



**APPLICATION FOR SITE PLAN
AND LAND USE APPROVAL**
 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
- Wetland Permit
- Woodland Permit

Project Name

Use Tab function to navigate form. Point and click cursor to check boxes.

APPLICANT	Company	Primary Contact		Professional License Number, 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) <small>(Contact Assessing Dept. if unknown)</small>	Section	Brief description of project (number of stories or units, etc.)			
	Current Zoning	Proposed Zoning	Gross Site Acreage <small>Size will be reviewed against Assessor's Records</small>		Woodland Acreage	Wetland Acreage
			<small>If unknown, 2 acres will be used initially</small>			
	Number of units or lots	Building 1 SQ FT	Building 2 SQ FT	Building 3 SQ FT	Number of Phases	
	Additional information, if necessary					

ARCHITECT	Architectural Firm	Primary Architect		Professional License Number, if applicable		
	Street Address	Suite	City		State	Zip
	Phone Number	Alternate Phone Number		Email Address		

ENGINEER	Engineering Firm		Primary Engineer		Professional License Number, if applicable		
	Street Address		Suite	City		State	Zip
	Phone Number		Alternate Phone Number		Email Address		

LANDSCAPE ARCHITECT	Landscape Architectural Firm		Primary Architect		Professional License Number, if applicable		
	Street Address		Suite	City		State	Zip
	Phone Number		Alternate Phone Number		Email Address		

WETLAND	Wetland Consulting Firm		Primary Consultant		Professional License Number, if applicable		
	Street Address		Suite	City		State	Zip
	Phone Number		Alternate Phone Number		Email Address		

WOODLAND	Woodland Consulting Firm		Primary Consultant		Professional License Number, if applicable		
	Street Address		Suite	City		State	Zip
	Phone Number		Alternate Phone Number		Email Address		

WETLAND INFO	Wetland Information: Please review City Ordinance Chapter 12 Article V, Wetlands and Watercourse Protection					
	Will any onsite or offsite wetlands be impacted by the project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure					
	Will any onsite or offsite wetland buffers be impacted by the project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure					
	Total acreage of wetland disturbance: _____ Acres Is an MDEQ Permit required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure					
	Are you proposing any wetland mitigation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Description of work, and amount of material to be added or removed from site, if known:						

WOODLAND INFO	Woodland Information: Please review City Ordinance Chapter 37, Woodlands Protection					
	Are there regulated woodlands or trees (36" dbh or greater) onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure					
	Are there regulated woodlands or trees (36" dbh or greater) on adjacent site(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure					
	If yes to either question above, describe trees and proposed impact:					

