P.O. Box 150027 Cape Coral, FL 33915-0027 Tel. (239) 574-0546

AUTHORIZATION FORM- ESCROW REQUEST

Please submit completed form via email to permits@capecoral.gov . The information below must be completed to authorize activation of your escrow account for payment of permit fees. If you wish to make changes to any information on this form, you must submit a new form.			
	□ New Request		☐ Revised Request
Company Name:			
License Holder Name:			Phone:
Select the type(s) of fee(s) you wish to pay utilizing disbursements from your escrow account:			
	Permit Fees		
	Additional Fees (i.e., revision, re-submits, duplicate boards, completions, extensions, and any fees related to a permit)		
	Re-inspection Fees		
	CO Fees (all)		
	CO Fees (excluding solid waste)		
	Deposit Check Overage to Escrow Account (must authorize escrow usage also)		
SIGNATURE			
Print Name of License holder or Authorized Agent:			
Signature of License holder or Authorized Agent:			
Title:			Date:
OFFICE USE ONLY			
Processer Initials:		Date:	