## Design Review Submittal

OFFICE USE ONLY: CHECK IF SPECIAL FORM REQUIRED: \_

OFFICE USE ONLY: ACCOUNT NUMBER: SUBMITTAL TAKEN BY: \_

NAME OF ASSOCIATION:	
HOME	OWER DATA:
PROPER	RTY LOCATION:(Street Address)
NAME:	
HOME:	• CELL:• CELL:
*EMAIL	:
PROJE	CT TYPE AND DESCRIPTION:
☐ SHE	D *   FENCE *   LANDSCAPE *   PAINT COLOR **   SATELLITE DISH *   DECK *   OTHER ***
	IPTION OF PROJECT – BE SPECIFIC – LACK OF INFORMATION CAN DELAY YOUR REQUEST. LIST SIZES, IS, MATERIAL TYPES, LOCATIONS, ETC.
building	be advised that the Municipality of Anchorage has independent authority to enforce codes and may require a g permit to be issued. The homeowner is responsible for presenting their design to the MOA, Building Safety n, for their approval prior to construction, as required.
Be sure	to include a copy of your as-built, as indicated, if applicable.
(PMSI)	ted applications can be emailed to the Association's management office, Property Management Services, Inc at info@pmsialaska.com, faxed (907) 562-3550, hand delivered 601 W 41 <sup>st</sup> Avenue, Suite 201 (in Anchorage), or to PO Box 92130, Anchorage, AK 99509. If you have any questions, please call (907) 562-2929 (1-877-562-2929 e).
Any dev	viation from the original plan requires re-submittal prior to any work taking place.
Date Su	ubmitted:
* **	Requires As-built Paint samples are <u>REQUIRED</u>

May require As-built

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<sup>\*</sup>All correspondence will be sent via email unless otherwise noted.