

Application for Park Master Plan

Municipality of Anchorage
 Planning Department
 PO Box 196650
 Anchorage, AK 99519-6650

PETITIONER		PETITIONER REPRESENTATIVE (if any)	
Name (last name first) Anchorage Parks & Recreation Department, Holly J Spoth-Torres		Name (last name first)	
Mailing Address Municipality Of Anchorage PO Box 196650 Anchorage, AK 99519-6650		Mailing Address	
Contact Phone: Day 907-343-4585 Evening 907-343-4585		Contact Phone: Day Evening	
Fax 907-249-7542		Fax	
E-mail spoth-torreshj@muni.org		E-mail	

PROPERTY INFORMATION			
Property Tax # (000-000-00-000): 01901110000			
Site Street Address: 769 W Klatt Rd			
Current legal description: (use additional sheet if necessary) Portions of lots 1 and 2 of Section 19, Township 12 North, Range 3 West, Seward Meridian, Alaska; and Tract B of the Tower Subdivision			
Zoning: PLI	Acreage: 61.04	Grid #: SW2629	Underlying plat #: 98-0053
Park Name: South Anchorage Sports Park			
Park Classification: <input type="checkbox"/> Community Use <input checked="" type="checkbox"/> Special Use <input type="checkbox"/> Natural Resource Use <input type="checkbox"/> Neighborhood Use <input type="checkbox"/> Large Urban <input type="checkbox"/> Regional <input type="checkbox"/> Playlot, Mini Park, Vest Pocket <input type="checkbox"/> Not classified/other			
<input type="checkbox"/> New master plan <input checked="" type="checkbox"/> Amendment/revision to existing master plan Original Case #: 98-077			

I hereby certify that (I am)(I have been authorized to act for) owner of the property described above and that I petition for a park master plan in conformance with Title 21 of the Anchorage Municipal, Code of Ordinances. I understand that payment of the application fee is nonrefundable and is to cover the costs associated with processing this application, and that it does not assure approval of the master plan. I also understand that assigned hearing dates are tentative and may have to be postponed by Planning Department staff or the Planning and Zoning Commission, for administrative reasons.

Signature *Holly Spoth-Torres* Owner Representative (Agents must provide written proof of authorization) Date *9/3/14* **September 3, 2014**

HOLLY J. SPOTH-TORRES

Print Name Holly Spoth-Torres	Accepted by: <i>Svo</i>	Poster & Affidavit: <i>3+1</i>	Fee: <i>J/E</i>	Case Number: <i>2014-0155</i>	Requested Meeting Date: <i>12-1-14</i>
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