



**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 \$50**

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: \_\_\_\_\_