

RESEARCH REQUEST

RESEARCH REQUESTED BY: _____

Property Owners Name: _____ Date: _____

Phone: _____ Email: _____

THE PROPERTY IS DESCRIBED AS FOLLOWS:

Permit #: _____ Tax Code _____ - _____ - _____

Subdivision: _____ Lot: _____ Block: _____

Site Address: _____

Type of Building: _____

Example: Single-Family, 4-Plex, Office, etc.

Approximate Year Built: _____ CO Date: _____ CCO: _____

INFORMATION NEEDED:

Code Violations ☐ Plot Plan: ☐ As-Built: ☐ FOLDER: ☐ PLANS: ☐

FOR OFFICE USE ONLY

EMPLOYEE PROCESSING REQUEST:

Name: _____

Phone #: _____

RESEARCH DEPARTMENT ONLY

DATE REQUESTED: _____

DATE RECEIVED: _____

Box # _____

Plans Shelf: _____

Microfilm: _____

FEE: ☐ \$ 75 Per Hour
Per site/address/Permit #

☐ \$175 Permit Evaluation

KEY - 15

PERMIT COUNTER ONLY

CASH _____

CHECK# _____

CHRG _____

TR# _____

DATE _____

CALL LOG: _____

Initial: _____

Date: _____

MUNICIPALITY OF ANCHORAGE
Development Services Department
Building Safety Division



PAYMENT

Key 15

Total Payment: _____

☐ Permit Evaluation \$175

☐ Permit Research \$75

☐ CASH

☐ CHECK Check #: _____ (Make check out to MOA)



There is a 2.75% service fee on all credit card transactions.

☐ VISA ☐ MASTERCARD

KEY: 15

Name on Card: _____

Name of Business: _____

Phone #: _____

Card Number: _____

Expiration Date: _____ (CW2) 3 digit PIN on back _____

Credit Card Statement Address: _____

1. **Deliver/ Mail:** Development Services
Building Safety Division
4700 Elmore Rd
Anchorage, Alaska 99507

2. **Email:** permitcounter@muni.org