

APPLICATION FOR TEMPORARY TRAILER PERMIT

(ONE APPLICATION FOR EACH TRAILER AT EACH JOB LOCATION)

CONDITIONS OF ALL MOTOR VEHICLE PERMITS ARE SUBJECT TO CHANGE

Applicant Name: BOB HOFFMAN Permit Fee: \$15.00
Contact Name: BOB HOFFMAN Date: 8-28-24
Address: 1255 S. HOSPITAL RD City: WATERFORD
State: MI. Zip: 48327 Fax#: _____
Phone #: 248 343-4554 Email Address: hoffm2521@comcast.net
Work Site/Destination: HOFFMAN HAUS @ Stonecliff 8704 Stonecliff Dr.
Reason Trailer is Needed: KITCHEN REMODEL
Trailer Description: CONTINENTAL CARGO 7X14 ENCLOSED 1500 #
Make Model/Description Weight
Proposed Starting & Ending Date: THURS 9-5-24 Total Days of Usage: 6
What Boat Line & Dock: ARNOLD FREIGHT DOCK
Proposed Travel Route: _____

Trailers pulled by horse and dray CANNOT EXCEED 3000 pounds

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: 8-28-24

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: 8.28.24 Fee Received: _____ Ck #: _____
Date of Action on Application: 9.4.24 Approved: _____ Denied: _____ By: Council
Comments: _____