



**MUNICIPALITY OF ANCHORAGE
DEVELOPMENT SERVICES DEPARTMENT
BUILDING SAFETY DIVISION**



VACANT AND ABANDONED BUILDINGS APPLICATION

DATE: _____ PHONE: _____ FAX: _____

OWNER(S): _____

OWNER'S STREET ADDRESS: _____

OWNER'S MAILING ADDRESS: _____

EMAIL: _____

REAL PROPERTY OWNER:

PHONE: _____ FAX: _____ Email: _____

OWNER(S): _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

PROPERTY LOCATION:

STREET ADDRESS: _____

LOT _____ BLOCK _____ SUBDIVISION _____

TAX IDENTIFICATION: _____

INSURANCE COVERAGE: YES NO

BUILDING SECURE: YES NO DATE SECURED: _____

FEE PAID: YES NO

FIRST YEAR SECOND YEAR THIRD YEAR + YEAR

SIGNATURE: _____

**Checks are made out to: Municipality of Anchorage and mailed to: Development Services Dept.,
Municipality of Anchorage, 4700 Elmore Road, Anchorage, Alaska 99507**