

Permit No. 24-233

3tmvp

APPLICATION FOR TEMPORARY MOTOR VEHICLE PERMIT
(ONE APPLICATION FOR EACH VEHICLE AT EACH JOB LOCATION)

CONDITIONS OF ALL MOTOR VEHICLE PERMITS ARE SUBJECT TO CHANGE

Applicant Name: BELONGA EXCAVATING Permit Fee: _____
Contact Name: CHAD BELONGA Date: 9/26/2024
Address: 903 CHURCH STREET City: ST. IGNACE
State: MI Zip: 49781 Fax#: _____
Phone #: 906-643-7660 Email Address: belongaexcavating@outlook.com
Work Site: ANDREW DOUD 1274 MISSION STREET
Reason Vehicle is Needed: EXCAVATE FOUNDATION
Vehicle Description: _____ 10 YD DUMP TRUCK #03
Make _____ Model/Description _____
Proposed Starting & Ending Date: WEEK OF 11/4/24 Total Days of Usage: 1 WEEK
What Boat Line & Dock: ARNOLD FREIGHT
Proposed Travel Route: FROM BRITISH LANDING TO JOB SITE

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: 9/26/2024

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

Please visit: cityofmi.org for council dates & times

Mailing address: 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: 09/26/2024 Fee Received: _____ Ck #: _____
Date of Action on Application: 10.2.24 Approved:  Denied: _____ By: Council
Comments: Table for 2 wks

Permit No. 24-234

APPLICATION FOR TEMPORARY MOTOR VEHICLE PERMIT
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Contact Name: CHAD BELONGA Date: 9/26/2024
Address: 903 CHURCH STREET City: ST. IGNACE
State: MI Zip: 49781 Fax#: _____
Phone #: 906-643-7660 Email Address: belongaexcavating@outlook.com
Work Site: ANDREW DOUD 1274 MISSION STREET
Reason Vehicle is Needed: EXCAVATE FOUNDATION
Vehicle Description: _____ 10 YD DUMP TRUCK #00
Make _____ Model/Description _____
Proposed Starting & Ending Date: WEEK OF 11/4/24 Total Days of Usage: 1 WEEK
What Boat Line & Dock: ARNOLD FREIGHT
Proposed Travel Route: FROM BRITISH LANDING TO JOB SITE

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City Use: Application Received: 09/26/2024 Fee Received: _____ Ck #: _____
Date of Action on Application: 10.2.24 Approved: _____ Denied: _____ By: Council
Comments: _____

Permit No. 24-235

APPLICATION FOR TEMPORARY MOTOR VEHICLE PERMIT
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Contact Name: CHAD BELONGA Date: 9/26/2024
Address: 903 CHURCH STREET City: ST. IGNACE
State: MI Zip: 49781 Fax#: _____
Phone #: 906-643-7660 Email Address: belongaexcavating@outlook.com
Work Site: ANDREW DOUD 1274 MISSION STREET
Reason Vehicle is Needed: EXCAVATE FOUNDATION
Vehicle Description: _____ EXCAVATOR
Make _____ Model/Description _____
Proposed Starting & Ending Date: WEEK OF 11/4/24 Total Days of Usage: 1 WEEK
What Boat Line & Dock: ARNOLD FREIGHT
Proposed Travel Route: FROM BRITISH LANDING TO JOB SITE

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