



DEPARTMENT OF PUBLIC WORKS
 24 KENNEDY STREET
 BRADFORD, PA 16701

(814) 362-3884 x121
 Fax: (814) 368-3335

Application for Right-of-Way Street and Sidewalk Use and Occupancy Permit

(APPLICANT PLEASE COMPLETE ITEMS 1 – 22. ALL INFORMATION IS REQUIRED.)

Applicant must obtain a permit before commencing work and pay in full before permit is issued.
 Permit processing requires at least 72 business hours from the date of submission.

Application Information	1. Exact location of proposed Work or Activity	2. Application Date	Status	Permit Number
Applicant Information	3. Name (First Last)	4. Company Full Legal Name (if applicable)		
	5. Name of Representative (First Last)	6. Title of Representative		
	7. Preferred Phone	8. Fax	9. Email Address	
	10. Applicant Street Address	11. City, State ZIP Code		
	12. PA Contractor License #			
Owner of Real Property Served by Work (If applicable)	13. Owner Name (First Last)	14. Phone		
	15. Owner Street Address	16. City, State ZIP Code		

17. Block Numbers: Between and **18. Linear Feet of Work:**

19. From Date: Time: To Date: Time: No. of Calendar Days:

20. Purpose of Work, Activity, or Use of Public Right-of-Way ("Work") (Check and answer all below that apply.)

- Portable Storage Device:** (maximum 30 days permitted) Device Dimensions/Linear Feet:
- Construction Equipment:** Bobcat Crane Dumpster/Roll-Off Container Excavator Scaffolding
- Trailer/Truck:** Dimensions: Other, Specify:
- Travel/Parking Lane Closure** (Traffic Control Plan required)
 - No Yes Will parking meters be blocked? Provide ID number for each blocked meter below.
- Sidewalk Closure** (Traffic Control Plan required)
 - No Yes Will bus stops to be closed? Provide blocked stops below.
- Parking Meter Blocked:** ID # for blocked meters.
- Bus Stop Closure:** ID # for closed stops.

Total Permit Fee (per occupancy) \$

Additional Inspections: x \$ = \$

Additional inspection fee to be paid upon permit closure.

DPW Official Closure Initials:

I hereby certify that I have the full authority to make the foregoing Application as, or on behalf of, the Applicant; the information in this Application and the required submittals are complete and correct; the Work and facilities to be installed shall comply with all laws of the Commonwealth of Pennsylvania, and all ordinances, rules, regulations, policies, and special conditions of the City of Bradford, PA.

21. Signature of Applicant: _____ **22. Date:** _____

23. Signature of DPW Officer: _____ **24. Approval Date:** _____

25. Signature of Zoning Officer (if applicable): _____ **26. Approval Date:** _____

THIS PERMIT IS VALID FROM THROUGH .