

FACADE MODIFICATION REVIEW SUBMITTAL FORM

City of Novi Community Development Department Planning Division 45175 Ten Mile Road, Novi, MI 48375 248-347-0475

Site Plan Number

cityofnovi.org

CI	Decis ad November							
PROJECT	Project Name			Building 1 Sq. Ft.	Building	2 Sq. Ft.	Building 3 Sq. Ft.	
PR	Project Street Address		Suite	City		State	Zip	
╘	Company		Prir	Primary Contact		Professional License #, if applicable		
APPLICANT								
\PPLI	Street Address		Suite	City		State	Zip	
`								
	Phone Number	А	<mark>llternate P</mark>	one Number	Email Address			
OWNER								
	Company			Legal Name of Ow	nership and	d Primary Contact		
ó	Street Address		Suite	City	I	State	Zip	
ွှ	Phone Number	A	<mark>llternate Ph</mark>	one Number	mber		Email Address	
AENT	Two sealed and folded facade alteration drawings. Size of plans must be 24"x36", typical architectural scale 1/8"=1'							
JIREA	Original signed copy of this application							
REGI	Response letter with comments detailing revisions made to facade							
TAL	Facade Material Sample(s)							
SUBMITTAL REQUIREMENTS	Paint Sample(s)							
S	I do hearby attest that all statements, signatures, descriptions, and exhibits submitted 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 acton behalf of the property owner, and at the time of Preliminary Site Plan submittal I will provide 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							
	Signature of Property Owner may be submitted on separate notarized document			Date				
	Printed Name of Property Owner							