



OUTDOOR SEATING PLAN REVIEW APPLICATION*

Community Development Department

45175 W. Ten Mile, Novi, MI 48375

248.735.5678 248.735.5600 fax

www.cityofnovi.org

OFFICE USE ONLY PERMIT: _____

*For up to 20 seats only

BUSINESS INFO	Restaurant Name		Plaza Name		Parcel ID / Sidwell Number	
	Address		Suite	City		State Zip
	Phone Number		Fax Number		E-mail Address	

APPLICANT INFO	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No Is the applicant the property owner?		If not, applicant must complete Property Owner Info and attach written authorization.	
	Address		Suite	City		State Zip
	Phone Number		Fax Number		E-mail address	

PROPERTY OWNER INFO	Name					
	Address		Suite	City		State Zip
	Phone Number		Alternate Phone Number		E-mail Address	

OUTDOOR SEATING INFO	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal		Outdoor Seating Hours		
	Total Square Feet		Outdoor Seating Area Dimensions		
	Number of Tables, Chairs, Table Umbrellas, and Additional Items (Railings, Posts, Etc.)				

DOCUMENTS	I have attached the following:	
	<input type="checkbox"/>	Two(2) Detailed Plans Showing Seating Layout (indicate ADA accessible seating)
	<input type="checkbox"/>	Notarized Property Owner Authorization (If needed)
	<input type="checkbox"/>	\$70.00 Plan Review Fee
	<input type="checkbox"/>	Completed Application

Signature of Applicant Title of Applicant Date

Printed Name of Applicant Phone Number