Request for Pre-Application Conference

Municipality of Anchorage Planning Department Office of Economic and Community Development PO Box 196650 Anchorage, AK 99519-6650

APPLICANT		ΛD	PLICANT REPRESE	NTATIVE (%)
Name (last name first)			e (last name first)	.NIAIIVL (Ira	ny)
ramo (laot hamo mot)			, (last riams mot)		
Mailing Address		Mailir	ng Address		
City	State Z	ip City		State	Zip
Contact Phone – Day:	Evening:	Conta	act Phone – Day:	Eveni	ng:
Fax:		Fax:			
E-mail:		E-ma	il:		
REQUEST INFOR	MATION				
Entitlement(s) Requ	ested:		L		
				2 1	
PROPERTY INFO	RMATION				
Property Tax # (000	-000-00-000)	\neq \neq		1	
Site Street Address:					
Current Legal Descr	iption:				
SUBMITTAL REQ					
	s responsibility to provide suffici		lans and description	s of the propo	sal to enable staff to
make the informal	recommendations per AMC 21.	03.020B.			
1 copy required:					
r copy required.	☐ Signed application (original)				
	☐ Letter of Authorization (if appli	cable)			
	☐ Brief narrative explaining:				
	· •	oplanned facility	operations (if applicat	ole)	
	☐ Underlying plat		''C		
	☐ Special limitations from the un☐ Map of area surrounding petiti			and evicting i	1000
	☐ Map of existing conditions, to		o reet, including zoning	j and existing t	1868
		•	O utilities O	vegetation	Osoils
	O natural features C			site access	O pedestrian facilities
	O vehicle circulation and d	riveways	O easements and/or i	reservations	
				(Submittal Rec	uirements continued on p. 2)
Accepted by:				Fee:	

	O bu	(s) to scale depicting ilding footprints destrian facilities	g, with dimensions: O parking areas O lighting	O vehicle O grading	circulation and drive	•				
			O fences	O drainag		ed open space				
		•	alternative strategy		eceptacle location an	•				
		sements	O significant natura		O freestanding s	sign location(s)				
☐ Building plans to scale depicting, with dimensions:										
	O flo	or plans	O building elevation	is O	exterior colors and	textures				
Title 21 of the Ancho	orage Municipal C	ode of Ordinances. I u	a party of interest in the understand that the assignand and Appeals for adminition	ned hearing da	te is tentative and may					
Signature	☐ Applicant	☐ Representative (Representatives must pro	vide written proof of authorizat	iion)	Date					
Print Name										