## Borough of Bellevue

537 Bayne Ave, Bellevue, Pa 15202

Telephone (412) 766-7453 Fax (412) 766-5930

## SIDEWALK, MERCHANDISE DISPLAY PERMIT APPLICATION

DATE:				
APPLICANT: (Full Name)		PHONE:		
HOME ADDRESS:			STATE:	ZIP CODE:
BUSINESS NAME:		PHONE:		
BUSINESS ADDRESS:			STATE:	ZIP CODE:
TYPE OF BUSINESS: _				
PERMIT FEE: \$ <u>30.00</u>	DATE RECEIVED:	RECEIVED BY:		
*MUST ATTACH COPY	OF INSURANCE POLICY.	WITH MY/OUR SIGNATE	URE, I/WE I	HEREBY ATTEST THAT I/WE
HAVE RECEIVED A CO	PY OF ORDINANCES PERMI	TTING CERTAIN PORTIONS	OF THE SI	DEWALKS TO BE USED FOR
MERCHANDISE DISPLA	AY) AND FULLY UNDERSTAI	ND AND AGREE TO ABIDE E	BY THE REG	QUIREMENTS AS SETFORTH
THEREIN.				
APPLICANT(S) SIGNAT	TURE(S):			
APPROVED [ ]	DISAPPROVED [ ]			
CODE OFFICIAL SIGNA	ATURE:			DATE:
		* * * * *		
	<b>Bor</b>	ough of Bellevue		
	537 Bayne	Ave, Bellevue, Pa 1520 2) 766-7453 Fax (412) 766-5930	2	
	SIDEWALK, MER	CHANDISE DISPLAY	PERMIT	
ISSUE DATE:		F	PERMIT NO.	
APPLICANT: (Full Name	e)		PH	ONE:
BUSINESS NAME:		PH	ONE:	
BUSINESS ADDRESS:			_STATE: _	ZIP CODE:
TYPE OF BUSINESS: _				
	PERMIT EXPIRATIO	N DATE: <b>DECEMBER 31,</b>		

MUST BE DISPLAYED IN WINDOW OF BUSINESS DURING SIDEWALK USE

CODE ENFORCEMENT OFFICER: \_\_\_