APPLICATION FOR TEXT AMENDMENT

City of Novi Community Development Department
Planning Division
45175 Ten Mile Road, Novi, MI 48375
248-347-0475
cityofnovi.org

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

Topic for Consideration

APPLICANT

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

REQUIREMENTS

- ☐ 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 apopted.
- ☐ 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 _____