



REQUEST FOR NONCONFORMING DETERMINATION



See Building Safety handout #52 or www.muni.org/zoning/nonconforming.cfm for more information.

Contact name: _____

Phone: _____ Fax: _____

Address: _____

Site address: _____

Subdivision: _____

Lot: _____ Block: _____ Tract: _____ Zoning district: _____

MOA Property Tax ID: _____ Grid: _____

State your request and any supporting information you wish to be considered. State the past and present uses of the property or building. Be specific – the burden of proof is on you. Use additional sheets if necessary.

- Lot of record
- Structure
- Use of land
- Use of structure
- Characteristic of use

Attachments provided:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Fee (\$25.00) <input type="checkbox"/> As-built survey <input type="checkbox"/> Property inventory sheets ('Hard File') <input type="checkbox"/> Aerial photos <input type="checkbox"/> Notarized affidavits <input type="checkbox"/> Dated receipts specific to the property and use <input type="checkbox"/> Dated photographs <input type="checkbox"/> Utility bills or connect records | <ul style="list-style-type: none"> <input type="checkbox"/> Newspaper article, phone directory listing, etc. <input type="checkbox"/> Area of each dwelling unit and number of bedrooms <input type="checkbox"/> Uses and square footage of each use <input type="checkbox"/> Dimensioned parking layout <input type="checkbox"/> Landscaping plan <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ |
|--|---|

Submit application to:
Officer of the Day
Building Safety Dept., Land Use Enforcement Div.
4700 South Bragaw, Anchorage, AK
P.O. Box 196650, Anchorage, AK 99519-6650
Phone: (907) 343-8380 Fax: (907) 343-8437

**This space reserved for
Municipal payment verification**