

By Mail:
City of Cape Coral
P.O. Box 150006
Cape Coral, FL 33915-0006

CITY OF CAPE CORAL
New Construction /Utility Extension Application
Phone (239) 242-3853 • Fax (239) 242-3899
Email: uepnewconst@capecoral.net

In Person:
1015 Cultural Park Blvd.
Cape Coral, FL 33990

Please Type or Print Clearly / All fields are required / If not applicable, write N/A

Utility Account Name(s): _____

Contact/Applicant Name(s): _____

Address of Service Request: _____

Legal Description / Parcel ID# / STRAP#: _____

Activation Date: _____ Building / Utility Permit#: _____

Utility Billing Address: _____

City / State / Zip: _____

Phone: _____ Alternate Phone: _____ Email: _____

Have you had a Utility account with the City of Cape Coral? Yes No

If yes, provide Account # or address of service: _____

◆ **Service Type** (Select One) Residential Duplex Multi-family Commercial

◆ **Potable Water Service** – Is the site master metered? Yes No

Single meter – specify size (from 5/8” to 2”) = _____”

Compound meter – specify size = _____” x _____”

Protectus III meter – specify size = _____” x _____”

◆ **Sewer Connection** - Yes No

◆ **Irrigation Service** - Yes No

Will you be connecting existing sprinklers? Yes No

Irrigation Box only (Residential/Duplex)

Component Irrigation (Multi-Family)

Metered Irrigation (Multi-Family/Commercial)

Number of irrigation meters: _____ Size(s): _____

◆ **Fire Sprinkler Service** - Yes No Fire line meter size(s): _____

5/8” Bypass Meter Number fire lines: _____ Size(s): _____

Code of Ordinances Chapter 19,
Article I, Section 23 states “water
meters shall be furnished by and
remain the property of the city...”

Office Use Only
Customer ID/Acct: _____
SAID: _____ Rte/Cycle: _____
Clerk _____

❖ UTILITY DEPOSIT RATES ❖

5/8” = \$100.00 1” = \$130.00 1.5” (1 ½”) = \$255.00 2” = \$350.00 Each inch above = \$120.00

- A deposit shall be required for all new utility customers.
- Deposit Exemptions – A new customer will be exempt from the customer deposit requirement with a written statement from another utility company that previously provided service to the customer, stating that the new customer’s account was active for two (2) years AND had a good payment history for a minimum of twelve (12) months.
- **Please provide a copy of the driver license or govt issued id for all owners of record.**

Please read the following: *I agree to take water, sewer and/or irrigation service from the City of Cape Coral Utilities Division in accordance with the appropriate City ordinance, regulations and rate schedules now in effect and/or superseding ordinance, regulations and rates. I agree that if this account goes to a collection agency for an unpaid balance, I will be responsible for all collection charges.*

Signature of Applicant: _____ Date: _____

Driver’s License: State - _____ Number - _____

Signature of Applicant: _____ Date: _____

Driver’s License: State - _____ Number - _____