MOA ENVIRONMENTAL SVCS
825 L ST RM 510
ANCHORAGE, AK. 99501
907-343-4200

SALE

8 REF#: 00000004
Batch #: 157
08/18/16 14:51:13
APPR CODE: 08432B
Trace: 4
VISA Chip
**********6702 **/**

AMOUNT $330.00

APPROVED

Visa Credit
AID: A0000000031010
TVR: 80 80 00 80 00
TSI: 78 00

THANK YOU

CUSTOMER COPY

Municipality of Anchorage
MENT OF HEALTH AND HUMAN SERVICES
ITAL SERVICES / FOOD SAFETY & SANITATION
P.O. Box 196650, Anchorage, Alaska 99519-6650
hone: (907) 343-6509 Fax: (907) 343-4786
www.muni.org

DHHS

CATION FOR PLAN REVIEW

Construction/Existing Building ☐ New Construction/New Building

BYRN

Mailing Address: 2891 MORGAN LOOP ANCH AK 99516

Address: 2891 MORGAN Lp | Phone: 205-1705 | Fax: N/A

am

Address: 2891 MORGAN Lp | Phone: 205 1705 | Fax: N/A

com

If Food, Menu Provided: ☐ Yes ☑ No

Application Date: 8-18-16

OFFICE USE

Amount Received:	Payment Type:	Receipt Number:	Date Received:

Fees:

Pool/Spa

Spa:	$ 300.00	(Date Paid)
Pool 0-1600 sq. ft.:	$ 500.00	(Date Paid)
Pool 1600 sq. ft. +:	$ 750.00	(Date Paid)

Food

Food: 0-1000 sq. ft.:	$ 220.00	(Date Paid)
Food: 1001-4000 sq. ft.:	$ 330.00	(Date Paid)
Food: 4001 sq. ft. +:	$ 550.00	(Date Paid)

Facility ID: _____

PE: _____

Plan Review Project Number: _____

Plan Review: _____

72-038 Ver. 12_15*

MOA DEPT OF H&HS
ENVIRONMENTAL SERVICES
825 L STREET
PHONE: 343-4200

8/18/2016 3:52:06 PM

Facility#FA000
Plan Review 1001-4000 sq $330.00

Total $330.00

Credit Card $330.00
Total Amt Tend $330.00
Change $0.00

Items 1
Clerk/5

90932 15:52

Municipality of Anchorage
MENT OF HEALTH AND HUMAN SERVICES
TAL SERVICES / FOOD SAFETY & SANITATION
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DHHS

CATION FOR PLAN REVIEW

Construction/Existing Building ☐ New Construction/New Building

BUEN

Mailing Address: 2891 MORGAN LOOP ANCH AK 99516

Address: 2891 MORGAN LP | Phone: 205-1705 | Fax: N/A

om

Address: 2891 MORGAN LP | Phone: 205 1705 | Fax: N/A

Email: louweaver@me.com

Square feet: ~3000

If Food, Menu Provided: ☐ Yes ☑ No

Applicants Signature: Lou W

Application Date: 8-18-16

Department Notes/Comments

OFFICE USE

Amount Received:	Payment Type:	Receipt Number:	Date Received:

Fees:

Pool/Spa

Spa:	$ 300.00	(Date Paid)
Pool 0-1600 sq. ft.:	$ 500.00	(Date Paid)
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72-038 Ver. 12_15*

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DHHS

APPLICATION FOR PLAN REVIEW

☑ **Remodel/Upgrade** ☐ **New Construction/Existing Building** ☐ **New Construction/New Building**

Establishment Name: AK SLOW BURN			
Site Address: 2042 E. 3RD	Mailing Address: 2891 MORGAN LOOP ANCH AK 99516		
Owner Name: LOU WEAVER	Address: 2891 MORGAN LP	Phone: 205-1705	Fax: N/A
Email: louweaver@me.com			
Contact Name: LOU WEAVER	Address: 2891 MORGAN LP	Phone: 205 1705	Fax: N/A
Email: louweaver@me.com			
Square feet: ~3000	If Food, Menu Provided: ☐ Yes ☑ No		
Applicants Signature: Lou W	Application Date: 8-18-16		

Department Notes/Comments

OFFICE USE

Amount Received:	Payment Type:	Receipt Number:	Date Received:

Fees:

Pool/Spa

Spa:	$ 300.00	(Date Paid)
Pool 0-1600 sq. ft.:	$ 500.00	(Date Paid)
Pool 1600 sq. ft. +:	$ 750.00	(Date Paid)

Food

Food: 0-1000 sq. ft.:	$ 220.00	(Date Paid)
Food: 1001-4000 sq. ft.:	$ 330.00	(Date Paid)
Food: 4001 sq. ft. +:	$ 550.00	(Date Paid)

Facility ID: _____

PE: _____

Plan Review Project Number: _____

Plan Review: _____

72-038 Ver. 12_15*