

BOROUGH OF COPLAY

INSPECTION REQUEST

Complete the TOP portion of this form and return it to the Borough Office, 98 South 4th Street, Coplay PA 18037. Office hours are 8 AM – 4:30 PM, Monday through Friday. Please contact the Building Inspector within ten (10) days, after submitting this form, to schedule your inspection. Fees MUST be paid prior to the issuance of the Certificate of Occupancy.

APPLICANT'S NAME: _____

CURRENT MAILING ADDRESS: _____

TELEPHONE # _____ ALT. # _____

REALTOR'S NAME (if applicable): _____

OFFICE ADDRESS: _____

SITE LOCATION (for inspection): _____

FOR OFFICE USE ONLY

Date Received: _____

Owner Occupied Rental/Lease: Tenant Change 3 year Inspection Program Zone: A B C

DATE(S) OF VISIT(S): _____

VIOLATIONS: _____

CONDITIONS: _____

SIGNATURE: _____ DATE: _____

Returned to Office: _____ CO Issued: _____ Certificate # _____