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Commercial Certificate of Occupancy Application

Application Date:	Start of Business Date:		
Location of Business:			
Business Name: (enter name under which business is conducted)		Number of Employees (including owners/partners)	
Type of Business:	Land Line Telephone Number for 9-1-1 Purposes:		
Property Owner's Name:	Telephone Number:		
Property Owner's Address:			
Business Owner's Name:	Telephone Number:		
Business Owner's Address:			
Representative/Applicant Name:	E-mail Address:		
	Telephone Number:		
1. Provide a description of the current use(s) on the propert First Floor commercial space.)	y. (For example	e: Second Floor apartment;	
2. Provide a description of the proposed use(s) on the propo	erty. (type of bu	siness)	
WILL YOU BE INSTALLING SIGNS? Yes No (If y	es, additional p	permit required.)	
ATTACH THE FOLLOWING TO THIS APPLICATION:	•	•	
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ATTACH THE FOLLOWING TO THIS APPLICATION: 3. Site Drawings – Property: Provide a stamped surveyor d	•	•	
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Please make checks payable to the City of Bethlehem and mail to: City of Bethlehem, Code Enforcement, 10 E. Church Street, Bethlehem, PA 18018