

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

CHECK ALL THAT APPLY:

Up to 20 Seats

	NOVI		Greater than 20 Seats Yearly Renewal							
ON O	Restaurant Name	Plaza Name		Parcel ID / Sidwell Number						
BUSINESS INFO	Address	Suite	City		State	Zip				
	Phone Number Alternate Phone Number Email Address									
O N	Name		Yes No	Yes No No the applicant the property owner?		If not, applicant must complete Property Owner Info and attach written authorization.				
APPLICANT INFO	Address	Suite	City		State	Zip				
Ā	Phone Number	Alternate	Phone Number	Email Address						
ER INFO	Name									
PROPERTY OWNER INFO	Address	Suite	City		State	Zip				
PROPE	Phone Number	Alterno	ate Phone Number	Email Address						
G INFO	Total Square Feet	Outdoor Seating Area Dimensions								
DOOR SEATING INFO										
OUTDOC	Number of Tables, Chairs, Table Umbrellas, and Additional Items (Railings, Trash Receptacles, Posts, etc.)									
	I have attached the following:									
DOCUMENTS										
						_				
		e of Applicant	Date							
	Printed Name of Applicant Pho	ne Number of Applic	um							