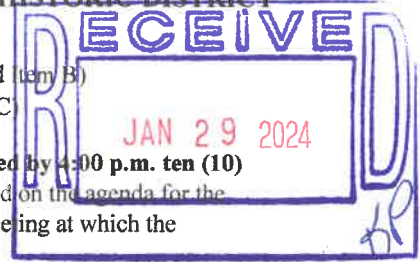


**GENERAL APPLICATION FOR WORK LOCATED WITHIN A HISTORIC DISTRICT**

- Minor Work ( Complete Section A and refer to General Directions)
- New Construction (Complete Section B and refer to General Directions and Item B)
- Demolition (Complete Section B and refer to General Directions and Item C)



**Application Deadline:** Application and materials must be completed and submitted by 4:00 p.m. ten (10) business days before each Commission Meeting. Late applications will be placed on the agenda for the following month. Decision by the Commission will not necessarily occur at the meeting at which the application materials are first received.

**A) MINOR WORK**

**PROPERTY LOCATION:** 7325 Main St 051-440-019-00  
 (Number) (Street) (Property Tax ID #)

**PROPERTY OWNER**

Name: City of Mackinac Island Email Address: clerk@cityofmi.org

Address: Box 455 Mackinac island MI 49757  
 (Street) (City) (State) (Zip)

Telephone: 906-847-3702  
 (Home) (Business) (Fax)

**APPLICANT/CONTRACTOR**

Name: Mackinac Island Transportation Authority Email Address: kep@mackinactransit.org

Address: Box 930 Mackinac Island MI 49757  
 (Street) (City) (State) (Zip)

Telephone: 906-847-4035  
 (Home) (Business) (Fax)

\_\_\_\_ Attach a brief description of the nature of the minor work proposed and the materials to be used.  
 \_\_\_\_ Attach one or more photograph(s) of the whole building including façade and any relevant elevations showing the area, item or feature proposed to be repaired or replaced. The Building Official or Historic District Commission may require additional information necessary to determine the work to be Minor Work.

If the Building Official determines that the proposed work is not Minor Work, the Building Official shall direct the applicant to complete an Application for New Work and/ or Application for Demolition or Moving work which will then be referred to the HDC.

I certify that the information provided in this Application and the documents submitted with this Application are true to the best of my information, knowledge and belief; and that the property where work will be undertaken has, or will have before the proposed project completion date, a fire alarm system or a smoke alarm complying with the requirements of the Stille-DeRossett-Hale single state construction code act, 1972 PA 230, MLC 125.1501 to 125.1531

SIGNATURES  
 Signature \_\_\_\_\_ Signature \_\_\_\_\_  
 Please Print Name \_\_\_\_\_ Please Print Name \_\_\_\_\_

File No. C24-019-007(H)  
 Exhibit A  
 Date 1-29-24  
 Initials KP

NOTE: All photos, drawings and physical samples, etc., become the property of the HDC/City of Mackinac Island. These may be returned to the applicant upon request after they are no longer needed by the Commission/City.

**RETURN THIS FORM AND SUPPORTING MATERIALS TO:  
 MACKINAC ISLAND BUILDING OFFICIAL  
 7358 MARKET STREET, MACKINAC ISLAND, MI 49757  
 PHONE: (906) 847-4035**

File Number: <u>C24-019-007(H)</u>	Date Received: <u>1-29-24</u>	Fee: _____
Received By: <u>K Pereny</u>	Work Completed Date: _____	

**B) NEW CONSTRUCTION & DEMOLITION OR MOVING OF STRUCTURES**

PROPERTY LOCATION: 7325 Main St 051-440-019-00  
(Number) (Street) (Property Tax ID #)

LEGAL DESCRIPTION OF PROPERTY: Attached  
(Attach supplement pages as needed)

ESTIMATED PROJECT COST: \$250,000

**APPLICANT/CONTRACTOR**

(Applicant's interest in the project if not the fee-simple owner): Leassee

Name: Mackinac Island Transportation Authority Email Address: kep@mackinactransit.org

Address: Box 930 Mackinac Island MI 49757  
(Street) (City) (State) (Zip)

Telephone: 906-847-4035  
(Home) (Business) (Fax)

I certify that the information provided in this Application and the documents submitted with this Application are true to the best of my information, knowledge and belief.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PROPERTY OWNER(S) AND ALL PARTIES WITH A CLAIM OF RIGHT IN PROPERTY<sup>1</sup> This includes mortgagees, easement holders, and lien holders. You may be asked to provide a title search of the property and if the estimated is in excess of \$250,000 you are required to do so. Attach additional pages listing the person(s) or entity(ies) with legal interest(s) in the property and the nature of the legal interest(s).**

Name: City of Mackinac Island Email Address: clerk@cityofmi.org

Address: Box 455 Mackinac Island MI 49757  
(Street) (City) (State) (Zip)

Telephone: b 906-847-3702  
(Home) (Business) (Fax)

The undersigned certify(ies) and represent(s)

1. That he/she, it or they is (are) all of the fee title owner(s) of all of the property involved in the application; and
2. That he/she, it or they has (have) attached a list which identifies all parties with a legal interest in the property at issue other than the undersigned owner(s) and has (have) identified the nature of each legal interest; and
3. That the answers and statements herein attached and materials provided are in all respects true and correct to the best of his, her, its or their information, knowledge and belief. The undersigned hereby further certify(ies) and represent(s) that he/she, it or they has (have) read the foregoing and understand(s) the same.
4. That the property where work will be undertaken has, or will have before the proposed project completion date, a fire alarm system or a smoke alarm complying with the requirements of the Stille-DeRossett-Hale single state construction code act, 1972 PA 230, MLC 125.1501 to 125.1531.

**SIGNATURES**

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_ Please Print Name \_\_\_\_\_

Signed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County, Michigan

My commission expires: \_\_\_\_\_

<sup>1</sup> The decision by the Historic District Commission may be in the form of Restrictions to which such Parties may be required to agree. (revised 04/17)

File No. C24-019-007(H)

Exhibit C

Date 1-29-24

Initials KP

RECEIVED  
JAN 29 2024  
KP

