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:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

TO BE INCLUDED WITH EVERY BUILDING PERMIT APPLICATION

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 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