

# Keycodes Inspection Agency

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Bethlehem, Pennsylvania 18018

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## Certificate of Occupancy Request Form

Subject Property Address: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_

Owner(s) Phone Number: \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Lessee(s) Name: \_\_\_\_\_

Lessee(s) Address: \_\_\_\_\_

Lessee(s) Phone Number: \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Current Use and Business Name: \_\_\_\_\_

Proposed Use and Business Name: \_\_\_\_\_

**Lessee(s) with signed contract/agreement must be onsite for inspections, no exceptions.**

Date of opening: \_\_\_\_\_ Requested Date of Inspection: \_\_\_\_\_

Contact Name & #: \_\_\_\_\_

Days of Operation Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours of Operation: \_\_\_ am \_\_\_ am \_\_\_ am \_\_\_ am \_\_\_ am \_\_\_ am \_\_\_ am

\_\_\_ pm \_\_\_ pm \_\_\_ pm \_\_\_ pm \_\_\_ pm \_\_\_ pm \_\_\_ pm

Type of Signs for Display and or Advertising

Quantity: \_\_\_ Wall \_\_\_ Window \_\_\_ Roof \_\_\_ Ground \_\_\_ Other (describe) \_\_\_\_\_

Size: \_\_\_ x \_\_\_ New or Existing (use additional sheet if necessary)

**COMMERCIAL FEES: List square footage of building to be inspected** \_\_\_\_\_

\$126.00 for first 1000 sq. ft. or less (single site visit only) \_\_\_\_\_

\$21.00 for each additional 1 - 500 sq. ft. \_\_\_\_\_

Certificate of Occupancy.....\$26.25 Ea. \_\_\_\_\_

Check# \_\_\_\_\_ Cash \_\_\_\_\_ Total Amount Received: \$ \_\_\_\_\_

Payment Received by: \_\_\_\_\_

Name of Applicant (Clearly Print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_