

# **MUNICIPALITY OF ANCHORAGE** **CONTRACTOR APPLICATION PACKET**



# **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. Attach a copy of your current **State of Alaska Contractor's License**. (**NOT BUSINESS LICENSE**)  
State Contractor's License Number: \_\_\_\_\_

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.



### **Provide Any and All State License copies**

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

MUNICIPALITY OF ANCHORAGE  
Development Services Department  
Building Safety Division  
Licensing Section



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## PAYMENT

Municipality of Anchorage License # if RENEWING: **CON**\_\_\_\_\_

Total Payment: \_\_\_\_\_  \$360

\$60 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: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Phone #: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (CW2) **3 digit code on back**\_\_\_\_\_

Credit Card Statement Address: \_\_\_\_\_

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### Payment Options:

- 1. Deliver/ Mail:** Planning & Development Center  
4700 Elmore Road  
Building Safety Division  
Licensing Section  
Anchorage, Alaska 99507
- 2. Fax:** 907-249-7742 (secured fax line)