



Municipality of Anchorage
ANCHORAGE HEALTH DEPARTMENT
825 L Street, Anchorage, AK 99501 | 907-343-6722
AHDshelterlicensing@anchorageak.gov
VARIANCE/WAIVER APPLICATION



VARIANCE/WAIVERS ARE ISSUED BY THE DIRECTOR OF THE ANCHORAGE HEALTH DEPARTMENT

If completing this application by hand, please write legibly using only blue or black ink.

At any time, you can email AHDshelterlicensing@anchorageak.gov or call 907-343-6722 for help with these questions.

Please fill out this application if the shelter license applicant, or any individual on the application as a licensee, or any managing member of the applicant, has been convicted of a barrier crime pursuant to 7 AAC 10.905.

SHELTER INFORMATION

Shelter Name		Name of Organization	
Point of Contact Name (First and Last)			
Phone Number		Email	
Shelter License Number (if applicable)			
Shelter License Effective Date		Shelter License Expiration Date	

VARIANCE/WAIVER INFORMATION

Are you seeking a variance or waiver?	<input type="checkbox"/> Variance (a temporary dispensation from a rule or regulation) <input type="checkbox"/> Waiver (permanent dispensation from a rule or regulation)
What is the section of Anchorage Municipal Code 16.125 for which the variance/waiver is sought?	
Provide a description why the variance/waiver is needed and what if any part of the section can be met to comply with the requirements of AMC 16.125. Describe the extent to which compliance with the requirement would impose any substantial economic, technological, programmatic, legal, and/or medical hardship on the shelter and/or clients.	
Length of time the variance/waiver would be needed	

Document the proposed alternative ways the shelter will meet the requirement in AMC 16.125. Provide a statement on how the facility will ensure a high quality of service to clients. Provide a statement of assurance that the current conditions at the facility do not present danger or undue hardship to clients or the surrounding neighborhood.

Please explain any additional information to assist the department in determining the effect of this variance/waiver on shelter clients.

You may attach separate pages if needed

ATTACHMENTS

- Attach any supporting documentation from the appropriate authority, if the request for a variance/waiver involves fire safety, zoning or use, or other state or municipal approvals.
- Attach any additional information to assist the department in determining the effect of this variance/waiver on shelter clients.

I certify the contents of this application and information provided with it are true, accurate, and complete. I understand that willful misrepresentation of the information provided is cause for immediate denial of an application or later revocation of the license.

First and Last Name Printed

Official Title

Signature

Date