

B) NEW CONSTRUCTION & DEMOLITION OR MOVING OF STRUCTURES

PROPERTY LOCATION: 7271 Main Street

051-440-012-00

(Number) (Street)

(Property Tax ID #)

LEGAL DESCRIPTION OF PROPERTY: Attached

(Attach supplement pages as needed)

ESTIMATED PROJECT COST: \$5,000,000

APPLICANT/CONTRACTOR

(Applicant's interest in the project if not the fee-simple owner):

Name: Mackinac Island Ferry Company dba
Arnold Transit Co.

Email Address: veronica@arnoldfreight.com

Address: 587 North State Street St. Ignace MI 49781
(Street) (City) (State) (Zip)

Telephone: 906-430-0095 900-638-9892
(Home) (Business) (Fax)

I certify that the information provided in this Application and the documents submitted with this Application are true to the best of my information, knowledge and belief.

Signature: _____ Date: _____

PROPERTY OWNER(S) AND ALL PARTIES WITH A CLAIM OF RIGHT IN PROPERTY¹ This includes mortgagees, easement holders, and lien holders. You may be asked to provide a title search of the property and if the estimated is in excess of \$250,000 you are required to do so. Attach additional pages listing the person(s) or entity(ies) with legal interest(s) in the property and the nature of the legal interest(s).

Name: Mackinac Island Ferry Company
dba Arnold Transit Co.

Email Address: veronica@arnoldfreight.com

Address: 587 North State Street St. Ignace MI 49781
(Street) (City) (State) (Zip)

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(Home) (Business) (Fax)

The undersigned certify(ies) and represent(s)

1. That he/she, it or they is (are) all of the fee title owner(s) of all of the property involved in the application; and
2. That he/she, it or they has (have) attached a list which identifies all parties with a legal interest in the property at issue other than the undersigned owner(s) and has (have) identified the nature of each legal interest; and
3. That the answers and statements herein attached and materials provided are in all respects true and correct to the best of his, her, its or their information, knowledge and belief. The undersigned hereby further certify(ies) and represent(s) that he/she, it or they has (have) read the foregoing and understand(s) the same.
4. That the property where work will be undertaken has, or will have before the proposed project completion date, a fire alarm system or a smoke alarm complying with the requirements of the Stille-DeRossett-Hale single state construction code act, 1972 PA 230, MLC 125.1501 to 125.1531.

Signature: V. Dobrowolski

SIGNATURES

Signature

Veronica Dobrowolski, President

Please Print Name

Please Print Name

Signed and sworn to before me on the 20th day of November, 2024

JESSICA L. HARRIGAN
Notary Public, State of Michigan
Acting in Mackinac County

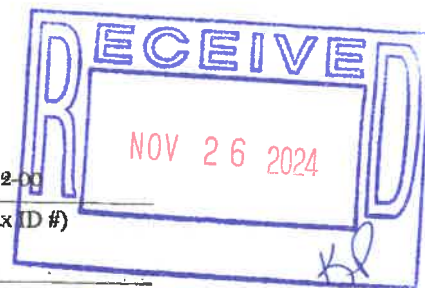
My Commission Expires: 03/08/2029

Jessica L. Harrigan
Notary Public Jessica L. Harrigan
Mackinac County, Michigan

My commission expires: 03/08/2029

¹ The decision by the Historic District Commission may be in the form of Restrictions to which such Parties may be required to agree.

(revised 04/17)



GENERAL APPLICATION FOR WORK LOCATED WITHIN A HISTORIC DISTRICT

- ☐ Minor Work (Complete Section A and refer to General Directions)
- ☒ New Construction (Complete Section B and refer to General Directions and Item B)
- ☐ Demolition (Complete Section B and refer to General Directions and Item C)

Application Deadline: Application and materials must be completed and submitted by 4:00 p.m. ten (10) business days before each Commission Meeting. Late applications will be placed on the agenda for the following month. Decision by the Commission will not necessarily occur at the meeting at which the application materials are first received.

A) MINOR WORK

PROPERTY LOCATION:

(Number) (Street)

(Property Tax ID #)

PROPERTY OWNER

Name: _____ Email Address: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Home) (Business) (Fax)

APPLICANT/CONTRACTOR

Name: _____ Email Address: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Home) (Business) (Fax)

____ Attach a brief description of the nature of the minor work proposed and the materials to be used.

____ Attach one or more photograph(s) of the whole building including façade and any relevant elevations showing the area, item or feature proposed to be repaired or replaced. The Building Official or Historic District Commission may require additional information necessary to determine the work to be Minor Work.

If the Building Official determines that the proposed work is not Minor Work, the Building Official shall direct the applicant to complete an Application for New Work and/ or Application for Demolition or Moving work which will then be referred to the HDC.

I certify that the information provided in this Application and the documents submitted with this Application are true to the best of my information, knowledge and belief; and that the property where work will be undertaken has, or will have before the proposed project completion date, a fire alarm system or a smoke alarm complying with the requirements of the Stille-DeRossett-Hale single state construction code act, 1972 PA 230, MLC 125.1501 to 125.1531

SIGNATURES

Signature _____

Signature _____

Please Print Name _____

Please Print Name _____

NOTE: All photos, drawings and physical samples, etc., become the property of the HDC/City of Mackinac Island. These may be returned to the applicant upon request after they are no longer needed by the Commission/City.

RETURN THIS FORM AND SUPPORTING MATERIALS TO:

MACKINAC ISLAND BUILDING OFFICIAL
7358 MARKET STREET, MACKINAC ISLAND, MI 49757
PHONE: (906) 847-4035

File Number: C24-012-088A Date Received: 11-26-24 Fee: \$600-
Received By: K Perery Work Completed Date: _____