



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

## ACCESSORY STRUCTURE/ ADDITION DEVELOPMENT ORDER APPLICATION

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

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

### **Contractor**

Contact person: \_\_\_\_\_

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Applicant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: Callaway State: Florida Zip Code: 32404

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Height of primary structure: \_\_\_\_\_ Height of accessory structure: \_\_\_\_\_

Lot square footage: \_\_\_\_\_ Dwelling footprint square footage: \_\_\_\_\_

Driveway square footage: \_\_\_\_\_ Accessory structure square footage: \_\_\_\_\_

Pool square footage: \_\_\_\_\_ Patio/deck square footage: \_\_\_\_\_

Impervious surface square footage: \_\_\_\_\_ Flood zone: \_\_\_\_\_

Will water fixtures be included in accessory structure? Y N How many?: \_\_\_\_\_

**Setbacks**

From primary structure: \_\_\_\_\_

Left side: \_\_\_\_\_

Right side: \_\_\_\_\_

Rear: \_\_\_\_\_

*No such building or structure shall be located nearer than five (5) feet to any property line and not closer than ten (10) feet to the principle structure. Setbacks are measured from the building, not including overhang. An additional setback from a lot line of one (1) foot shall be required for each foot of total building or structure height exceeding eleven (11) feet until a setback of ten (10) feet is reached.*

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

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

The City of Callaway will prepare the permit document based on the information provided by the applicant or contractor 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.

**EPCI**  
**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: \_\_\_\_\_

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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 \_\_\_\_\_

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**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 herby 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.**