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

PAYMENT

Municipality of Anchorage License # if RENEWING: CON___________

☐ NEW $400 – Covid19 $300
☐ $400 + 70 Late fee= 470 – Covid19 $352.50
☐ $70 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: ____________________________________________
_____________________________________________________________________

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)

3. Email: permitcounter@muni.org