



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

MOBILE HOME MOVING INTO AN EXISTING MOBILE HOME PARK DEVELOPMENT ORDER APPLICATION

Incomplete submittals will not be reviewed.

Mover Information

Contact Person: _____ Date of Application: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Applicant Information

Name: _____

Address Moving To: _____

Name of Mobile Home Park (if applicable): _____

City: Callaway State: Florida Zip Code: 32404

Phone: _____ Email: _____

If renting a private lot, name of owner: _____

Address of owner: _____

Owner's Phone: _____ Email: _____



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

Additional Information Required:

- ** 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.
- ** A site plan.
- ** Additional certifications, plans and permits maybe required for construction in specific areas.

If Irrigation Meter Is To Be Installed:

- ** Number of rotating sprinkler heads: _____
- ** Number of non-rotating sprinkler heads: _____
- ** Number of Hose Bibs: _____ Size: _____
- ** Unless otherwise specified, a 3/4" irrigation meter will be used for estimating price.

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 Utility Billing Department
CUSTOMER SERVICE APPLICATION

6601 E Hwy 22 * Callaway, Fl 32404 * Telephone (850) 871-6100 * Fax (850) 871-2444
www.cityofcallaway.com

To apply for water/sewer/solid waste service this application must be completed and notarized. The original notarized form must be submitted with a personal check, cashier's check, cash or money order in the amount of (\$260) to cover the two-hundred fifty dollar deposit and ten dollar non-refundable account charge along with a legible copy of applicant's photo id and lease or buyer's agreement for service address. An additional deposit of (\$40.00) is required for standard irrigation meters. We can connect your water service every day except, week-ends, and holidays.

PLEASE PRINT OR TYPE

Primary Account Name Last First Middle

Secondary Account Name Last First Middle

Service Address:

Mailing Address: (If different) City State Zip Code

Drivers License: State Number

Date of Birth: Phone

Cell Phone Work Phone

Employment:

Date for Service to Begin:

Check one (1) box below: You must select one of the options.

Unlock Meter Only OR Turn on Meter

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 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. Both primary account holder and secondary account holder (if applicable) will be equally responsible for any unpaid balance sent to collections. 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 secondary account holder and/or should the property, building(s) or premises incur damage as a result of water connection.

DATE: APPLICANTS' SIGNATURE:
DATE: SECONDARY APPLICANTS' SIGNATURE:

***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.***

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:

OFFICE USE ONLY
METER # READ
TECH DATE TIME
COMMENTS

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.

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).**

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 requires 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?
Is the main and/or breaker missing?
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? |
| <input type="checkbox"/> Fittings: | Proper alignment? |

Heating and Air-Conditioning

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