

Permit No. √26-035

Permit Fee: _____

APPLICATION FOR TEMPORARY MOTOR VEHICLE PERMIT
CONDITIONS OF ALL MOTOR VEHICLE PERMITS ARE SUBJECT TO CHANGE

Applicant Name: Mission Point Resort **Contact Name:** DJ Ware

Address: 6633 Main St **City:** Mackinac Island **State:** MI

Zip: 49757 **Phone:** 832-746-2239 **Email:** Dware@missionpoint.com

Work Site: Mission Point Resort

Reason Vehicle is Needed: Site Wide Snow Response

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): _____
Snow accumulation exceeds what a person can realistically handle with a shovel or snowblower.

Vehicle Description: Cat® 279D Compact Track Loader AEHQ7011-02
Make **Model/Description**

Proposed Starting & Ending Date: 04/03/26 - 04/29/26 **Total Days of Usage:** >30 days

Overnight Parking Location: Mission Point Resort - Behind Straits Lodge

Docking Location: Coal Dock
British Landing State Dock requires additional permits from the State Park Commission

Proposed Travel Route: Coal Dock, down Main St to Mission Point Resort

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: _____ **Date:** _____

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

Please visit: 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

City Use: Application Received: 3.30.26 Fee Received: _____ Ck #: _____

Date of Action on Application: 4.1.26 Approved: _____ Denied: _____ By: Council

Comments: _____