

Date:  
2019 Deposit: \$140.00 (Required)



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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 \_\_\_\_\_

Phone Number \_\_\_\_\_

**\*\*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 – Code Edition:  2015

Square footage of affected area \_\_\_\_\_

Total building square footage \_\_\_\_\_

**\*\*Name of Applicant (please print)** \_\_\_\_\_

**\*\*Signature of Applicant** \_\_\_\_\_

**\*\*Email of Applicant** \_\_\_\_\_

**\*\*Applicant: Phone number:** \_\_\_\_\_ **\*\*Fax number:** \_\_\_\_\_