

Public Works Department 324 S Berthe Avenue, Callaway, FL 32404 Phone (850) 871-1033 www.cityofcallaway.com

ADDITION DEVELOPMENT ORDER APPLICATION

Items that must be submitted with application:
Incomplete submittals will not be reviewed

- A survey with the addition drawn and setbacks shown
- **OR**A site plan drawn to scale with lot dimensions plus the addition setbacks shown

Contractor

Contact pers	son:					
		State:			Zip code:	
Applicant						
Name:						
		State:		_ Zip Code:	32404	
Phone:			Email:			

Height of the addition :
_ Dwelling footprint square footage:
Accessory structure square footage:
_ Patio/deck square footage:
Flood zone:
structure? Y N How many?:
ocated nearer than five (5) feet to any property line and not structure. Setbacks are measured from the building, not ock from a lot line of one (1) foot shall be required for each exceeding eleven (11) feet until a setback of ten (10) feet is
Date:
Date:

The City of Callaway will prepare the permit document based on the information provided by the applicant or mover and will not be held responsible or liable for falsified information provided to them. In addition, all information provided to the applicant by the City must be in writing and endorsed by a proper authority.

EPCIBUILDING DEPARTMENT

APPLICATION FOR BUILDING PERMIT

DATE:	Permit #	Permit Fee	
OWNER'S NAME:			····
		PHONE #	
FEE SIMPLE TITLE HOLDER (IF OTHE	ER THAN OWNER	?):	_
ADDRESS:	CONTRACTOR AND ADDRESS OF THE STREET		
CITY, STATE & ZIP CODE:		PHONE #	
CONTRACTOR'S NAME:			
ADDRESS:	**************************************		and an arrange
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 FI	EET FROM ANY BODY OF WATER?YES	NO
PROPERTY PARCEL ID #		The state of the s	
LEGAL DESCRIPTION OF PROPERTY	·	The second secon	
IF THE APPLICATION IS FOR A COM	MERCIAL PROJ	ECT PLEASE LIST THE NAME OF THE BUSINE	<u>SS:</u>
BONDING COMPANY:			
ADDRESS:	c	TY, STATE & ZIP:	
ARCHITECT'S/ENGINEER'S NAME: _			
ADDRESS:	C	ITY, STATE & ZIP:	
MORTGAGE LENDER'S NAME:			
ADDRESS:	CI7	TY, STATE & ZIP:	
WATER SYSTEM PROBIDER:		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 line R. side Cost of construction \$	es: FrontRe	ear L. s	ide	
La 1 1	1000 Z011 C	LOWEST HOOF ERVAHOR		
Area heated/cooled	# of storiesType of walls	# of un	its	
Extreme dimensions of:	Length	Height	Width	
IN YOU PAYING TWICE FINANCING, CONSUL NOTICE OF COMMEN more, a certified copy of application is made for with an affidavit attesting provided to this Depart the documents that have NOTICE: EPCI: The Care RESTRICTIONS or COMMER'S AFFIDAVIT:	CE FOR IMPROVEMENTS T WITH YOUR LENDER CEMENT. For improvement of the Notice of Commence a permit or the applicant noting to its recording. A comment before the second of the been certified may be do allaway Building Department VENANTS on properties. I herby certify that the integed. And that all work will	TO YOUR PROPERT OR AN ATTORNEY ents to real property wit ment is required to be s may submit a copy of the ertified copy of the No r any subsequent inspe ne by mail, facsimile or nt does not have the aut formation contained in the		TAIN OUR 00 or when along st be ng of
Signature of Owner or Age	ent	Signature of	Contractor	_
Date:	•	Date:		
Notary as to Owner or Age	ent	Notary as to	Contractor	_
My Commission expires: _		My Commis	sion expires:	
APPLICATION APPROVI	ED BY:	BUI	LDING OFFICIAL.	