PRE-APPLICATION MEETING REQUEST

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 (GE District)

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

Project Name (Working Title)

APPLICANT

Company	Primary Contact	Professional License Number, if applicable		
Street Address	Suite	City	State	Zip
Phone Number	Alternate Phone Number	Email Address		

PROPERTY OWNER

Owner Name	Legal Name of Ownership, with Primary Contact			
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)	Current Zoning	Proposed Zoning	Gross Site Acreage
Brief description of project			

REQUIREMENTS

- ☐ For proposed site plans and PRO's - submit **seven sealed and folded sets and a digital copy** of available plans, preferably including a site plan, elevations, floor plans, engineering, wetland, woodland, landscape, and stormwater management plans. Size of plans must be 24" x 36", maximum scale of 1" = 50'.
- ☐ For rezonings, proposed rezoning engineering survey and brief narrative describing any potential future development.
- ☐ Original signed copy of this application.

I 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 _____

PRE-APPLICATION MEETING *(To be filled by Staff - Applicant will be contacted after submittal)*

Pre-Application meeting can be held approximately ten business days after submittal is received.

Meeting Date: _____ Meeting Time: _____