

OUTDOOR SEATING PLAN REVIEW APPLICATION* Community Development Department

45175 W. Ten Mile, Novi, MI 48375 248.735.5678 248.735.5600 fax OFFICE USE ONLY PERMIT:_____

www.cityofnovi.org

*For up to 20 seats only

BUSINESS INFO	Restaurant Name	Plaza	Name	Parcel ID / Sidwell Number		ber
SSI						
SINE	Address	Suite	C	ity	State	Zip
BD	Discount Name to a	FN		F		
	Phone Number	Fax Number		E-mail Address		
0		Yes	□ No	If not, applicant must complete Property		
Ĭ	Name	Is the applicant t	ne property owner?	Owner Info and attac	h written au	ıthorization.
ANI						
APPLICANT INFO	Address	Suite	C	ity	State	Zip
Αb	Di N		Lance Lance	hor E mail s		
	Phone Number	Faxi	umber E-mail address			
잂						
띪	Name					
WN	Name					
γ0	Address	Suite	C	ity	State	Zip
PERI	/ Address	Juite			State	ΣΙΡ
PROPERTY OWNER INFO	Phone Number	Alternate P	none Number	E-mail	l Address	
OUTDOOR SEATING INFO	New Application	Rer	newal			
		Outdoor Seating Hours			urs	
AIII						
S SE	Total Square Feet	Outdoor Seating Area Dimensions				
00						
ED I	Number of Tables, Chairs, Table Umbrellas, and Additional Items (Railings, Posts, Etc.)					
0	number of fables, Chairs, rable utriblellas, and Additional Items (kallings, Posts, Etc.)					
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DOCUMENTS	I have attached the following:					
	Two(2) Detailed Plans Showing Seating Layout (indicate ADA accessible seating) Notarized Property Owner Authorization (If needed)					
CC	\$70.00 Plan Review Fee					
ă	Completed Application					
٠	Signature of Applicant Title of A	pplicant	Date			
	Printed Name of Applicant		Phone Number			