

Printed Name of Applicant

APPLICATION FOR TEXT AMENDMENT

Community Development Department 45175 W. Ten Mile, Novi, MI 48375 248-347-0475: 248-735-5633 fax

246-347-0475; 246-735-3633 Tax						
Topic for Consideration						

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_	Company	Primary	Contact	Professional License Number, if applicab				
	Street Address	Suite		4.7	State	Zin		
-	Street Address	Julie	Ci	ty 	State	Zip		
	Phone Number	Fax N	Fax Number E-			-mail address		
	Submittal Requirements: □ Document describing the change the 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 adopted. □ Original signed copy of this application. □ Check made payable to the City of Novi in the amount of \$690.00, which is used to cover the cost of the Public Hearing process.							
I do 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						