	PRE-APPLICATION MEETING REQUEST City of Novi Community Development Department Planning Division 45175 Ten Mile Road, Novi, MI 48375 248-347-0475 cityofnovi.org						Check all that apply: Site Plan Approval Special Land Use Rezoning PRO SDO (GE District)		
	Project Name (Working Title)								
CANT	Company		Primary C	Contac	t	Professional License Number, if applicable			
APPLICANT	Street Address		Suite		City		State	Zip	
4	Phone Number	Alt	Alternate Phone Number			Email Address			
WNER	Owner Name		Legal Name of Ownership, with Prima				Contact		
PROPERTY OWNER	Street Address		Suite	City			State	Zip	
PRC	Phone Number	Alter	Alternate Phone Number			Email Address			
	Property Address, if known	North	North or South of which road?			East or West of which road?			
PROJECT INFORMATION	Parcel Number(s) (Contact Assessing Dept. if unknown) Curr	Current Zoning		Proposed Zoning		Gross Site Acreage		
PROJE	Brief description of project								

For proposed site plans and PRO's - submit **seven sealed and folded sets and a digital copy** of available plans, preferably including a site plan, elevations, floor plans, engineering, wetland, woodland, landscape, and stormwater management plans. Size of plans must be 24" x 36", maximum scale of 1" = 50'.

For rezonings, proposed rezoning engineering survey and brief narrative describing any potential future development.

Original signed copy of this application.

I hereby 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 act on 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

REQUIREMENTS

Date

Printed Name of Applicant

PRE-APPLICATION MEETING (To be filled by Staff - Applicant will be contacted after submittal)

Pre-Application meeting can be held approximately ten business days after submittal is received.

Meeting Date:

Meeting Time: