	Design Review Submittal	
OFFICE USE ONLY: CHECK IF SPECIAL FORM		OFFICE USE ONLY: ACCOUNT NUMBER: SUBMITTAL TAKEN BY:
REQUIRED:		
NAME OF ASSOCIATION:		
HOMEOWER DATA:		
(Street	Address)	
NAME:		
HOME:	• CELL:• CEL	L:
*EMAIL:		
PROJECT TYPE AND DESCRI	YTION:	
SHED * 🗵 FENCE * 🗌 LAI	NDSCAPE * 🗌 PAINT COLOR ** 🔲 SATELLITE D	ISH * ⊠ DECK * 🗌 OTHER ***
	E SPECIFIC – LACK OF INFORMATION CAN DELAY Y CATIONS, ETC	• •

Please be advised that the Municipality of Anchorage has independent authority to enforce codes and may require a building permit to be issued. The homeowner is responsible for presenting their design to the MOA, Building Safety Division, for their approval prior to construction, as required.

Be sure to include a copy of your as-built, as indicated, if applicable.

Completed applications can be emailed to the Association's management office, Property Management Services, Inc (PMSI) at info@pmsialaska.com, faxed (907) 562-3550, hand delivered 601 W 41st Avenue, Suite 201 (in Anchorage), or mailed to PO Box 92130, Anchorage, AK 99509. If you have any questions, please call (907) 562-2929 (1-877-562-2929 toll free).

Any deviation from the original plan requires re-submittal prior to any work taking place.

Date Submitted: _____

- * Requires As-built
- ** Paint samples are <u>REOUIRED</u>
- *** May require As-built

*All correspondence will be sent via email unless otherwise noted.