Planning Department
6603 E. Hwy 22, Callaway, FL 32404
Phone (850) 871-4672 Fax (850) 871-2444
www.cityofcallaway.com

REQUEST FOR A SPECIAL EXCEPTION

BOARD OF CALLAWAY COMMISSIONERS

A copy of current deed, property tax bill and/or survey may be required.
A Non refundable fee of $250 is due when application is submitted.

Date: _____

Applicant's Name: _____

Applicant's Address: _____

_____

Phone: _____ Email: _____

Street address or location of proposed special exception request: _____

_____

_____

Legal description of property of proposed special exception: _____

_____

_____

_____

Type/Nature of special exception requested: _____

_____

_____

Present zoning classification: _____

Action taken on any prior applications (for part or all of land):_____

_____

List the names and address of **ALL** owners and occupants at the property:

_____
Name Address

_____
Name Address

_____
Name Address

_____
Name Address

_____ _____
Applicant's Signature Date

Sworn to and subscribed to me this ____ day of _____, 20___ by_____

Who personally appeared before me and produced_____ as identification.

_____ _____
Notary's Signature Date

PLEASE DO NOT WRITE BELOW THIS LINE

City of Callaway's Notes

LDR section reference: _____

Standards set forth in LDR: _____

_____

Standards proposed by special exception request: _____

_____

Planning Department's recommendation to the Board of Commissioners:_____

_____