



**APPLICATION FOR RENTAL INSPECTION
TOWN OF CAPE CHARLES BUILDING DEPARTMENT
Municipal Building
2 Plum Street
Cape Charles, Virginia 23310
(757) 331-2176 Fax (757) 331-4820
codeofficial@capecharles.org**

Rental Fee \$100

Date of Application: _____

Date and Time Inspection Requested: _____

Inspection Location: _____

Legal Description (Block & Lot): _____

Owner's Name: _____

Owner's Mailing Address: _____

Owner's Email Address: _____

Owner's Telephone #: _____ Owner's Fax #: _____

Agent: _____

Agent's Mailing Address: _____

Agent's Email Address: _____

Agent's Telephone #: _____ Agent's Fax #: _____

Home owner's Insurance Company: _____

Insurance Co. Mailing Address: _____

Insurance Co. Email Address: _____

Insurance Co. Telephone #: _____ Insurance Co. Fax #: _____

Type of Rental: _____ Long Term _____ Weekly / Daily

Number of Bedrooms: _____ Maximum Occupants: _____

Type of Heating: _____ Air Conditioned: _____

Applicant's Signature: _____