

Permit No. _____

Bureau Veritas North America, Inc.

245 Allegheny Blvd. Brookville Pa 15825 (814) 849-2448

PERMIT APPLICATION

Township or Borough: _____ Date: _____

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 "Residential" or "Commercial" below and provide all information requested)

Residential Project: Description _____ Cost \$ _____

New Bldg. Square Footage All Floors: _____ (not including garage)

Finished Basement Square Footage (if applicable) _____

Office Use Only

Use Group _____ Construction Type _____ Code Used _____

Commercial Project: Description _____ Cost \$ _____

New Building Existing Building New Bldg. Square Footage All Floors: _____

Use Group _____ Construction Type _____ Occupancy Load _____ Code Used _____

I hereby certify that the proposed work is authorized by the owner of record and that I am or have been authorized to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Print Name _____

Signature _____ Date _____

OFFICE USE ONLY

Building Plan Review Date: _____

Approved

Not Approved

Plan Reviewer: _____

Permit Fee: \$ _____

OVER

DEMOLITION GUIDELINES AND CHECKLIST

As required by Bureau Veritas North America, Inc.

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

_____ Application

_____ I understand that I am responsible for notifying all adjoining neighbors of the demolition project (one week in advance)

_____ Pennsylvania One Call has been contacted (800-242-1776) Authorization Number _____

_____ I understand that I am responsible for contacting the local municipality in order to inspect all disconnects and capping of all service utility connections and lines in accordance with local jurisdiction requirements including sewer and/or water lines prior to backfilling

_____ I understand that I am responsible for public safety

_____ I understand that I am responsible to fill and maintain to the existing grade so that no water may accumulate

_____ Plans for waste disposal _____ (must be an approved and accepted manner)

_____ I understand that I am responsible for contacting DEP (www.dep.pa.gov) for all commercial demolition projects and for all controlled burn projects. (a minimum of 10 days advanced notice is required

prior to commencement of demolition) Date of notification _____

_____ I understand that I am responsible for notifying all local utility companies to ensure that services have been disconnected from premises and disconnected from main lines. (For example: Penelec, United Electric, National Fuel, etc.) prior to commencing demolition

I have read and answered the above checklist and guideline questionnaire to the best of my ability and solemnly swear that all information given is truthful.

Signature of applicant: _____ Date _____

I/we, certify that I/we own the property for which application is made for a UCC demolition permit and that the applicant has my/our approval to demolish this property or act as my/our agent in the demolition of this property. (All property owners must sign)

Signature of Property Owner _____ Date _____

Signature of Property Owner _____ Date _____

Signature of Inspector or Authorized Office Personnel: _____

**PLEASE NOTIFY BUREAU VERITAS
AS TO WHEN DEMOLITION WILL COMMENCE**

THIS COMPLETED FORM MUST BE TURNED IN WITH APPLICATION

TOWNSHIP/BOROUGH

MUNICIPAL PRIOR APPROVALS (To ensure that all local ordinances are complied with, this form must be completed by the applicant and signed by a Municipal Official prior to the issuance of a building permit by Bureau Veritas North America, Inc.)

Property Owner: _____ **Phone:** _____

Mailing Address: _____

Contractor: _____ **Phone:** _____

Address: _____

Project Cost: \$ _____

Please check one below:

Residential Project: Description _____ **Size:** _____

Commercial Project: Description _____ **Size:** _____

Work Site Address: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature: _____ **Date:** _____

APPLICANT MUST HAVE TOWNSHIP/BOROUGH COMPLETE THE FOLLOWING:

Site Located Within Flood Plain? _____ **Zoning Type** _____

Type of Sewage: _____ (Approval Attached) **Not Applicable**

Type of Water: _____ (Approval Attached) **Not Applicable**

Road Occupancy Permit: _____ (Approval Attached) **Not Applicable**

Stormwater Management: _____ (Approval Attached) **Not Applicable**

I hereby certify that this application is in compliance with all relevant ordinances of Township/Borough and therefore eligible for Municipal approval.

Date Approved/Issued: _____

Township/Borough Officer/Secretary: _____

NOTICE TO ALL DEMOLITION CONTRACTORS

**ACT 97 – THE SOLID WASTE MANAGEMENT
ACT (1980)
SECTION 610, ITEM 3**

**STATES: IT IS UNLAWFUL TO BURN SOLID
WASTES WITHOUT A PERMIT FROM THE
DEPARTMENT OF ENVIRONMENTAL
PROTECTION (DEP)**



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