WETLAND BOUNDARY DETERMINATION APPLICATION

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

Project Name

Use tab function to navigate form.

APPLICANT

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

WETLAND

Wetland Consulting Firm	Primary Consultant	Professional License #, if applicable
Street Address	Suite / City / State / Zip	
Phone Number	Alternate Phone Number	Email Address

OWNER

Project 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)	Gross Site Acreage Size will be reviewed against Assessor's Records	Wetland Acreage If unknown, 2 acres will be used initially

Brief description of on-site wetlands. Attach additional sheets if necessary

Submittal Requirements:

- ☐ Three **folded** sets of plot plans which identify existing watercourses and wetland areas. Size of plans must be 24"x36".
- ☐ Original signed copy of this application.
- ☐ Notarized orginal signature of landowner authorizing permission, if applicant is not the owner.

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 _____

Signature of Notary _____ Date _____

Printed Name of Notary _____

County: _____ State: _____

Date Commission Expires: _____