

Permit No. V26-050

Permit Fee: \_\_\_\_\_

**APPLICATION FOR TEMPORARY MOTOR VEHICLE PERMIT**

**CONDITIONS OF ALL MOTOR VEHICLE PERMITS ARE SUBJECT TO CHANGE**

Applicant Name: BELONGA EXCAVATING Contact Name: CHAD BELONGA

Address: 903 CHURCH ST. PO BOX 93 City: ST. IGNACE State: MI

Zip: 49781 Phone: 906-643-7660 Email: belongaexcavating@outlook.com

Work Site: HOBAN HILL 2269 CADOTTE AVE.

Reason Vehicle is Needed: BUILD BERM TO ALLEVIATE FLOODING

Explanation of why the work cannot be reasonably performed, accommodated, or accomplished by a horse drawn dray (documentation & photos of equipment & materials may be required):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle Description: \_\_\_\_\_ LOADER

Make \_\_\_\_\_ Model/Description \_\_\_\_\_

Proposed Starting & Ending Date: 4/14/2026 Total Days of Usage: 1-3 DAYS

Overnight Parking Location: \_\_\_\_\_

Docking Location: EQUIPMENT IS ON ISLAND

*\*British Landing State Dock requires additional permits from the State Park Commission\**

Proposed Travel Route: \_\_\_\_\_

If any of the following approvals are required for your project, an approved copy must be submitted

- Certificate of Appropriateness (Granted by the Historic District Commission)
- Building Permit (Granted by the Building & Zoning Department)
- Zoning Permit (Granted by the Building & Zoning Department)

The submittal of this application does not imply approval from the City of Mackinac Island. Approved permits are based on the information provided on the application. Any use or purpose which is contrary to approved uses and purposes or violation of any other local ordinances or state law constitutes a violation of permits conditions and will be punishable as a civil infraction and revocation of the permit.

Applicants Signature: TR Johnston Date: 4/14/2026

Applications will not be submitted to City Council for approval until the fee has been received.

Please visit: [www.cityofmi.org](http://www.cityofmi.org) for council meeting dates & times

Mailing address & Payments made to: City of Mackinac Island, P. O. Box 455, Mackinac Island, MI, 49757

Phone: 906-847-3702 Fax: 906-847-6430 Email: [clerk@cityofmi.org](mailto:clerk@cityofmi.org)

City Use: Application Received: <u>4.14.2026</u>	Fee Received: _____	Ck #: _____
Date of Action on Application: <u>4.15.26</u>	Approved: _____	Denied: _____
Comments: <u>Approved by M. Doud 4.14.2026</u>	By: <u>M. Doud</u>	