

City of Bradford

Permits Department

24 Kennedy Street Bradford, PA 16701 814-362-3884 ext. 121 / Fax 814-368-3335



Email: M. Verolini@bradfordpa.com

Demolition ~ Permit Application

Date of Appli	cation://	Residential:	Commercial:
Location of pro	pposed Demolition:	Sugaritan	
Total Cost of d	emolition (demo cost, trucking, har	uling, disposal etc.):	
Owner Name:		Demo Contractor:	
Address:		Address:	
Phone:	CHANGE MANAGERICAN	Phone:	
Description of	proposed structure to be demolishe	d:	
Dimensions of	proposed structure for demolition a	and include floor levels:	
List all other st	ructures located on the property:		
You will be req		on for Sidewalk Use and/or ng any sidewalk or parking s	Occupancy if any equipment or refuse paces.
*****	*********	*********	***********

PERMIT HOLDER IS RESPONSIBLE FOR ADHEREING TO THE FOLLOWING CONDITIONS

- Must contact PA One Call prior to demolition @ (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. Permit must be submitted with COB Demo permit application, The sanitary sewer must be capped and inspected before covering over. The work will be done as per Sanitary Dept. requirements.
- > A Copy of the contractors Certificate of Insurance & Workman's Compensation is needed (or exemption form signed).
- Contractors must pay Business Privilege Tax, which is based on the total cost of the 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 per the City's Property Maintenance Code.
- Any damage to the sidewalks, curbs or streets is the responsibility of the permit holder to repair.
- > Traffic Control (flagman etc) if needed is the responsibility of the permit holder,
- All debris must be removed from the site & disposed of in accordance with the terms & conditions of the McKean County Landfill Ordinance.
- Contact this office for a final inspection upon completion of demolition.
- ➤ Valid for not more than 5 years from issue date
- > Permit becomes invalid if construction work has not started within 180 days if issue
- > Permit becomes invalid if construction work is abandoned for more than 180 days after work started.

I certify that the information on this Permit Application is true and correct and that any changes shall be applied in writing and approved by the City of Bradford Permit office.

	Date://			
~ Office Use Only ~				
Dat	e:/			
App#				
	nd to the best of les and regulations.			
-	Only ~ Date App# reviewed a plicable cod			



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

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