# OUTDOOR SEATING PERMIT APPLICATION

**City of Novi Community Development Department**
**45175 Ten Mile, Novi, MI 48375**
**248.347.0415 248.735.5600 fax**
www.cityofnovi.org

**OFFICE USE ONLY**
**PERMIT:**

**CHECK ALL THAT APPLY:**

- ☐ Up to 20 Seats
- ☐ Greater than 20 Seats
- ☐ Yearly Renewal

**BUSINESS INFO**

| Restaurant Name | Plaza Name | Parcel ID / Sidwell Number | | |
|---|---|---|---|---|
| Address | Suite | City | State | Zip |
| Phone Number | Alternate Phone Number | Email Address | | |

**APPLICANT INFO**

| Name | Yes ☐ No ☐ Is the applicant the property owner? | | If not, applicant must complete Property Owner Info and attach written authorization. | |
|---|---|---|---|---|
| Address | Suite | City | State | Zip |
| Phone Number | Alternate Phone Number | Email Address | | |

**PROPERTY OWNER INFO**

| Name | | | | |
|---|---|---|---|---|
| Address | Suite | City | State | Zip |
| Phone Number | Alternate Phone Number | Email Address | | |

**OUTDOOR SEATING INFO**

| Total Square Feet | Outdoor Seating Area Dimensions |
|---|---|
| Number of Tables, Chairs, Table Umbrellas, and Additional Items (Railings, Trash Receptacles, Posts, etc.) | |

**DOCUMENTS**

**I have attached the following:**

- ☐ Two (2) Detailed Plans Showing Seating Layout & 6 ft. Walkway Clearances (sealed plans for 21 or more seats)
- ☐ Notarized Property Owner Authorization Statement (if applicable)
- ☐ $70.00 Plan Review Fee (new applications for 20 or less seats only)
- ☐ Signed Copy of This Application

***For reference see*** Zoning Ordinance 4.84

Signature of Applicant _____ Title of Applicant _____ Date _____

Printed Name of Applicant _____ Phone Number of Applicant _____