APPLICATION FOR TEXT AMENDMENT

Community Development Department
45175 W. Ten Mile, Novi, MI 48375
248-347-0475; 248-735-5633 fax

Topic for Consideration

Use Tab function to navigate form. Point and click cursor to check boxes.

APPLICANT

Company	Primary Contact	Professional License Number, if applicable

Street Address	Suite	City	State	Zip

Phone Number	Fax Number	E-mail address

SUBMITTAL REQUIREMENTS

Submittal Requirements:

- ☐ Document describing the change the Applicant is proposing. Information should include the section of the Ordinance requiring the change, suggested new language, and any samples of this language from other municipalities where its use has already been adopted.
- ☐ Original signed copy of this application.
- ☐ Check made payable to the City of Novi in the amount of $690.00, which is used to cover the cost of the Public Hearing process.

I do hereby attest that all statements, signatures, descriptions, and exhibits submitted with this application are true and accurate to the best of my knowledge.

Signature of Applicant Date

Printed Name of Applicant