APPLICATION FOR SEASONAL OUTDOOR SEATING INSPECTION

City of Novi Community Development Department
45175 W. Ten Mile, Novi, MI 48375
248.347.0475; 248.735.5600 fax
www.cityofnovi.org

Project Name	SI # (City)

APPLICANT

Company	Primary Contact	Secondary Contact

Street Address	Suite	City	State	Zip

Phone Number	Fax Number	E-mail address

PROJECT INFORMATION

Property Address	North or South of which road?	East or West of which road?

Parcel Number(s) (Contact Assessing Dept. if unknown)	Section	Approximate Square footage of proposed Outdoor Seating Area

Space for additional information, if necessary

SUBMITTAL REQUIREMENTS

Submittal Requirements:

- ☐ Original signed copy of this application.
- ☐ Review Fee of $70.00, check made payable to the City of Novi.

I do hereby attest that all statements, signatures, descriptions, and exhibits submitted on/or with this application are true and accurate to the best of my knowledge and I am the property owner or I am authorized to file this application and act on behalf of the property owner and I have attached a notarized statement from the owner who grants me permission to act on his/her behalf. I acknowledge that by making this application I have consented to the entry of City officials, employees, agents, and/or representatives for all purposes in connection with this application and to insure compliance with City Ordinances.

Signature of Applicant Date

Printed Name of Applicant