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Municipality of Anchorage



CHANGE ORDER/DEFERRED SUBMITTAL

PERMIT # _____ SUBD _____ LOT _____ BLK _____ TR _____ GRID _____

CONTACT PERSON _____ PHONE _____ FAX _____

EMAIL: _____

PLEASE GIVE A DESCRIPTION OF THE CHANGE OR DEFERRED ITEM _____

CUSTOMER SIGNATURE _____ VALUATION \$ _____

ROUTE: COMMENTS AND ADDITIONAL REVIEWS ON BACK ENTER review time at appr. only:

<input type="checkbox"/>	STRUCTURAL	Date DISAPP. _____
	Reviewer: _____ N/A <input type="checkbox"/>	Date APPR. _____ Review Time _____
<input type="checkbox"/>	ARCHITECTURAL	Date DISAPP. _____
	Reviewer: _____ N/A <input type="checkbox"/>	Date APPR. _____ Review Time _____
<input type="checkbox"/>	PLUMBING	Date DISAPP. _____
	Reviewer: _____ N/A <input type="checkbox"/>	Date APPR. _____ Review Time _____
<input type="checkbox"/>	MECHANICAL	Date DISAPP. _____
	Reviewer: _____ N/A <input type="checkbox"/>	Date APPR. _____ Review Time _____
<input type="checkbox"/>	ELECTRICAL	Date DISAPP. _____
	Reviewer: _____ N/A <input type="checkbox"/>	Date APPR. _____ Review Time _____
<input type="checkbox"/>	ZONING	Date DISAPP. _____
	Reviewer: _____ N/A <input type="checkbox"/>	Date APPR. _____ Review Time _____
<input type="checkbox"/>	FIRE	Date DISAPP. _____
	Reviewer: _____ N/A <input type="checkbox"/>	Date APPR. _____ Review Time _____
<input type="checkbox"/>	TRAFFIC	Date DISAPP. _____
	Reviewer: _____ N/A <input type="checkbox"/>	Date APPR. _____ Review Time _____
<input type="checkbox"/>	ROW	Date DISAPP. _____
	Reviewer: _____ N/A <input type="checkbox"/>	Date APPR. _____ Review Time _____
<input type="checkbox"/>	PWE	Date DISAPP. _____
	Reviewer: _____ N/A <input type="checkbox"/>	Date APPR. _____ Review Time _____
<input type="checkbox"/>	STORM WATER	Date DISAPP. _____
	Reviewer: _____ N/A <input type="checkbox"/>	Date APPR. _____ Review Time _____
<input type="checkbox"/>	FLOOD HAZARD	Date DISAPP. _____
	Reviewer: _____ N/A <input type="checkbox"/>	Date APPR. _____ Review Time _____

OFFICIAL USE ONLY. FEES BY VALUATION:

TOTAL AMOUNT: _____

DATE _____

PERMIT fee _____

PLAN review fee _____

FIRE review fee _____

ZONING review fee _____

TOTAL _____

FEES BY REVIEW TIME

TOTAL # of hrs _____

TOTAL TO BE PAID: _____

CASH _____

CHG/CHK _____

IGC CHARGE TO _____

TR# _____

CHANGE ORDER/DEFERRED SUBMITTAL

PLEASE PUT YOUR APPROVAL DATE, TIME, AND SIGNATURE ON THE FRONT OF FORM

STRUC. date reviewed _____

ARCH. date reviewed _____

MECH. date reviewed _____

PLBG. date reviewed _____

ELEC. date reviewed _____

ZONING date reviewed _____

FIRE date reviewed _____

ROW date reviewed _____

TR date reviewed _____

SW date reviewed _____

PWE date reviewed _____

FLD HAZ date reviewed _____

