



# WETLAND BOUNDARY DETERMINATION APPLICATION

City of Novi Community Development Department  
 Planning Division  
 45175 Ten Mile Road, Novi, MI 48375  
 248-347-0475  
[cityofnovi.org](http://cityofnovi.org)

Project Name
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*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
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**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 original signature of landowner authorizing permission, if applicant is not the owner.

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 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Property Owner  
may be submitted on separate notarized document

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Property Owner

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Notary

County: \_\_\_\_\_ State: \_\_\_\_\_

Date Commission Expires: \_\_\_\_\_