

CONTRACTOR APPLICATION PACKET
MUNICIPALITY OF ANCHORAGE



GENERAL

OR

SPECIALTY

**Development Services Department
Building Safety Division
Licensing Section
Phone: 343-8211**

CONTRACTOR'S LICENSE APPLICATION

CHECK ONE: Renewal New
 Change of name or ownership
Former name: _____

1. Date of application: _____

2. _____
Name of business (name as it appears on your state contractor's license)

3. Mailing address: _____

City: _____ State: _____ Zip: _____

4. Phone number: _____ Fax number: _____

Cell number: _____ E-mail: _____

5. **Provide a copy of your current
State Of Alaska Construction License.**

(NOT Business license)

State Contractor's License Number: _____ Expiration Date: _____

As a specialty contractor, you can only perform the work that is listed on your State of Alaska license. If you want to perform other work, you will have to change your State of Alaska designations or upgrade your license to a General Contractor. Residential work requires a residential endorsement on your State of Alaska General Contractor's License.

I CERTIFY that I have in my possession a copy of the currently applicable code, together with pertinent amendments and referenced standards, and that I am fully aware of, and will abide by, the administrative procedures and functions as set forth in the Anchorage ordinance and relevant codes.

I FURTHER AGREE as a condition of licensing, to comply with all requirements, rules, and regulations of all Municipal Building Codes which apply to the activities mentioned in this application.

I HEREBY CERTIFY that the above information is true and complete to the best of my knowledge. I understand that any false or misleading information may result in failure to obtain a contractor's license or subsequent revocation of my contractor's license.

OWNER'S PRINTED NAME: _____

OWNER'S SIGNATURE: _____

REPRESENTATIVE OF OWNER WITH OWNER'S KNOWLEDGE OF MY SIGNING THIS APPLICATION ON HIS/HER BEHALF.

REPRESENTATIVE'S PRINTED NAME: _____

REPRESENTATIVE'S SIGNATURE: _____

The owner of the business named below has authorized the following individuals to apply for permits on behalf of this company:



Date: _____

Name of Business: _____

Business Owner's Name: _____

Authorized Individuals:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Owner or Representative Signature

MAIL: Development Services Department
Building Safety Division
Attn: Licensing
4700 Elmore Rd, Anchorage, AK 99507

Email: permitcounter@muni.org

MUNICIPALITY OF ANCHORAGE
Development Services Department
Building Safety Division
Licensing Section



PAYMENT

Municipality of Anchorage License # if RENEWING: **CON**_____

Total Payment: _____
 NEW \$400
 RENEWAL \$400 + 70 Late fee = \$470

\$70 Admin Late Fee
(ONLY for Renewals after 2/28)

CASH CHECK Check #: _____ (Make check out to MOA)



There is a 2.75% service fee on all credit card transactions.

VISA MASTERCARD **KEY: 1**

Name on Card: _____ **CHG Receipt #** _____

Name of Business: _____

Phone #: _____

Card Number: _____

Expiration Date: _____ (CW2) **3 digit PIN on back** _____

Credit Card Statement Address: _____

1. **Deliver/ Mail:** Planning & Development Center
4700 Elmore Road
Building Safety Division
Licensing Section
Anchorage, Alaska 99507

2. **Email:** permitcounter@muni.org