



Annual Administrative Permit Application Mobile Home Park



See AMC 21.70 and www.muni.org/zoning/index.cfm for more information.

Mobile Home Park Information

Name of park: _____

Street Address: _____

Mailing Address: _____

Subdivision: _____

Lot: _____ Block: _____ Tract: _____

MOA Property Tax ID: _____ Grid: _____

Number of spaces provided: _____

Owner Information

Name: _____

Street Address: _____

Mailing Address: _____

Phone (Day): _____ Phone (Night): _____ Fax: _____

Manager Information

Name: _____

Street Address: _____

Mailing Address: _____

Phone (Day): _____ Phone (Night): _____ Fax: _____

Fee Calculation

AMCR 21.20.007 specifies a fee of \$1.50 per space *whether occupied or not*.

Number of approved spaces: _____ x \$1.50 = \$ _____

Required attachments:

- ☐ Current site plan (if the park configuration has changed, or if required by the administrative official)
- ☐ State DEC approval for private well and/or septic system
- ☐ Fee

Signature of Mobile Home Park Owner

Date

Submit application to:

Officer of the Day

Building Safety Dept., Land Use Enforcement Division

4700 South Bragaw, Anchorage, AK

P.O. Box 196650, Anchorage, AK 99519-6650

Phone: (907) 343-8380 Fax: (907) 343-8437

**This space reserved for
Municipal payment verification**