



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

## MOBILE HOME APPLICATION INDIVIDUAL LOT DEVELOPMENT ORDER APPLICATION

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

1. Two ~~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
  - Floor plan indicating all bearing walls, number of water fixtures and exterior hose bibs.
2. \_\_\_\_\_ New address letter from Bay County if applicable
3. \_\_\_\_\_ Completed water/sewer allocation application
4. \_\_\_\_\_ A perimeter, foundation, and final survey of lot or recorded plat plan
5. \_\_\_\_\_ Completed driveway permit application
6. \_\_\_\_\_ Copy of a deed or other proof of ownership, rental agreement, or lease
7. \_\_\_\_\_ Completed transportation impact fee worksheet

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

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 _____		

**Old Mobile Home**

(If applicable)

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**

*(The distance between the property line and the building, not including overhang)*

Front: \_\_\_\_\_ (20' minimum)

Left side: \_\_\_\_\_ (5' minimum)

Right side: \_\_\_\_\_ (5' minimum)

Rear: \_\_\_\_\_ (15' minimum or 20' if abutting a street)

Corner: \_\_\_\_\_ (10' minimum on the side abutting the street)

Building height in feet: \_\_\_\_\_ Floor area ratio: \_\_\_\_\_

Lot coverage: \_\_\_\_\_ Impervious surface: \_\_\_\_\_

Landscape buffers: (h X w): \_\_\_\_\_ Elevation: \_\_\_\_\_

**Note: City of Callaway Ordinance 939 requires all mobile homes and/or manufactured homes to have skirting.**



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## APPLICATION FOR WATER/SEWER ALLOCATION

- Water Only
- Sewer Only
- Water/Sewer

- Residential
- Commercial
- Irrigation Meter

Date: \_\_\_\_\_

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

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

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

### Project Information

Project address: \_\_\_\_\_  
(If different from above address)

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

Will an irrigation system be installed on the property?  YES  NO

\*If yes, complete the following:

<p>** Number of rotating sprinkler heads: _____</p> <p>** Number of non-rotating sprinkler heads: _____</p> <p>** Number of hose bibs: _____ Size: _____</p> <p>** Unless otherwise specified, a ¾" irrigation meter will be used for estimating price.</p>
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### Additional Information Required:

<p>** 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.</p> <p>** A site plan.</p> <p>** Additional certifications, plans and permits maybe required for construction in specific areas.</p>
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**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 or 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, and deposit and impact fees. I understand the connection fees are NON-REFUNDABLE.**

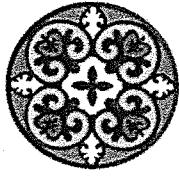
**For any application outside the city limits, a 25% surcharge will be added to the total connection/impact fees for service.**

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

**All impact fees incurred must be paid at the time of the connection fees.**

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

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CITY OF Callaway FLORIDA

*"East Bay at its Best"*

Utility Billing Department  
6601 E Hwy 22, Callaway, FL, 32404  
Phone (850) 871-6000 Fax (850) 871-2444  
[www.cityofcallaway.com](http://www.cityofcallaway.com)

## UTILITY SERVICE APPLICATION INFORMATION

- Present your photo ID, military ID or any other valid photo ID
- A copy of either: documented proof of ownership; a signed lease agreement; valid sales agreement; signed realtors listing agreement OR notarized letter of authorization from the property owner ( if the applicant is not the owner)
- A secondary name may be added to a customer's account with equal access and authority. Both account holders will be equally responsible for any unpaid balance
- There is a non-refundable account fee of \$10.00
- Current deposit amount: \$250.00 ( Active Duty Military \$100.00)
- If an applicant has a past due balance owed to the City for prior service at any location, that balance must be paid in full
- Complete notarized applications with legible supporting documents are accepted by fax
- Incomplete applications will not be processed
- Same day connections are available if received by 3:00 P.M.

NOTE: When the water meter is unlocked and turned on and there's water running on the premises, the city technician will turn the meter back off but will leave the meter unlocked so the occupant can turn the water on. If the technician is required to make a second service call to turn the meter on, a \$25 service charge must be paid prior to technician being sent.



Utility Billing Department  
 6601 E Hwy 22, Callaway, FL, 32404  
 Phone (850) 871-6000 Fax (850) 871-2444  
 www.cityofcallaway.com

## UTILITY SERVICE APPLICATION

PLEASE PRINT OR TYPE

Primary Account Name \_\_\_\_\_  
Last First Middle

Secondary Account Name \_\_\_\_\_  
Last First Middle

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

Mailing Address: \_\_\_\_\_  
(If different than service address) City State Zip Code

Driver's License: \_\_\_\_\_  
State Number

Date of Birth: \_\_\_\_\_ Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_ Email (Optional): \_\_\_\_\_

Employment: \_\_\_\_\_

Date for Service to Begin: \_\_\_\_\_ Check One Box:  Unlock Meter Only OR  Turn on Meter  
 (You must choose one)

Read statement below, sign and date application

*I, the undersigned applicant, for water/sewer/solid waste service state that the information provided on this application is true and correct to the best of my knowledge. I understand services start per purchase date or lease commence date unless otherwise stated on legal documented agreement. I understand that all charges are due as billed and accept total responsibility for payment of all charges incurred for the services provided, including reasonable attorney's fees and costs incurred for collection of the unpaid balance. I am also responsible for any damages done to any meters at this location by me or anyone else. I consent that water services provided at the service location may be turned on without applicant or applicant's representatives present. Applicant further agrees to hold the City of Callaway and its employees HARMLESS of authorizations made on behalf of account holder or a secondary account holder and or should the property, building(s) or premises incur damage as a result of water connection.*

Attached hereto is my (check one) \_\_\_\_\_ proof of ownership \_\_\_\_\_ lease agreement \_\_\_\_\_ sales agreement \_\_\_\_\_ signed realtor's listing.  
 Also attached is a legible copy of valid id (check one) \_\_\_\_\_ driver's license \_\_\_\_\_ military id \_\_\_\_\_ state id.

Date: \_\_\_\_\_ Applicants' Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Secondary Applicants' Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not taken an oath.

NOTARY PUBLIC: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

CSR _____	Payment Method _____	Last Four of Credit Card _____
DATE _____	TIME _____	
COMMENTS _____		

Permit # \_\_\_\_\_



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### 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 SUPERINTENDENT**

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**  
**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.

**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).

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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 requiras 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?<br>Is the main and/or breaker missing?<br>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?               |

□ **Fittings:**

**Proper alignment?**

## **Heating and Air-Conditioning**

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