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COMMERCIAL PLAN REVIEW INFORMATION FORM

Authority Having Jurisdiction (Municipality)_____

Project Address_____

Present Tenant Name_____

Present Use per IBC_____

Proposed Tenant Name_____

Proposed Use per IBC_____

Construction Type per IBC_____

Designer of Record_____ Email_____

Scope of Work (Provide detailed description)

Type of Review Requested (check all that apply)

Building Plumbing Electrical Mechanical Energy Accessibility Sprinkler Fire

Alarm Other_____

Design Standard Submitted (select one): IBC or IEBC

Square footage of affected area_____

Total building square footage_____

**Name of Applicant (please print)_____

**Signature of Applicant_____

**Email of Applicant_____

**Fax Number of Applicant_____