

Permit No. T26-083

Permit Fee: _____

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

Applicant Name: EUP Spray Foam **Contact Name:** Korey Lavigne

Address: 7 3/4 Mile Rd **City:** Sault Ste Marie **State:** MI

Zip: 49783 **Phone:** 906-440-2492

Work Site: May House - 1395 Cadotte Ave.

Reason Trailer is Needed: Spray foam building

If application is for a trailer to be pulled by a vehicle - Explanation of why the work cannot be reasonably performed, accommodated, or accomplished by a horse drawn dray. Documentation and / or photos may be required. The Mackinac Island Service Company enforces a 3,000 pound weight limit: _____

Hauled by dray

Trailer Description: <u>Bravo</u>	<u>20' enclosed</u>	<u>10,000</u>
Make	Model/Description	Weight

Proposed Starting & Ending Date: 9/8/2026-9/29/2026 **Total Days of Usage:** 21

Overnight parking location: May House - 1395 Cadotte Ave.

Boat Line & Dock: Arnold Freight

Proposed Travel Route: Coal Dock-Astor-Market-Cadotte

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: [Signature] **Date:** 8/25/2026

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

Please visit: www.cityofmi.org for Council 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: 8-26-2026 Fee Received: _____ Ck #: _____
Date of Action on Application: 9-02-26 Approved: _____ Denied: _____ By: Council
Comments: _____