



MUNICIPALITY OF ANCHORAGE

Building Safety Division, Elevator Inspection Section

Request for Solution to Existing Code Discrepancy

Building Address: _____
 Legal Address: _____
 Representative Requesting Change: _____
 Title of Representative: _____
 Representing: _____
 Phone: _____ Fax: _____
 Email: _____

Requested Solution: _____

Additional documents attached? YES NO

Signature: _____ Date: _____

THIS SECTION IS FOR MUNICIPALITY USE ONLY
Equipment information

Tag #: _____ Serial #: _____
 Type: _____ Installer: _____
 Date of Installation: _____ Code Applicable at Time of Installation: _____
 Date of Alteration: _____ Code Applicable at Time of Alteration: _____
 Description of Alteration: _____

Copy of inspection report attached? YES NO Additional written documentation? YES NO
 Photographs/layout sketch? YES NO

INSPECTOR

Recommendation: _____
 Signature: _____ Date: _____

CHIEF OF INSPECTIONS

Comment: _____
 Approved: YES NO Signature: _____ Date: _____

BUILDING OFFICIAL

Comment: _____
 Approved: YES NO Signature: _____ Date: _____

Outcome and Conditions of Decision: _____

***NOTE:** This decision is specific to this change request only and is based solely on the facts included herein, and is not intended to set precedence.