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Municipality of Anchorage

CHANGE ORDER & DEFERRED SUBMITTAL



PERMIT # _____ CONTACT PERSON: _____ PHONE: _____

EMAIL: _____

DESCRIPTION: _____

CUSTOMER SIGNATURE _____ VALUATION \$ _____

	DISCIPLINE / DEPT / DIV / SECTION		APPROVALS	COMMENTS (See Back)	REVIEW TIME
<input type="checkbox"/>	STRUCTURAL Reviewer: _____	N/A	Date DISAPP.: _____ Date APPR.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	ARCHITECTURAL Reviewer: _____	N/A	Date DISAPP.: _____ Date APPR.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	PLUMBING Reviewer: _____	N/A	Date DISAPP.: _____ Date APPR.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	MECHANICAL Reviewer: _____	N/A	Date DISAPP.: _____ Date APPR.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	ELECTRICAL Reviewer: _____	N/A	Date DISAPP.: _____ Date APPR.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	ZONING Reviewer: _____	N/A	Date DISAPP.: _____ Date APPR.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	FIRE Reviewer: _____	N/A	Date DISAPP.: _____ Date APPR.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	TRAFFIC Reviewer: _____	N/A	Date DISAPP.: _____ Date APPR.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	ROW Reviewer: _____	N/A	Date DISAPP.: _____ Date APPR.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	PD-CIVIL Reviewer: _____	N/A	Date DISAPP.: _____ Date APPR.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	STORM WATER Reviewer: _____	N/A	Date DISAPP.: _____ Date APPR.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	FLOOD HAZARD Reviewer: _____	N/A	Date DISAPP.: _____ Date APPR.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	ADDRESSING Reviewer: _____	N/A	Date DISAPP.: _____ Date APPR.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

OFFICIAL USE ONLY.

Date: _____
 Addressing _____ (K09)
 PERMIT fee _____ (K07)
 PLAN review fee _____ (K03)
 ZONING review fee _____ (K59)
 FIRE review fee _____ (K02)
 Traffic Review fee _____ (K40)
 ROW Review Fee: _____ (K46)
 PD- Civil Review Fee: _____ (K33)
 Flood Hazard Fee _____ (K44)
 Stormwater Review _____ (K33)
 Fee _____

CASH \$ _____

CHECK # _____

CHG Receipt # _____

IGC _____

TOTAL AMOUNT DUE _____

ISSUED BY: _____

X



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PLEASE PUT YOUR APPROVAL DATE, TIME, AND SIGNATURE ON THE FRONT OF FORM

Struc. Reviewed: _____

Arch. Reviewed: _____

Mech Reviewed: _____

Plmbg Reviewed: _____

Electrical Reviewed: _____

Zoning Reviewed: _____

Fire Reviewed: _____

ROW Reviewed: _____

Traffic Reviewed: _____

SW Date Reviewed: _____

PD-Civil Date Reviewed: _____

FLD Haz Date Reviewed: _____

