Application for Trail Review

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

PETITIONER	PETITIONER REPRESENTATIVE (IF ANY)
Name (last name first)	Name (last name first)
Mailing Address	Mailing Address
Contact Phone: Day: Night:	Contact Phone: Day: Night:
E-mail:	E-mail:

MOA Project #:

PROJECT INFORMATION

Project Name:

Community Council(s):

Project description (including location):

I hereby certify that (I am)(I have been authorized to act for) owner of the property described above and that I petition for a site plan review in conformance with Title 21 of the Anchorage Municipal, Code of Ordinances. I understand that payment of the application fee is nonrefundable and is to cover the costs associated with processing this application, and that it does not assure approval of the site plan. I also understand that assigned hearing dates are tentative and may have to be postponed by Planning Department staff, the Planning and Zoning Commission or Urban Design Commission for administrative reasons.

Signature	Owner Representative (Representatives must provide written proof of authorization)			Date	
Print Name					
Accepted by:		Poster & Affidavit:	Fee	Case Number	Meeting Date