

NOTE: THIS APPLICATION IS FOR PROJECTS THAT DO NOT HAVE A PERMIT NUMBER.

MUNICIPALITY OF ANCHORAGE
BUILDING SAFETY DIVISION
RETRO WORK APPLICATION

DATE: _____

WOULD YOU LIKE US TO PUT IN FOR A INSPECTION FOR THIS PERMIT?

YES AM PM
NO

NOTE: You will receive an inspection the following day after issue.

PERMIT # _____ PHONE: _____ OWNER NAME: _____

CONTRACTOR: _____ SITE ADDRESS: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ TRACK: _____

TYPE OF PERMIT

ELEVATOR ELECTRICAL PLUMBING MECHANICAL GAS

TYPE OF BUILDING

RESIDENTIAL

SINGLE FAMILY
DUPLEX
MOBILE HOME

COMMERCIAL

OFFICE WAREHOUSE RETAIL CONDO # OF UNITS MULTI-DWELLING # OF UNITS OTHERS: VACANT LAND SCHOOL CHURCH

DESCRIPTION

DESCRIPTION OF WORK

SIGNATURE: _____

FOR OFFICE USE ONLY

ELEVATOR/PLBG/MECH/ELEC REVIEW COMMENTS: APPROVED CORRECTIONS NA

SIGNATURE/TITLE: _____ DATE: _____

ZONING REVIEW COMMENTS: APPROVED CORRECTIONS NA

HEALTH DEPT. APPROVAL YES NO

SIGNATURE/TITLE: _____ DATE: _____

FIRE REVIEW COMMENTS: APPROVED CORRECTIONS NA

SIGNATURE/TITLE: _____ DATE: _____