

Date:

CAPE CORAL FIRE DEPARTMENT

P.O. Box 150027 ● Cape Coral, Florida 33915 ● (239) 574-0501

AFTER HOURS INSPECTION REQUEST

Must be submitted 24 hours in advance of requested inspection date

Permit or Case#:

To: Fire Marshal		
I am requesting an after hours inspection(s) \$62.50 per hour, per inspector, with a two (inspection exceeds the two (2) hour minimum increments the next business day after the i SUBJECT TO INSPECTOR AVAILABIL scheduled through the IVR, eTRAKIT, or a	(2) hour minimum, payable upon in turn, a further fee of \$62.50 per hour inspection. AFTERHOURS INSPECTIVE. If the inspection is disapproved	spection request approval. If the r will be charged in one (1) hour CTION APPROVAL IS ed, the re-inspection must be
Address:		
Type of Inspection:	Inspection Date:	InspectionTime:
Company Name:		
Contact Person:	Contact Phone #:	
Contact E-mail:		
Contact person must be on jobsite at the time of After Hours Inspection		
Printed Name of Authorized Signer		
Signature of Authorized Signer		
*Inspection fee will be payable in person at the City of Cape Coral Cashier's Office		