



# APPLICATION FOR TEXT AMENDMENT

City of Novi Community Development Department  
Planning Division  
45175 Ten Mile Road, Novi, MI 48375  
248-347-0475  
[cityofnovi.org](http://cityofnovi.org)

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

|                         |
|-------------------------|
| Topic for Consideration |
|-------------------------|

|                  |                |  |                        |      |  |       |     |
|------------------|----------------|--|------------------------|------|--|-------|-----|
| <b>APPLICANT</b> | Company        |  | Primary Contact        |      | Professional License Number, if applicable |       |     |
|                  | Street Address |  | Suite                  | City |  | State | Zip |
|                  | Phone Number   |  | Alternate Phone Number |      | Email Address                              |       |     |

|                     |   |
|---------------------|---|
| <b>REQUIREMENTS</b> | Document describing the change 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 City of Novi for \$690.00 to cover the cost of the Public Hearing process.  |

I 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