<u>CITY OF BRADFORD</u> <u>BUILDING /ZONING DIVISION</u> 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_			
Name: (Where the sign will be erected)				
Contact Person/Applicant:	Phone:			
Address:	of Sign:			
Owner of Property:	Sign			
Address:				
Phone:	Phone:			
Wording to appear on sign:				
Will sign be illuminated? YesNo U	nderwriter's label #			
Sign type: Wall Pole Ground Billboard Canopy A	wning 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 anc/or lot lines:			
Wind Load RequirementP.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:			
Owner's Signature				
(For office use only) Approved / Denied, Bldg. Insp. Signature	Date:			
Approved / Denied, Zoning Officer's Signature	Date			
Permit #Date issued:	Fee:Date Pd:			

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•	and the state of t				
 The from 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 suing street widths. Please indicate where the front of the property is situated on this sheet. 					
•	Thank you.				



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

Perm	iŧ	No.		
CIIII		IV.		

Bureau Veritas North America, Inc. 245 Allegheny Blvd. Brookville Pa 15825 (814) 849-2448 PERMIT APPLICATION

Township or Borough:		Dat	e:
Work Site Address:			
(street)	(city)	(state)	(zip)
Owner/Applicant:		Phone:	
Mailing Address:			
(street)	(city)	(state)	(zip)
Contractor:		Phone:	
Contractor Address:(street)	(city)	(state)	(zip)
TYPE OF WORK (Please check either "Reside		le all informatio	on requested)
Residential Project: Description		Cost	t \$
New Bldg. Square Footage All Floors:	(not including garage)		
Finished Basement Square Footage (if a	pplicable)		
Office Use Only Use Group Construction Type			
Commercial Project: Description_			t \$
■ New Building ■ Existing Building	ng New Bldg. Square Footage	All Floors:	
Use Group Construction Type	e Occupancy Load	Code Use	d
I hereby certify that the proposed work is authorized as his/her authorized agent and we agree to conform	d by the owner of record and that I am or have to all applicable laws of this jurisdiction.	been authorized	to make this application
Print Name			
Signature		Date	
	OFFICE USE ONLY		
Building Plan Review Date:	Approved	Not Ap	pproved
Plan Reviewer:	Permit Fee: \$		OVER

DIRECTION FORM

ADDRESS OF PR	OJECT	-			
BETWEEN	(cross street) AND (cross street)				
	(cross street)		(cross street)		
PLEASE PROVIC LOCATION:	DE DETAILED INSTRUC	CTIONS ON HOW	TO GET TO THE CONSTRUCTION		

TO BE INCLUDED WITH EVERY BUILDING PERMIT APPLICATION

POLICY GUIDELINES AND CHECKLIST FOR COMMERCIAL SIGN PERMITS

As required by Bureau Veritas North America, Inc.

ALL INFORMATION MUST BE FILLED IN, CHECKED OR MARKED N/A

ApplicationLocal Municipal ApprovalTwo copies of sign design soft construction, including loads,	howing dime stresses and	nsions, materials and required details anchorage details.
 Please check with building co required. 	de official to	determine if stamped design is
Fees will be determined by us renovation schedule.	ing the Bure	au Veritas sign and alteration/
If branch circuit supply to sign	electrical per	another contractor, the owner needs mit. Sign permit cannot be finalized
SIGNS EXEMPT FROM PERMITS:		
 Painted non-illuminated signs Temporary signs announcing the Signs erected by transportation Projecting signs not exceeding 2 The changing of moveable parts changes, or the repainting or repainted 	authorities 5 square fee of an approv	et ed sign that is designed for such
THE FOLLOWING INSPECTIONS W	ILL BE REQU	IRED, WHEN APPLICABLE:
Inspection Category:		Inspector sign-off and date
1. Foundation (prior to placement of	of footings)	
2. Frame (prior to finish)		
3. Electrical (rough in)		
4. Final (prior to job completion and leaving job site)	Building	
	Electric	

This is a directory of inspections that must be posted at the job site and approved in order to obtain a Certificate of Approval. It is the responsibility of the permit holder to call at least 24 hours in advance to schedule the above inspections.

THIS COMPLETED FORM MUST BE TURNED IN WITH PLANS