Municipality of Anchorage
ANCHORAGE HEALTH DEPARTMENT
**ENVIRONMENTAL SERVICES / FOOD SAFETY & SANITATION**
825 L Street, P.O. Box 196650, Anchorage, Alaska 99519-6650
Telephone: (907) 343-4200 Fax: (907) 343-4786
www.muni.org/EHonline

# APPLICATION FOR PLAN REVIEW

____Remodel/Upgrade  X New Construction/Existing Building  ____New Construction/New Building

| | | | |
|---|---|---|---|
| Establishment Name: Catalyst Cannabis (Spenard) | | | |
| Site Address: 4707 SPENARD ROAD | Mailing Address: 6967 LASER DRIVE | | |
| Owner Name: Will Schneider | Address: 6967 LASER DRIVE | Phone: | Fax: |
| Email: will@catalystcannabisco.com | | | |
| Contact Name: Kayli Thompson, Scope Permitting | Address: 7216 Lake Otis Pkwy Anchorage, AK 99507 | Phone: 907-223-4315 | Fax: |
| Email: scopepne.kayli@gmail.com | | | |
| Square feet: 2000 sqft | If Food, Menu Provided: x Yes ____No | | |
| Applicants Signature: Kayli | Application Date: 1/3/2022 | | |

**Department Notes / Comments**

Ø counter staff.
Application paperwork in Jaime's office.
Payment to follow. JN

1-5-22

**OFFICE USE ONLY**

| Amount Received: | Payment Type: | Receipt Number: | Date Received: |
|---|---|---|---|
| 330.00 | Online CC | | 1-11-22 |

**Fees:**

| | | | |
|---|---|---|---|
| **Spa** | $ 300.00 | (Date Paid) | Facility ID: |
| **Pool** | | | |
| 0-1600 sq. ft.: | $ 500.00 | (Date Paid) | PE: |
| 1600 sq. ft. +: | $ 750.00 | (Date Paid) | Plan Review Project Number: 920 |
| **Food** | | | |
| 0-1000 sq. ft.: | $ 220.00 | (Date Paid) | Plan Review: |
| 1001-4000 sq. ft.: | $ 330.00 | 1-11-22 (Date Paid) | AR 19715 |
| 4001 sq. ft. +: | $ 550.00 | (Date Paid) | IN 66350 |

AMCO
JAN 24 2022

72-038 Ver. 10_19* DISTRIBUTION: White - FS&S Canary - FS&S Accounting Pink - Customer

RECEIPT REFUND

| Sale | Approval | 01/11/2022 02:25:41 PM |
|---|---|---|

# $330.00

## Order Section

| | |
|---|---|
| **Payment** | [redacted] |
| **Name** | William Schneider |
| **Invoice Number** | 5219 |
| **Transaction Currency** | USD |
| **Description** | Invoice for HHS Fees |

## Address

| | |
|---|---|
| **Bill to** | One day management<br>William Schneider 9072051181<br>6967 Laser Dr<br>Anchorage Alaska 99504<br>will@catalystcannabisco.com |

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JAN 24 2022