

Required Setback Determination

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



PETITIONER

Name (last name first)

Mailing Address

City

State

Zip

Phone

E-mail

PROPERTY INFORMATION

Property Tax # (000-000-00-000)

Grid

Site Address (include building number, street name, city, zip code)

Current Legal Description (Subdivision Name, Block #, Lot # or Township/Range)

Plat #

Zoning District

In the case of corner lots with two or more frontages and double-frontage lots, the director shall determine the setback requirements subject to the provisions of AMC 21.06.030C.4.

Required Setback Determination: Provide information about the lot, the request for adjusted setbacks and provide justification for the request. (use additional sheet if necessary).

REQUIRED ATTACHMENTS

1. **Fee \$135 per hour (1 hour minimum)**

3. ☐ Other: _____

2. **As Built Survey or Site Plan**

4. ☐ Other: _____

I understand that payment of the application fee is nonrefundable and is to cover the costs associated with processing this application.

Signature

Date

Print Name

Accepted by:

Applicable Fee:

Assigned Admin Permit #:

Date Application Received: