FACADE MODIFICATION REVIEW SUBMITTAL FORM

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

Site Plan Number

PROJECT

Project Name		Building 1 Sq. Ft.	Building 2 Sq. Ft.	Building 3 Sq. Ft.
Project Street Address	**Suite**	**City**	**State**	**Zip**

APPLICANT

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

OWNER

Company	Legal Name of Ownership and Primary Contact			
Street Address	**Suite**	**City**	**State**	**Zip**
Phone Number	**Alternate Phone Number**	**Email Address**

SUBMITTAL REQUIREMENTS

- ☐ Two sealed and **folded** facade alteration drawings with facade percentages/material calculations shown. Size of plans must be 24"x36", typical architectural scale 1/8"=1'.
- ☐ Original signed copy of this application.
- ☐ Narrative/letter with comments detailing revisions made to facade.
- ☐ Facade Material Sample(s) and Paint Sample(s).

I do hearby 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 acton 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 _____

Signature of Property Owner _____ Date _____
may be submitted on separate notarized document

Printed Name of Property Owner _____