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

MOBILE HOME
MOVING INTO 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: _____

_____Mobile Home Park has a maximum capacity

of _____ mobile homes. With the addition of this mobile home, _____

lots will be filled.

Note: A copy of rental or lease agreement is required.

Is a Conservation Easement required? (For DEP jurisdictional lands)	**Y N**
Are there any yard encroachments? (*Section 15.710.5 of the LDR)*	**Y N**

Are any of the following located on the property?

Protected Habitat	**Y N**
Archaeological Site	**Y N**
Historical Site	**Y N**
Wetlands	**Y N**
Protected Species	**Y N**
Conservation Site	**Y N**
Flood Zone Classification other than X	**Y N**

Which of the following will be placed, conducted or located on this property?

Waterwells (*Section 15.730.7 of the LDR)*	**Y N**
Radio, Television Antenna or Satellite Dish (*Section 15.750.6 of the LDR)*	**Y N**
Home Business	**Y N**
Swimming Pool	**Y N**

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

*We require that you submit a floor plan of the mobile home you intend to move with your application. The floor plan must indicate all items that are listed above. Incomplete applications will not be reviewed. Also note that a permit must be obtained **BEFORE** moving a mobile home. A permit letter will **NOT** be granted if a mobile home is moved beforehand.*

I have answered the above questions truthfully and to the best of my knowledge.

Signature: _____ 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.

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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:

*** Number of rotating sprinkler heads:_____*
*** Number of non-rotating sprinkler heads:_____*
*** Number of hose bibs:_____ Size:_____*
*** Unless otherwise specified, a ¾" irrigation meter will be used for estimating price.*

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.*

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
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 with owner/tenant signature; valid sales agreement; signed realtors listing agreement.
- 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) (ID & PCS Orders Required)*
- 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 applications with legible supporting documents are accepted by email or in person.
- 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 $10.00 service charge must be paid prior to technician being sent.

City of Callaway
6601 E Hwy 22
Callaway, FL 3240
(850)871-6000

Account#_____

Billing Cycle _____

New Account Disclosure Form

1. I will receive my first bill on or around the 5th of the month. Should I not receive a bill, it is my responsibility to contact the Utility Billing Department. Whether I receive a bill or not, I understand it is a monthly utility service being provided that is due by 5:00 p.m. on the 15th of each month.

2. I have until 5:00 p.m. on the **15th** (excluding City observed Holidays and weekends) **to pay my bill without a 15% penalty**. If my account is unpaid by the end of business day on the **25th**, my account is subject to **disconnection on the 26th** (excluding City observed Holidays and weekends). Payments received after 5:00 p.m. on the 25th will automatically be charged a $50.00 delinquency fee. I understand if my services are disconnected, the account balance is due in full prior to being reconnected.

3. To pay my bill: I can mail a payment using the enclosed envelope with my bill, put a payment in the night drop box in the parking lot at the City Hall Building, or Public Works. Pay with a debit/credit card or e-check by calling 1-(850)871-6000 or by visiting www.cityofcallaway.com. The Utility Billing Department can be reached by calling (850)871-6000 option 1, Monday through Friday 8 a.m. to 5 p.m. (excluding City observed Holidays).

4. The City of Callaway requires a deposit(s) on all accounts. Deposit amount due varies by location, services provided and if the account is commercial or residential. Deposits are held in a non-interest-bearing account and returned to account holder after final billing. When service is terminated, the deposit on the account will be applied towards any outstanding balance. If there is no balance due or a credit remains, a refund check will be mailed to the address provided after the final billing has occurred. Any unpaid balance is subject to collections by an outside debt collection company if not paid.

5. Returned payments will be charged a $25.00-$40.00 returned item fee. Unpaid returns must be paid with Certified funds within two business days to avoid disconnection. Habitual returns could result in a "cash only" account status.

6. In the event City of Callaway Utility service equipment is found altered, willfully damaged, tampered with or the like, causing unauthorized usage, the city will disconnect utilities immediately and may impose a tampering fee and require all damages, fees, labor and materials to be paid in full prior to restoration of utility service.

7. Should you choose to receive assistance to pay your current utility bill from an agency, upon your own initiation and discretion, communication with the City of Callaway Utility Billing Department is vital to avoid an interruption of your utility service. **Please understand, most agencies have an extensive vetting process for approval of aid. You will need to consider their requirements and process time when seeking assistance. Failure to initiate aid in a timely manner does not preclude late fees or disconnection of utilities**. When receiving aid, whether it be in cash, check, credit card or voucher form, that submittal to the city must be received by 5:00 p.m. on the 25th of each month to avoid disconnection of utilities. If a voucher for payment is provided, the City of Callaway agrees to accept the voucher as a form of payment, pending receipt of the actual item.

By signing you acknowledge, understand, and agree to abide by the above disclosures.

Signature(s) _____ Date: _____

Signature(s)_____ Date: _____

Amount paid: $_____ Cash/Check # _____ Credit _____

Date: _____ CSR Initials: _____

Utility Billing Department
6601 E Hwy 22, Callaway, FL, 32404
Phone (850) 871-6000
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: _____

CSR: _____ *PAYMENT METHOD:* _____ *LAST FOUR OF CREDIT CARD:* _____

DATE: _____ *TIME:* _____

COMMENTS _____

Revised 12/2024

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 PROBIDER: _____ 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

Date: _____

_____
Notary as to Owner or Agent

My Commission expires: _____

_____
Signature of Contractor

Date: _____

_____
Notary as to Contractor

My Commission expires: _____

APPLICATION APPROVED BY: _____ **BUILDING OFFICIAL.**

EPCI

CALLAWAY BUILDING DEPARTMENT

6601 EAST HIGWAY 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 appling 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 PROCEEDURES

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 responsibilty to set up accounts for power and water.
3. If the inspections fail, the problems must be corrected and re-inspected before we wil 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

▫ Smoke Detector:	Is it installed and operable?
▫ Electrical System Checked:	Is there exposed wiring?
▫ Distribution Panel:	Is it missing or loose? Is the main and/or breaker missing? Unplugged opening?
▫ Electrical Fixtures:	Are any missing, improperly installed, or inoperable?
▫ Electrical Ground:	Check the chassis, main panel, and gas pipe.

Construction

▫ Exit Doors:	Front and back operable?
▫ Exit Door locks:	Missing or inoperable?
▫ Egress Windows:	Missing or inoperable?
▫ Windows:	Broken glass or inoperable?
▫ Screen:	Missing or damaged?
▫ Floor System:	Joist, decking damaged or deteriorated?
▫ Interior Paneling:	Missing, loose or damaged?
▫ Rodent Proofing:	Bottom board, pipe openings sealed?
▫ Leaks Apparent:	Ceiling, doors, floor or roof leaking?
▫ Vertical Tie-Down Straps:	Missing, short or damaged?
▫ Structural:	Are there structural modifications since manufactured?
▫ Walls:	Structurally unsound, loose and weather tight?

Plumbing

▫ Trap:	Missing or not connected?
▫ Leaks:	Ceiling doors, floor or roof leaking?
▫ Relief Valve:	Missing or inoperable?
▫ Drain Waste/Vent Pipe:	Missing or unsupported?
▫ 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?