Appeal to the Zoning Board of Examiners and Appeals (ZBEA)

Municipality of Anchorage
Planning Division
Community Development Department
PO Box 196650
Anchorage, AK 99519-6650

APPELLANT*	APPELLANT REPRESENTATIVE (if any)
Name (last name first)	Name (last name first)
Mailing Address	Mailing Address
Contact Phone – Day: Evening:	Contact Phone – Day: Evening:
Fax:	Fax:
E-mail:	E-mail:

*Report additional appellants on supplemental form.

APPEAL INFORMATION

Decision Being Appealed (include case or permit number if applicable):

Date of Action:

Legal Description of Property Involved:

Relationship of Appellant to Action: ☐ Petitioner ☐ Government Agency ☐ Other Party of Interest (see AMC 21.14.040)

Detailed and Specific Allegation(s) of Error: (use additional sheet(s) if necessary)

I hereby certify that (I am)(I have been authorized to act for) a party of interest in the decision being appealed in accordance with the definition in Title 21 of the Anchorage Municipal Code of Ordinances. I understand that the assigned hearing date is tentative and may have to be postponed by Planning Division staff or the Zoning Board of Examiners and Appeals for administrative reasons.

Signature ☐ Appellant ☐ Representative Date
(Representatives must provide written proof of authorization)

Print Name

Accepted by:	Poster & Affidavit:	Fee:	Case Number: