



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

ACCESSORY STRUCTURE 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 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.

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: _____

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 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.**