

Permit No. V26-165

Permit Fee: waived

APPLICATION FOR TEMPORARY MOTOR VEHICLE PERMIT

CONDITIONS OF ALL MOTOR VEHICLE PERMITS ARE SUBJECT TO CHANGE

Applicant Name: MIFD Contact Name: Chief SP. Ange

Address: 7366 Market St. City: Mackinac Island State: MI

Zip: 49757 Phone: _____ Email: _____

Work Site: MIFD

Reason Vehicle is Needed: Annual Air Pack Testing

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): _____

Vehicle Description: Cargo Van Van
Make Model/Description

Proposed Starting & Ending Date: 10/19 Total Days of Usage: 1

Overnight Parking Location: N/A

Docking Location: _____

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

Proposed Travel Route: Arrive dock to Astor St to Fire Hall

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: _____ Date: 10/09/2026

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: 10/9/2026 Fee Received: waived Ck #: —

Date of Action on Application: 10/14/26 Approved: _____ Denied: _____ By: Council

Comments: _____