

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: _____

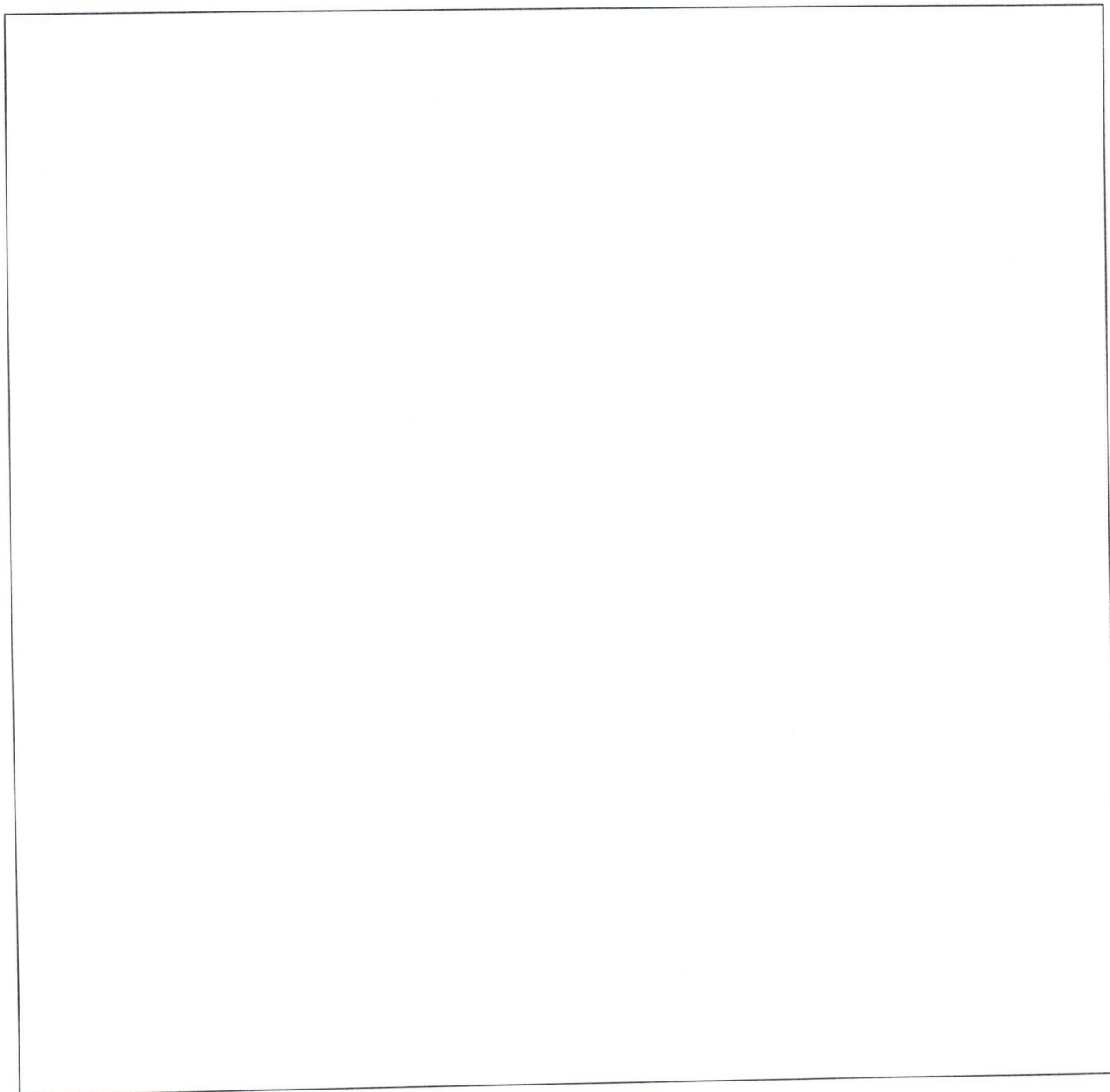
Approved / Denied, Zoning Officer's Signature _____ Date _____

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 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 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, occupying the lower half of the page. It is intended for a drawing of the premises, including the location of the sign, measurements, and distances from buildings and public right-of-ways.



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

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

DIRECTION FORM

ADDRESS OF PROJECT

BETWEEN _____ AND _____
(cross street) (cross street)

PLEASE PROVIDE DETAILED INSTRUCTIONS ON HOW TO GET TO THE CONSTRUCTION LOCATION:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

_____ Application
_____ Local Municipal Approval
_____ Two copies of sign design showing dimensions, materials and required details of construction, including loads, stresses and anchorage details.

- Please check with building code official to determine if stamped design is required.
- Fees will be determined by using the Bureau Veritas sign and alteration/renovation schedule.
- If branch circuit supply to sign is done by another contractor, the owner needs notified to obtain a separate electrical permit. Sign permit cannot be finalized until all inspections are complete.

SIGNS EXEMPT FROM PERMITS:

1. Painted non-illuminated signs
2. Temporary signs announcing the sale or rent of property
3. Signs erected by transportation authorities
4. Projecting signs not exceeding 2.5 square feet
5. The changing of moveable parts of an approved sign that is designed for such changes, or the repainting or repositioning of display matter shall not be deemed an alteration

THE FOLLOWING INSPECTIONS WILL BE REQUIRED, WHEN APPLICABLE:

Inspection Category:		Inspector sign-off and date
1. Foundation (prior to placement 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