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**Third-Party Inspection Company Info:**

Keycodes Inspection Agency

Borough Zoning Office

600 Monroe St.

Freemansburg, PA 18017

610-866-2220 (x105)

[zoning@boroughoffreemansburg.org](mailto:zoning@boroughoffreemansburg.org)

Office Hours: Tuesday 8am-10am

Thursday 2pm-4pm

**Inspection Procedures**

Below are the Inspection Procedures of the property to determine compliance with minimum standards and requirements:

\_\_\_Each dwelling unit shall have a working smoke detector on each floor level & outside all sleeping room areas. Each room used for sleeping purposes shall have a working smoke detector.

\_\_\_An existing acceptable 60 ampere service or a minimum 100 ampere three (3) wire electric service must be installed for the dwelling.

\_\_\_GFI ground fault interrupters are required in all bathrooms, kitchen countertop areas, laundry rooms, outdoor receptacles and unfinished basements.

\_\_\_All electric wiring shall be secured & not hanging & shall terminate & connect to a junction box. All electrical boxes shall have proper covers (switch, outlet, and junction).

\_\_\_Appliance cords over 6 ft. are not permitted.

\_\_\_Garage door openers are not permitted on extension cords.

\_\_\_Sleeping rooms should have a minimum of (2) electrical outlets.

\_\_\_Water heaters shall be operational & have a functioning pressure relief valve with the proper drainage within 6 inches from the floor.

\_\_\_All heating units shall be in good working order, free from accumulation of combustible debris & or rubbish.

\_\_\_Light fixtures in closets shall be of approved type; no open bulb.

\_\_\_Proper bathroom ventilation shall be required (window or exhaust fan).

\_\_\_Minimum of 4” high and ½” stroke address numbers shall be clearly visible from the street of the dwelling & from alleys that provide access from the rear of a property by a vehicle in an area of four or more row homes or attached singe family dwellings.

\_\_\_Pools, hot tubs & spas shall be brought up to the minimum standards of the “PA Uniform Construction Code” (PA UCC) relating to enclosures or shall be removed.

\_\_\_Decks & porches more than 30 inches from grade: guardrail minimum of 36 inches high & spaced as not to allow a 4 inch sphere from passing through shall be required.

\_\_\_Securely fastened handrails & guardrails are required on all stairways (interior & exterior) with more than 4 risers or more than 30 inches high.

\_\_\_Sump pumps, floor drains, downspouts shall not be connected to the public sewer system.

\_\_\_Roofs shall be structurally sound and water tight.

\_\_\_Every window (other than fixed units) that can be used as an emergency escape must be easily opened & able to stay opened with the window hardware.

\_\_\_All glazing, there shall be no broken or missing glass in any window or door units.

\_\_\_Visible structural or other defects in the interior, exterior, including fireplaces & chimneys if determined by the inspector to be a potential life safety threat shall be corrected.

\_\_\_Fire separation measures relating to attached garages or accessory structures shall be in place.

\_\_\_Sanitation: no garbage, rubbish, or other debris shall be in or accumulated on the property.

\_\_\_Where required by Planning Commission and/or Council, installation of a Knox Box for non-residential properties, commercial properties, and multi-family units consisting if three or more family units accessed by common doorway entrances.

\_\_\_An additional inspection by the Borough Fire Marshall will be required for all non-residential properties, commercial properties where hazardous or combustible materials may be stored on-site & multi-family units consisting of three or more family units accessed by common doorway entrances.

\_\_\_An additional inspection by the Borough Fire Marshall may be required for residential one & two family dwellings where the Building Inspector, at his discretion, feels there is a fire-related health, safety, welfare or accessibility issue.

\_\_\_Non-conforming or illegally installed uses or structures shall be noted, if there is a life safety or accessibility issue may need to be removed.

\_\_\_Other Code violations, life safety issues, or Ordinance violations may have to be corrected before issuance of a Certificate of Continuing Use.

Keycodes Inspection Agency

PO Box 391

Bethlehem, Pennsylvania 18016-0391

Phone 610.866.9663 www.keycodes.net

Fax 610.866.2664 info@keycodes.net

**Certificate of Occupancy Fees for Existing Structures:**

**(Inspections based on Municipal Ordinances)**

1 – **Residential Dwellings**: Single Family, Single Family Townhouse, Single Family Twins, Semi-attached, Condominium Units and Mobile Homes.

$150.00 - each dwelling unit to be inspected up to two site visits and the Certificate of Occupancy

$25.00- B.O.F. Admin Fee

**$175.00 Total Residential Application Fee**

2 – **Commercial** and Industrial Buildings

$150.00 for first 1000 sq. ft. or less (single site visit only)

$25.00 for each additional 1 - 500 sq. ft.

$350.00 Maximum fee for initial inspection

$70.00 re-inspection (per visit)

$25.00 – Certificate of Occupancy

$50.00- B.O.F. Admin Fee

**\*Total Cost to be determined by KeyCodes-depending**

**Upon size of commercial property.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Application #** | **Property Address:** | | **Application Fee:** | | **Date of Application:** |
| **Anticipated Date of Change:** | **Name of Applicant:**  **Circle: Self / Realtor / Other** | **Phone Number:** | | **Email Address:** | |

|  |  |  |
| --- | --- | --- |
| **Residential** O | | **Non-Residential** O |
| Name of Resident(s) Moving Out: | | Name & Type of Old Business: |
| Name of Resident(s) Moving In: | | Name & Type of New Business: |
| # of Residential Units | | # of Non-Residential Units |
| Is this a rental? | | Is this an owner occupied home based business? |
|  | |  |
| Mailing Address & Phone # of owner if different than property address: | | |
| Applicant’s Signature & Date: | | |
| **Staff to Complete Information Below** | | |
| Work Completed On: | Inspection(s) Date: | |
| Inspection Comments: | | |
| Approved by Codes Official (Signature & Date) | | |