



CITY OF CALLAWAY PLANNING DEPARTMENT
(Mobile Home –Moving Into An Existing Mobile Home Park)

DEVELOPMENT ORDER APPLICATION

Planning Department
6603 E. Hwy 22 Callaway, FL 32404
Phone (850) 871-4672 Fax (850) 871-2404

Mover Information

Contact Person: _____ Date of Application: _____
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Applicant Information

Name: _____
Address Moving To: _____
Name of Mobile Home Park (if applicable): _____
City: Callaway State: Florida Zip Code: 32404
Phone: _____ Fax: _____
If renting a private lot, name of owner: _____
Address of owner: _____
Owner's Phone: _____



APPLICATION FOR WATER/SEWER ALLOCATION

- Water Only
- Sewer Only
- Water/Sewer

- Residential
- Commercial
- Irrigation Meter

Date: _____

Name: _____

Address: _____

Telephone Number: _____

Project Information

Project Address: _____
(If different from above address)

Is this project located within the city limits of Callaway? YES NO

Additional Information Required:

- ** A complete set of blue prints or working drawings indicating all water fixtures within or outside the building. This includes dishwasher, hose bibs, and icemakers.
- ** A site plan.
- ** Additional certifications, plans and permits maybe required for construction in specific areas.

If Irrigation Meter Is To Be Installed:

- ** Number of rotating sprinkler heads: _____
- ** Number of non-rotating sprinkler heads: _____
- ** Number of Hose Bibs: _____ Size: _____
- ** Unless otherwise specified, a $\frac{3}{4}$ " irrigation meter will be used for estimating price.

EPCI CALLAWAY BUILDING DEPARTMENT

APPLICATION FOR BUILDING PERMIT

DATE: _____ Permit # _____ Permit Fee _____

OWNER'S NAME: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

CONTRACTOR'S NAME: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

STATE LICENSE NUMBER: _____ COMPETENCY CARD # _____

ADDRESS OF PROJECT: _____

PROPOSED USE OF SITE: _____

WILL THE STRUCTURE BE LOCATED AT LEAST 30 FEET FROM ANY BODY OF WATER?
___ YES ___ NO

PROPERTY PARCEL ID # _____

LEGAL DESCRIPTION OF PROPERTY: _____

IF THE APPLICATION IS FOR A COMMERCIAL PROJECT PLEASE LIST THE NAME OF THE BUSINESS:

BONDING COMPANY: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

ARCHITECT'S/ENGINEER'S NAME: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

MORTGAGE LENDER'S NAME: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

WATER SYSTEM PROVIDER: _____ SEWER SYSTEM PROVIDER: _____

PRIVATE WATER WELL: _____ SEPTIC TANK PERMIT NUMBER: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that NO WORK or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a

separate permit must be secured for electrical work, plumbing, signs, roofing, pools, furnaces, boilers, heaters, tanks, and air conditioners, etc.

PURPOSE OF BUILDING:

Single Family Townhouse Commercial Industrial
 Duplex Swimming Pool Storage Sign
 Multi-Family Demolition Other
 Addition, Alteration or Renovation of building. _____

Distance from property lines: Front _____ Rear _____ L. Side _____
 R. Side _____
 Cost of Construction \$ _____ Square Footage _____
 EPI _____ Flood Zone _____ Lowest Floor Elevation _____
 Area Heated/Cooled _____ # Of Stories _____ # Of Units _____
 Type of Roof _____ Type of Walls _____ Type of Floor _____
 Extreme Dimensions of: Length _____ Height _____ Width _____

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. For improvements to real property with a construction cost of \$2,500 or more, a certified copy of the Notice of Commencement is required to be submitted to this Department when application is made for a permit or the applicant may submit a copy of the Notice of Commencement along with an affidavit attesting to its recording. A certified copy of the Notice of Commencement must be provided to this Department before the second or any subsequent inspection can be performed. Filing of the documents that have been certified may be done by mail, facsimile or hand delivery.

NOTICE: EPCI: The Callaway Building Department does not have the authority to enforce DEED RESTRICTIONS or COVENANTS on properties.

OWNER'S AFFIDAVIT: I hereby certify that the information contained in this application is true and correct to the best of my knowledge. And that all work will be done in compliance with all applicable laws regulating construction and zoning.

Signature of Owner or Agent

Signature of Contractor

Date: _____

Date: _____

Notary as to Owner or Agent

Notary as to Contractor

My Commission expires: _____

My Commission expires: _____

APPLICATION APPROVED BY: _____ **BUILDING OFFICIAL.**

EPCI
CALLAWAY BUILDING DEPARTMENT
6601 EAST HIGHWAY 22
CALLAWAY, FLORIDA 32404
TELEPHONE: 850-874-9347 · FAX: 850-874-0880

**PLAN REVIEW SUBMITTAL FORM FOR MOBILE HOMES
(not for commercial use)**

All items listed below must be submitted when applying for a mobile home permit:

INCOMPLETE SUBMITTALS WILL NOT BE REVIEWED!

- 1. Site Plan showing dimensions to property and distance from property lines. Show all buildings and structures on property and locations of electrical service and mechanical equipment. SITE PLAN MUST BE POSTED ON JOB SITE; THIS INCLUDES MOBILE HOME PARKS.**

- 2. Blocking Plan and Anchoring Plan must be submitted AND POSTED ON JOB SITE. The area beneath and around the home must be graded for proper drainage.**

- 3. Legal description of property (private lot only).**

Address _____ Lot # _____

Installer's Name _____ License # _____

Installer's Signature _____ Phone # _____

Owner's Name _____ Phone # _____

Electrical Contractor _____ Phone # _____

Mechanical Contractor _____ Phone # _____

NOTE: Effective 10/1/96 F.S. 320.8249 requires permits for all manufactured/mobile home installations to be obtained by licensed contractors or dealers or their agent. A notarized letter of authorization is required for anyone other than the license holder to pull a permit. The homeowner will be allowed to obtain the permit only when he has a letter of authorization from the contractor. All new manufactured/mobile homes will have to be installed by the dealer or the installer/set-up contractor. Electrical and mechanical require a separate permit pulled by a licensed contractor. If performed by other than the licensed mobile home installer, water and sewer connections require permitting by a licensed plumber. Any additional or accessory structure will require a separate permit.

INSPECTION PROCEDURES

- 1.** Only licensed installer or agent can pull permit and call for inspections when set-up and electrical is complete.
- 2.** When approved, Gulf Power and City Hall will be notified for power and water connects. It is the owner's responsibility to set up accounts for power and water.
- 3.** If the inspections fail, the problems must be corrected and re-inspected before we will authorize power or issue the Certificate of Occupancy.

FOR INSPECTIONS CALL: 874-9347 (OFFICE HOURS: 7:30 A.M.-4:00 closed for lunch 12:00-12:30)

It is required that the installer ensure that these items have been checked prior to the inspection by the Building Department.

REINSPECTION FEES ARE \$50.00

Fire Safety/Electrical

- | | |
|---|---|
| <input type="checkbox"/> Smoke Detector: | Is it installed and operable? |
| <input type="checkbox"/> Electrical System Checked: | Is there exposed wiring? |
| <input type="checkbox"/> Distribution Panel: | Is it missing or loose? |
| | Is the main and/or breaker missing? |
| | Unplugged opening? |
| <input type="checkbox"/> Electrical Fixtures: | Are any missing, improperly installed, or inoperable? |
| <input type="checkbox"/> Electrical Ground: | Check the chassis, main panel, and gas pipe. |

Construction

- | | |
|--|--|
| <input type="checkbox"/> Exit Doors: | Front and back operable? |
| <input type="checkbox"/> Exit Door locks: | Missing or inoperable? |
| <input type="checkbox"/> Egress Windows: | Missing or inoperable? |
| <input type="checkbox"/> Windows: | Broken glass or inoperable? |
| <input type="checkbox"/> Screen: | Missing or damaged? |
| <input type="checkbox"/> Floor System: | Joist, decking damaged or deteriorated? |
| <input type="checkbox"/> Interior Paneling: | Missing, loose or damaged? |
| <input type="checkbox"/> Rodent Proofing: | Bottom board, pipe openings sealed? |
| <input type="checkbox"/> Leaks Apparent: | Ceiling, doors, floor or roof leaking? |
| <input type="checkbox"/> Vertical Tie-Down Straps: | Missing, short or damaged? |
| <input type="checkbox"/> Structural: | Are there structural modifications since manufactured? |
| <input type="checkbox"/> Walls: | Structurally unsound, loose and weather tight? |

Plumbing

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Trap: | Missing or not connected? |
| <input type="checkbox"/> Leaks: | Ceiling doors, floor or roof leaking? |
| <input type="checkbox"/> Relief Valve: | Missing or inoperable? |
| <input type="checkbox"/> Drain Waste/Vent Pipe: | Missing or unsupported? |
| <input type="checkbox"/> Fittings: | Proper alignment? |

Heating and Air-Conditioning

- Heating Appliances:** **Missing or unconnected?**
- Deleted Heating/AC system:** **Not installed?**
- Thermostat:** **Missing or inoperable?**
- Air Registers:** **Missing or inoperable?**
- Duct work:** **Not sealed, missing or collapsed?**
- Gas Furnace/Water Heater Vent:** **Missing or loose?**
- Return Air:** **Flows to furnace, to A/C through rooms?**
- Range:** **Vent or hood installed?**
- Gas Valve:** **Accessible, installed properly?**
- Gas Lines:** **Not capped, not supported or kinked?**