

Application for Preliminary Plat

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

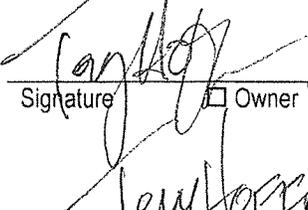
PETITIONER*		PETITIONER REPRESENTATIVE (IF ANY)	
Name (last name first) Glacier View, LLC		Name (last name first) The Boutet Company	
Mailing Address PO Box 201		Mailing Address 601 East 57th Avenue, Suite 102	
Girdwood, AK., 99587-0201		Anchorage, AK., 99518	
Contact Phone - Day 907-632-8647	Evening	Contact Phone - Day 907-522-6776	Evening
Fax		Fax	
E-mail timcabana@yahoo.com		E-mail thoffman@tbca.com	

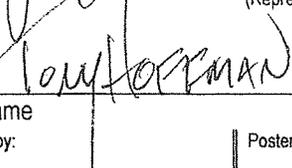
*Report additional petitioners or disclose other co-owners on supplemental form. Failure to divulge other beneficial interest owners may delay processing of this application.

PROPERTY INFORMATION			
Property Tax # (000-000-00-000): 075-163-43-000			
Site Street Address:			
Current legal description: (use additional sheet if necessary) Alpine View Estates, Phase 3, Tract B-2B			
Zoning: GR-4, GR-4SL	Acreage: 8.059	Underlying Plat #: 2014-038	Grid #: SE4815&SE4816
# Lots: 0	# Tracts: 1	Total # parcels: 1	

PROPOSED SUBDIVISION INFORMATION		
Proposed legal description: (use additional sheet if necessary) Alpine View Estates, Phase 4 Lots 1-8 & and Tract 1		
# Lots: 7	# Tracts: 1	Total # parcels: 8

I hereby certify that (I am)(I have been authorized to act for) owner of the property described above and that I petition to subdivide it 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 subdivision. I also understand that assigned hearing dates are tentative and may have to be postponed by Planning Department staff or the Platting Authority for administrative reasons.

Signature:  Owner Representative
 Date: 4/12/2021
(Representatives must provide written proof of authorization)

Print Name: TOM HOFFMAN
 Accepted by:  S12622 JUN 21 2021
 Poster & Affidavit: Case Number: Requested Meeting Date:

