REQUEST FOR ESTIMATED FEES

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

Check all that apply:

- ☐ Site Plan Approval
- ☐ Special Land Use
- ☐ Rezoning
- ☐ PRO
- ☐ SDO

Project Name (Working Title)

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	Alternate Phone Number		Email Address	

PROJECT INFORMATION

Property Address, if known		North or South of which road?		East or West of which road?	
Parcel Number(s) (Contact Assessing Dept. if unknown)	Section	Brief description of project (number of stories or units, etc.)			
Gross Site Acreage Size will be reviewed against Assessor's Records		Woodland Acreage If unknown, 2 acres will be used initially	Wetland Acreage	☐ Minor ☐ Non-Minor ☐ Unknown Level of Wetland Disturbance If unknown, "Minor" will be used initially	
Number of units or lots	Building 1 SQ FT	Building 2 SQ FT	Building 3 SQ FT	Current Zoning	Proposed Zoning
Additional information, if necessary					

TRAFFIC

Traffic Information:

Are you required to submit a Traffic Study? ☐ Full Study ☐ Abbreviated ☐ No ☐ Not Sure

Are you required to submit a Shared Parking Study? ☐ Yes ☐ No ☐ Not Sure

FACADE

Façade Information:

Level of Façade review: ☐ New Review ☐ Review of Addition ☐ Affidavit for Identical Building ☐ Modification

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 and I am the property owner or I am authorized to file this application and act on 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 _____