

# Keycodes Inspection Agency

1307 W. Lehigh St

Bethlehem, Pennsylvania 18018

Phone 610.866.9663

Fax 610.866.2664

www.keycodes.net

info@keycodes.net

Is this application under a Rental Program? Yes No

Sale of the Building? Yes No

Number of units: \_\_\_\_\_

Subject Property Address: \_\_\_\_\_  
(STREET) (CITY) (ZIP)

Check As Applicable: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial

Zoning Approval Date: \_\_\_\_\_

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

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

Owner(s) Contact: Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

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

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

Lessee(s) Contact: Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

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

Businesses must complete this section:

Municipality Issues Business Privilege License: Yes No

If yes, list number: \_\_\_\_\_ Year: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Date of opening: \_\_\_\_\_

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

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

\*Someone from Keycodes will call to confirm, your inspection is not scheduled until confirmation is made.\*

Applicant Name and Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_