



DEPARTMENT OF COMMUNITY DEVELOPMENT
CITY OF CAPE CORAL

CO INSPECTION REQUEST FORM

CO Requests must be submitted prior to 1:00 pm**Please note: Calling prior to arrival is no longer an option. Inspectors no longer carry cell phones. Please assure the jobsite is ready for inspection.

PERMIT #: _____

Today's Date:	Request By Contractor: <input type="checkbox"/> Or Owner/Builder <input type="checkbox"/>
Site Address:	Company Name (if applicable):
Property Owner Name:	Contact Name:
	Contact #:
Do you wish CERTIFICATE to be faxed <input type="checkbox"/> or e-mailed <input type="checkbox"/>	Fax #: _____ E-MAIL: _____

Type of Permit:	Date Requesting:	*PIN# (Required):
*(If Commercial): Business Name:		Unit/Bldg#:
<u>Type of Inspection Requesting:</u>		
<input type="checkbox"/> CO Request	<input type="checkbox"/> Addition/Remodel Final	RE-INSPECTION: <input type="checkbox"/> YES or <input type="checkbox"/> NO
Special Comments to include different contact info if applicable:		

FOR CITY OF CAPE CORAL OFFICE USE ONLY

<p><u>Verification prior to granting request:</u></p> <p><u>CSR:</u></p> <p><input type="checkbox"/> Ownership <input type="checkbox"/> Legal Info <input type="checkbox"/> Contacts <input type="checkbox"/> Revisions <input type="checkbox"/> Inspections <input type="checkbox"/> Chronology Notes <input type="checkbox"/> Custom Screens</p> <p>CO Schedule Date: _____</p> <p><input type="checkbox"/> Passed: _____ <input type="checkbox"/> Failed: _____</p> <p>Solid Waste \$: _____ Paid Date: _____</p>	<p><u>CO Desk Comments</u></p> <hr/> <hr/> <hr/> <hr/> <hr/>
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Solid Waste Fees applied to New Construction must be paid by 10am for PM CO issuance.

Please call 239-574-0606 for questions regarding proper completion of this form.