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 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 Cit	ty of Cape Coral? Yes \(\scale \) No \(\scale \)		
If yes, provide Account # or addre	ss of service:		
◆ <u>Service Type</u> (Select One) Residential ◆ <u>Potable Water Service</u> – Is the site mas Single meter – specify size (from Turbine meter – specify size =	ster metered? Yes No No	Commercial	Code of Ordinances Chapter 19, Article I, Section 23 states "water meters shall be furnished by and remain the property of the city"
Compound meter – specify size =		<u>Offi</u>	ce Use Only
Protectus III meter – specify size	=" x"	Customer ID/Acct	:
♦Sewer Connection - Yes ☐ No ☐		SAID:	Rte/Cycle:
<u> </u>		Clerk	
Irrigation Box [(Residential/D	uplex)	L	
Component Irrigation [] (Multi-	Family)		
Metered Irrigation 🗌 (Multi-Far	mily/Commercial)		
Number of irrigation meters: _	Size(s):		
♦<u>Fire Sprinker Service</u> - Yes ☐ No	Fire line meter size(s):		_
5/8" Bypass Meter ☐ Number	fire lines: Size(s):		
 A deposit shall be required for all Deposit Exemptions – A new curanother utility company that previous 	*UTILITY DEPOSIT RA 30.00 1.5" (1½") = \$255.00 2 new utility customers. stomer will be exempt from the customer will be exempt from the customer yment history for a minimum of twelver.	2" = \$350.00 Each include the control of the contro	
Please read the following: I agree to accordance with the appropriate City ordinates. I agree that if this account goes to a	-	now in effect and/or supe	rseding ordinance, regulations and
Signature of Applicant:		Date:	
Driver's License: State -			
Signature of Applicant:		Date: _	
Driver's License: State -	Number		