

**BRADFORD COUNTY
MISCELLANEOUS PERMIT
APPLICATION**

OWNER'S INFORMATION

NAME OF PROPERTY OWNER: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

TYPE OF MISCELLANEOUS PERMIT

ELECTRICAL _____ MECHANICAL _____ DOCK _____

PLUMBING _____ ROOFING _____ OTHER _____

TOTAL SQUARE FOOTAGE (IF APPLICABLE): _____

PROJECT DESCRIPTION: _____

CONTRACTOR'S INFORMATION (IF APPLICABLE):

CONTRACTOR'S NAME: _____

ADDRESS: _____

TELEPHONE #: _____ CONTRACT VALUE: _____

REQUIRED INFORMATION

POWER COMPANY: (IF APPLICABLE) _____

PARCEL ID NUMBER: _____

SECTION: _____ TOWNSHIP: _____ RANGE: _____

DIRECTIONS TO JOB SITE: _____

DATE: _____

SIGNATURE (OWNER / CONTRACTOR) : _____