



**ADMINISTRATIVE PERMIT APPLICATION
COMMUNITY AND LOCAL INTEREST TOWERS/ANTENNAS**



See www.muni.org/zoning/towers.cfm for more information.

Site Information

Street Address: _____

Subdivision: _____

Lot: _____ Block: _____ Tract: _____

MOA Property Tax ID: _____ Grid: _____

Property Owner Information

Name: _____

Street Address: _____

Mailing Address: _____

Phone (Day): _____ Phone (Night): _____ Fax: _____

Tower/Antenna Operator Information

Name: _____

Street Address: _____

Mailing Address: _____

Phone (Day): _____ Phone (Night): _____ Fax: _____

Tower/Antenna Information

Tower classification: local interest community interest

Tower type: I II III IV

MSL elevation of tower base (NGS datum): _____ Tower height: _____

MSL elevation of top of highest antenna (NGS datum): _____

Number of antennas requested on this application: _____

Number of existing antennas on this tower operated by this applicant: _____

Number of existing antennas on this tower operated by others: _____

Engineer Information

Name: _____

Street Address: _____

Mailing Address: _____

Phone (Day): _____ Fax: _____

Required Attachments

1. Site plan.
2. Letter from electrical engineer or FCC attesting that the antenna(s) meet ANSI standards for nonionizing electromagnetic radiation.
3. FAA approval of tower lighting, or statement that the tower is not lighted.
4. Certification of notice of the date of activation to the owners of (a) the parcels within 500 feet of the outer boundary of the land subject to the application, or (b) the 50 parcels nearest to the outer boundary of the land subject to the application, whichever is the greater number of parcels.
5. Certification of notice of the date of activation to community council(s).

I hereby certify that I am or have been authorized to act for the operator of the above described tower/antenna, and that all information provided hereon and attached is true to the best of my knowledge. I understand that payment of the administrative permit fee is not refundable that payment of this fee does not assure approval.

Signature of Tower/Antenna Operator or Authorized Agent

Date

The administrative permit required by AMC 21.45.265.A.11 will be issued following the 90-day period provided under Section 21.45.265.A.9. With this application, *interim* permission to operate is granted, provided the submittal requirements are met and a final inspection by Land Use Enforcement is completed. If the owner of the tower/antenna does not provide documentation of compliance with AMC 21.45.265.A.9 within 100 days of the date of operation, the interim permission to operate will be automatically revoked.

Submit application to:
Zoning Plan Reviewer
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**

This section to be completed after the 90-day period provided under Section 21.45.265.A.9

Site Information

Street Address: _____

Subdivision: _____

Lot: _____ Block: _____ Tract: _____

MOA Property Tax ID: _____ Grid: _____

Was any interference reported within 90 days of activation? yes no

If yes, were all reports of interference resolved? yes no

I certify that the above information is correct to the best of my knowledge.

Signature of Tower/Antenna Operator or Authorized Agent _____
Date

DO NOT WRITE OR TYPE BELOW THIS LINE

Date of activation: _____ 90-day period completed: _____

Written notification to property owners within 500 feet of tower/antenna (minimum of 50 property owners):

Date of mailing: _____ Responses received: _____

Publication in newspaper(s): dates: _____

Notice to community council(s): dates: _____

Reports of interference received: _____

Reports of interference resolution received from tower/antenna operator: _____

I hereby certify that this application meets the requirements of Title 21 of the Municipality of Anchorage code of ordinances, and herewith issue the administrative permit in accordance with AMC 21.45.265.A.11.

Signature of Administrative Official _____
Date