thin black border, intended for a drawing of the premises. It occupies the lower two-thirds of the page.



# 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  
24 Kennedy Street  
Bradford, PA 16701