

Permit No. 425-075

Permit Fee: \$50.00

APPLICATION FOR ~~ANNUAL~~ MOTOR VEHICLE PERMIT

CONDITIONS OF ALL MOTOR VEHICLE PERMITS ARE SUBJECT TO CHANGE

Applicant Name: Sunset Forest Association

Contact Name: Kim Kolatski

Address: PO Box 925

City: Mackinac Island

State: MI

Zip: 49757

Phone: 231-420-0042

Email: sunsetforest@sbcglobal.net

Work Site: Stonecliffe Area

Reason Vehicle is Needed: Snowplow

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): Snow removal as needed for the surrounding area and residents

Vehicle Description: Belonga Excavating

Make

Model/Description

Proposed Starting & Ending Date: 11/30/2025 - 04/30/2026 **Total Days of Usage:** 151

Overnight Parking Location: _____

Docking Location: _____

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

Proposed Travel Route: Forest way drive, side streets, Inn at Stonecliffe, Woods Rest, Eckel Drive, and surrounding areas of the Stonecliffe Area

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: 11/24/2025

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: 12/02/2025 Fee Received: _____ Ck #: _____

Date of Action on Application: 12/10/25 Approved: ☒ Denied: _____ By: Council

Comments: _____

Resubmitted 12.19.25 w/a request to waive the fee

(11.18.2025)