

Appeal to the Board of Adjustment

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



APPELLANT*			APPELLANT REPRESENTATIVE (if any)		
Name (last name first)			Name (last name first)		
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip
Contact Phone – Day:		Evening:	Contact Phone – Day:		Evening:
Fax:			Fax:		
E-mail:			E-mail:		

*Report additional appellants on supplemental form.

APPEAL INFORMATION
Decision Being Appealed (include case or permit number if applicable):
Date of Action:
Legal Description of Property Involved:
Relationship of Appellant to Action: <input type="checkbox"/> Petitioner <input type="checkbox"/> Government Agency <input type="checkbox"/> Other Party of Interest (see AMC 21.15.040)
Detailed and Specific Allegation(s) of Error: (use additional sheet(s) if necessary)

I hereby certify that (I am) (I have been authorized to act for) a party of interest in the decision being appealed in accordance with the definition in Title 21 of the Anchorage Municipal Code of Ordinances. I understand that the assigned hearing date is tentative and may have to be postponed by the Planning Department, Clerk's Office, Assembly Counsel, or the Board of Adjustment for administrative reasons.

Signature	<input type="checkbox"/> Appellant <input type="checkbox"/> Representative (Representatives must provide written proof of authorization)	Date
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Print Name

Accepted by:	Poster & Affidavit:	Fee:	Case Number:	Meeting Date
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