

NOTE: THIS APPLICATION IS FOR PROJECTS THAT DO NOT HAVE A PERMIT NUMBER AND THE WORK IS LESS THEN \$5000.00 IN VALUATION.

**MUNICIPALITY OF ANCHORAGE
BUILDING SAFETY DIVISION
RETRO WORK APPLICATION**

DATE: _____

WOULD YOU LIKE US TO PUT IN FOR A INSPECTION FOR THIS PERMIT?

YES AM PM
 NO

NOTE: You will receive an inspection the following day after issue.

PERMIT # _____ PHONE: _____ OWNER NAME: _____

CONTRACTOR: _____ SITE ADDRESS: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ TRACK: _____

TYPE OF PERMIT

ELEVATOR ELECTRICAL PLUMBING MECHANICAL GAS

TYPE OF BUILDING

RESIDENTIAL

SINGLE FAMILY
 DUPLEX
 MOBILE HOME

COMMERCIAL

OFFICE CONDO # OF UNITS _____ VACANT LAND
 WAREHOUSE MULTI-DWELLING # OF UNITS _____ SCHOOL
 RETAIL OTHERS: _____ CHURCH

DESCRIPTION

DESCRIPTION OF WORK

SIGNATURE: _____

FOR OFFICE USE ONLY

ELEVATOR/PLBG/MECH/ELEC REVIEW COMMENTS: APPROVED CORRECTIONS NA

SIGNATURE/TITLE: _____ DATE: _____

ZONING REVIEW COMMENTS: APPROVED CORRECTIONS NA

HEALTH DEPT. APPROVAL YES NO

SIGNATURE/TITLE: _____ DATE: _____

FIRE REVIEW COMMENTS: APPROVED CORRECTIONS NA

SIGNATURE/TITLE: _____ DATE: _____