

Application for Zoning Verification

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



APPLICANT

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

REQUIRED ATTACHMENTS

Please provide the following information or attachments applicable to this lot:

Fee \$135 per hour for each parcel. Complete and submit an application for each parcel. The Property Tax # (parcel number) must be provided.

State the nature of the request and any additional information you would like considered. Be specific. State use history, such as past and present uses of the property, building, etc. Use additional sheets if necessary.

I hereby apply for a verification of zoning for the property listed on this application. I understand that payment of the application fee is nonrefundable and is to cover the costs associated with the research and processing of this application.

Signature

Date

Print Name

Accepted by:

Applicable Fee:

Assigned Admit Permit #:

Date Application Received: