

Appeal to the Zoning Board of Examiners and Appeals (ZBEA)

Municipality of Anchorage
Planning Division
Community Development Department
PO Box 196650
Anchorage, AK 99519-6650



APPELLANT*		APPELLANT REPRESENTATIVE (if any)	
Name (last name first)		Name (last name first)	
Mailing Address		Mailing Address	
Contact Phone – Day:	Evening:	Contact Phone – Day:	Evening:
Fax:		Fax:	
E-mail:		E-mail:	

*Report additional appellants on supplemental form.

APPEAL INFORMATION

Decision Being Appealed (include case or permit number if applicable):

Date of Action:

Legal Description of Property Involved:

Relationship of Appellant to Action: ☐ Petitioner ☐ Government Agency ☐ Other Party of Interest (see AMC 21.14.040)

Detailed and Specific Allegation(s) of Error: (use additional sheet(s) if necessary)

I hereby certify that (I am)(I have been authorized to act for) a party of interest in the decision being appealed in accordance with the definition in Title 21 of the Anchorage Municipal Code of Ordinances. I understand that the assigned hearing date is tentative and may have to be postponed by Planning Division staff or the Zoning Board of Examiners and Appeals for administrative reasons.

Signature

☐ Appellant

☐ Representative

(Representatives must provide written proof of authorization)

Date

Print Name

Accepted by:

Poster & Affidavit:

Fee:

Case Number: