

APPLICATION FOR OUTDOOR SEATING INSPECTION City of Novi Community Development Department 45175 W. Ten Mile, Novi, MI 48375 248.347.0475; 248.735.5600 fax www.cityofnovi.org

Project Name

SI # (City)

| - Company | | Primary Contact | | Secondary Contact | | |
|---|--|--|--|---|---|---|
| Street Address | | | | | Johnaor | |
| Street Address | | Suite | C | ty | State | Zip |
| Phone Number | | Fax Number | | E-mail address | | |
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| Property Address | | North or South of which road? East or West of | | of which road? | | |
| Parcol Number(s) (Contact | | | | | | |
| Assessing Dept. if unknown) | Section | Approximate | e Square footage of proposed Outdoor Seating Area | | | |
| Property Address North or South of which road? East or West of which road? Parcel Number(s) (Contact Assessing Dept. if unknown) Section Approximate Square footage of proposed Outdoor Seating Area | | | | | | |
| Space for additional information, if necessary | | | | | | |
| Submittal Requirements: | | | | | | |
| | Phone Number Property Address Parcel Number(s) (Contact Assessing Dept. if unknown) Submittal Requirements: Original signed cop Review Fee of \$70.0 | Street Address Phone Number Property Address Parcel Number(s) (Contact Assessing Dept. if unknown) Section Submittal Requirements: Original signed copy of this a Review Fee of \$70.00, check | Street Address Suite Phone Number Fax N Property Address North or South Parcel Number(s) (Contact Assessing Dept. if unknown) Section Approximate Space for additional i Space for additional i Space for additional i Submittal Requirements: Original signed copy of this application. Review Fee of \$70.00, check made payable to | Street Address Suite Ci Phone Number Fax Number Property Address North or South of which road? Parcel Number(s) (Contact Assessing Dept. if unknown) Section Space for additional information, if neces Submittal Requirements: Original signed copy of this application. Review Fee of \$70.00, check made payable to the City of Novi. | Street Address Suite City Phone Number Fax Number E-mail a Property Address North or South of which road? East or West o Parcel Number(s) (Contact Assessing Dept. if unknown) Section Approximate Square footage of proposed Outdoor Space for additional information, if necessary Space for additional information, if necessary Submittal Requirements: Original signed copy of this application. Review Fee of \$70.00, check made payable to the City of Novi. | Street Address Suite City State Phone Number Fax Number E-mail address Property Address North or South of which road? East or West of which roa Parcel Number(s) (Contact Assessing Dept. if unknown) Section Approximate Square footage of proposed Outdoor Seating A Space for additional information, if necessary Space for additional information, if necessary |

I do hereby attest that all statements, signatures, descriptions, and exhibits submitted on/or 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 I have attached 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