

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:


\_\_\_\_\_  
Owner or Representative Signature

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for Alaska

My Commission Expires: \_\_\_\_\_

MAIL OR FAX TO:

Municipality of Anchorage  
Development Services Department  
Building Safety Division  
Mailing: P.O. Box 196650, Anchorage, AK 99519-6650  
Physical: 4700 Elmore Street, Anchorage, AK 99507  
Fax: 907-249-7742  
Attn: Licensing Section