

**CAPE CORAL, FLORIDA**  
**RESIDENTIAL RENTAL PROPERTY REGISTRATION FORM**

In order to ensure that property owners of residential rental properties are notified of code violations at their property, it is necessary for the City to maintain current and accurate contact information for such owners; and the City Council hereby finds that this ordinance is in the best interest of the public health, safety, and welfare. The owner of any residential rental property located in the City of Cape Coral shall be required to register said property with the Department of Community Development. A Residential Rental Property shall mean a dwelling unit located in a residential structure that is leased or rented to another person or entity. Residential rental property shall not include any dwelling unit that is owned by a federal, state, or local housing program or the federal Department of Housing and Urban Development, hotels, motels, or any community residential facility licensed and inspected by the state of Florida. Residential rental property shall not include dwelling units that are owner-occupied. The owner shall maintain current contact information with the Department and shall be required to notify the Department within thirty (30) days after any changes to the registration information provided to the City.

**PROPERTY OWNERS CONTACT INFORMATION:**

NAME(S): \_\_\_\_\_  
If property owner is a corporation, LLC, partnership or other entity, state of incorporation \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_  
PHONE #: Home \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**PROPERTY MANAGEMENT/MAINTENACE CONTACT INFORMATION:**

COMPANY/AGENT'S NAME(S): \_\_\_\_\_  
If property manager is a corporation, LLC, partnership or other entity, state of incorporation \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_  
PHONE #: Office \_\_\_\_\_ Cell \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

*All owners must provide the name and phone number of a natural person eighteen (18) years of age or older who can be contacted 24 hours a day 7 days a week and is able to respond to an emergency on the property. This person may be owner, agent or any other person OTHER THAN a resident of the rental unit, who has agreed to be the contact person.*

**OWNER AFFADAVIT** By signing below, I also further acknowledge that I have carefully reviewed this application and all facts, figures, and statements contained in this application are true, correct and complete. I further understand that failure to register a residential rental property with the City, or otherwise comply with this section, shall be a violation of this section and subject the owner to the code enforcement provisions and procedures provided in Section 2-81 through 2-96, Cape Coral Code of Ordinances and may result in the issuance of a citation or a notice of violation/notice of hearing that may require a hearing before a special magistrate and could result in administrative fines being imposed.

At the time of registering a residential rental property with the City, the owner shall pay a one-time registration fee of \$35.00 for an individual dwelling unit. Notwithstanding the foregoing, owners of residential structures containing more than one dwelling unit, when each unit is owned by the same owner and located on the same parcel, may register all such units with the Department under a single registration and pay a one-time registration fee of \$35.00.

**I HAVE READ THIS APPLICATION AND I HEARBY CERTIFY UNDER OATH THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Title/Capacity in relation to property \_\_\_\_\_

**Dwelling Type** (Select One): Single Family Duplex Triplex Four-plex Townhouse Condominium Other

**Rental Property Address:** \_\_\_\_\_ **# of Rental Units:** \_\_\_\_\_

**Name of the Community/Complex:** \_\_\_\_\_

**Name and Address of Association:** \_\_\_\_\_

**Dwelling Type** (Select One): Single Family Duplex Triplex Four-plex Townhouse Condominium Other

**Rental Property Address:** \_\_\_\_\_ **# of Rental Units:** \_\_\_\_\_

**Name of the Community/Complex:** \_\_\_\_\_

**Name and Address of Association:** \_\_\_\_\_

**Dwelling Type** (Select One): Single Family Duplex Triplex Four-plex Townhouse Condominium Other

**Rental Property Address:** \_\_\_\_\_ **# of Rental Units:** \_\_\_\_\_

**Name of the Community/Complex:** \_\_\_\_\_

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**Dwelling Type** (Select One): Single Family Duplex Triplex Four-plex Townhouse Condominium Other

**Rental Property Address:** \_\_\_\_\_ **# of Rental Units:** \_\_\_\_\_

**Name of the Community/Complex:** \_\_\_\_\_

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**Dwelling Type** (Select One): Single Family Duplex Triplex Four-plex Townhouse Condominium Other

**Rental Property Address:** \_\_\_\_\_ **# of Rental Units:** \_\_\_\_\_

**Name of the Community/Complex:** \_\_\_\_\_

**Name and Address of Association:** \_\_\_\_\_

**I HAVE READ THIS APPLICATION AND I HEARBY CERTIFY UNDER OATH THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Capacity in relation to property \_\_\_\_\_

\* Please make checks out to: **City of Cape Coral**

\*\* Mailing address: **City of Cape Coral  
C/O Code Compliance  
1015 Cultural Park Blvd  
Cape Coral FI, 33990**

\*\*\* Returned checks will incur an additional charge of \$35.00