

Permit No. V26-034

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: GRAND COTTAGE - 1441 CADOTTE AVE

Reason Vehicle is Needed: MOVE SNOW FOR ROOFING PROJECT

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: WK OF 4/6/2026 Total Days of Usage: 1 DAY

Overnight Parking Location: _____

Docking Location: EQUIPMENT IS ON ISLAND

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

Proposed Travel Route: FROM BRITISH LANDING TO JOB SITE

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: 3/30/2026

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: <u>3.30.26</u>	Fee Received: _____	Ck #: _____
Date of Action on Application: <u>4.1.26</u>	Approved: _____	Denied: _____
By: <u>Council</u>		
Comments: .. _____		