



NO REVISION FAÇADE AFFIDAVIT
 City of Novi Community Development Department
 City of Novi Planning Division
 45175 W. Ten Mile, Novi, MI 48375
 248-347-0475; 248-735-5633 fax

- Revised Site Plan
- Final Site Plan
- Other

Check all that apply

Project Name

SP
Site Plan Number

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			

ARCHITECT

Architectural Firm	Primary Architect	Professional License Number, if applicable			
Street Address	Suite	City	State	Zip	
Phone Number	Fax Number	E-mail address			

Outcome of Previous Façade Review:

- Façade Drawings found to be in full compliance with façade chart per Façade Review letter dated _____.
- Façade Drawings received a Section 9 Waiver from the Planning Commission and/or City Council on _____.
- Façade Review letter not received to date.

The Façade Drawings incorporated in this plan set are as follows: (List all drawings.)

Sheet No.	Sheet Title:	Latest Revision Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Façade Drawings herewith submitted (list all drawings above) are identical to those previously submitted and reviewed by the City Novi Community Development Department and therefore do not require review by the City of Novi's architectural consultant. The Façade Drawings are submitted at this time for reference pursuant to reviews required by other disciplines and/or consultants. I understand that it is my responsibility to submit any and all revisions to the Façade Drawings that may occur to the City of Novi Community Development Department. The current status of the previously submitted Façade Drawings is noted above.

Please note that if the previously submitted Façade Drawings were found to be in violation of the façade chart or the Planning Commission and/or City Council did not grant a required Section 9 Waiver, the project does not meet the qualifications to utilize this affidavit.

Signature of Applicant Date

Notary Date

County: _____
State: _____

Printed Name of Applicant