



**CITY OF CALLAWAY PLANNING DEPARTMENT
(Mobile Home – Individual Lot)**

DEVELOPMENT ORDER APPLICATION

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

Incomplete submittals will not be reviewed.
All items listed below must be submitted when building permit is applied for.

1. _____ Three complete sets of plans including:

A site plan with square feet of living space, total square feet of structure, all impervious surface, and setbacks from property to eaves.

Floor plan indicating all bearing walls, number of fixtures and exterior hose bibs.

2. _____ New address letter from Bay County.

3. _____ Complete water/sewer allocation application.

4. _____ A perimeter, foundation, and final survey of lot or recorded plat plan.

5. _____ Complete driveway permit application.

6. _____ Copy of a deed or other proof of ownership, rental agreement, or lease.

7. _____ Complete transportation impact fee worksheet

Applicant _____

Telephone number _____

Project address _____

Date _____

(DO NOT WRITE BELOW THIS LINE)

Elevation _____ Land Use District _____ Flood Zone _____ Total Square Feet _____

Connection fees _____ Set Meter fee _____ Account Deposit fee _____ C.A. fee _____

Driveway Permit fee _____ Water _____ Sewer _____ Transportation Impact fee _____

First Check _____ Second Check _____ Total Impact fees _____

Reviewed by _____ Date _____

Mobile Home Information

Old Mobile Home:

Bathroom fixtures

_____ Sinks
_____ Toilets
_____ Showers
_____ Tubs

Kitchen fixtures

_____ Sinks
_____ Dishwasher
_____ Ice Maker
_____ Other _____

Misc. Fixtures

_____ Washing machine
_____ Hose hookups
_____ Service sink
_____ Other _____

Make/model: _____ **Single Wide:** _____ **Double Wide:** _____

Number of Bedrooms: _____

New Mobile Home:

Bathroom fixtures

_____ Sinks
_____ Toilets
_____ Showers
_____ Tubs

Kitchen fixtures

_____ Sinks
_____ Dishwasher
_____ Ice Maker
_____ Other _____

Misc. Fixtures

_____ Washing machine
_____ Hose hookups
_____ Service sink
_____ Other _____

Make/model: _____ **Single Wide:** _____ **Double Wide:** _____

Number of Bedrooms: _____

Lot square footage: _____ **Dwelling square footage:** _____

Driveway square footage: _____ **Accessory building square footage:** _____

Pool square footage: _____ **Patio/Deck square footage:** _____

Setbacks: **Front:** _____ **Left side:** _____

Rear: _____ **Right side:** _____

Building height in feet: _____

Setback minimums are 20' in front, 5' on the side or 10' if abutting a corner, and 15' in the rear or 20' if abutting a street. Setbacks are measured from the building, not including overhang, to any natural or manmade feature (such as a road, body of water or property line). The above is for districts zoned R-5M and R-6M.

Floor area ratio: _____ **Lot coverage:** _____

Impervious surface: _____ **Landscape buffers: (h X w):** _____

Elevation: _____



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 ¾" irrigation meter will be used for estimating price.**

Applicant acknowledges receipt of this application or any of the attached documents by the City of Callaway does not constitute a grant or reservation of sewer allocation nor the approval of the application by the City.

Applicant acknowledges responsibility to pay all costs and expenses incident to the installation and connection of the building water/sewer. Applicant shall indemnify the city from any loss or damage that may directly or indirectly be occasioned by the installation of the building utility. Fees may include, but shall not be limited to labor, equipment, material, engineering, permitting, connection, deposit and impact fees. I understand the connection fees are NON-REFUNDABLE.

For any application outside the city limits, a 25% surcharge will be added to the total connection/impact fees for service.

All impact fees incurred must be paid at the time of the connection fees which include City of Callaway and Bay County impact fees.

Note: If other governmental permits are required additional time and cost may be incurred to obtain these permits.

I have read and understand the information described in this application.

Applicant's Signature: _____ Date: _____



DRIVEWAY AND PIPING PERMIT

I, _____, of (address) _____
request permission for the construction of the following on the City of Callaway right-of-way at:

Address of Project _____ Phone #: _____

- **Copy of deed or other proof of ownership is required**

Description of Project: _____

- New Residential
- Existing Residential
- Driveway Only
- Storm water Pipe

Will you be purchasing sod? Yes: _____ NO: _____. The City of Callaway will lay the sod upon completion of all ground work for existing residential only. The purchase of sod is optional.

- The driveway shall be constructed in accordance with the City of Callaway specifications.
- For traffic access area installation shall be with Reinforced Concrete Pipe (RCP) only.
- For the remainder of the ditch not directly under the driveway path, High Density Polyethylene Pipe may be used instead of RCP.
- The City of Callaway, Public Works Department shall assign the diameter of the pipe.
- The property must have an address posted and the construction area must be flagged in order for pipe to be delivered.
- For a previously undeveloped lot, the FULL extent of the ditch must be piped in before the City will issue a Certificate of Acceptance.
- This permit will only be valid for 90 days from date of the application and a new permit will be required if the date is beyond 90 days from receipt.

The applicant shall save and keep the City of Callaway harmless from any and all damages, claims, or injuries that may occur by reason of this construction of said facility.

The applicant binds and obligates himself to conform to the above description and attached sketch and to abide by the driveway regulations stated above.

All driveway and piping permit fees shall be paid prior to the issuance of a Certificate of Acceptance and prior to the commencement of any work by the City of Callaway. Price of the material may be subject to change.

Signature of Applicant _____

Date _____

TO BE COMPLETED BY THE STREET SUPERVISOR

Permit Fee:

Driveway \$ _____
Ditch \$ _____

Concrete Pipe:
Pipe Diameter: _____ inches at _____ linear feet =\$ _____

HDPE Pipe:
Pipe Diameter: _____ inches at _____ linear feet =\$ _____

SUBTOTAL \$ _____

Sod Sq. Ft.: _____ Pallets: _____ **SOD \$ _____**
TOTAL \$ _____

Signature of Street Supervisor: _____ Date Notified: _____

Notified By: _____

City of Callaway
Transportation Impact Fee Worksheet
Residential Uses

Applicant: _____

Property Address: _____

ITE Code: **Select Land Use Type:**

Check which Applies: # of Unit(s):

- | | | | |
|-----|---|-----|-------|
| 210 | Single Family Detached (Includes Mobile Homes and Manufactured Homes on Single Family Lots) | () | _____ |
| 220 | Multi-Family Unit | () | _____ |
| 230 | Attached Residential | () | _____ |
| 240 | Mobile Home Park (Per Lot) | () | _____ |

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 fo property and distance from property lines. Show all buildings and structures on property and locations of electrial 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.

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 to 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.**

INSPECTION PROCEEDURES

- 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

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