

Permit No. V26-083

Pre-Approved

Permit Fee: Waived - Med Center

APPLICATION FOR TEMPORARY MOTOR VEHICLE PERMIT

CONDITIONS OF ALL MOTOR VEHICLE PERMITS ARE SUBJECT TO CHANGE

Applicant Name: JASON ST. ONGE / ST. ONGE LATEX Contact Name: J. ST. ONGE

Address: 1304 1496 City: _____ State: _____

Zip: _____ Phone: _____ Email: jaymond5@yahoo.com

Work Site: _____

Reason Vehicle is Needed: PAINTING

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):
80 FOOT MAN LIFT TO PAINT MED CENTER

Vehicle Description: Genie Man-Lift
Make _____ Model/Description _____

Proposed Starting & Ending Date: April 24 Total Days of Usage: 15

Overnight Parking Location: ON SITE CAN BE DISCUSSED ↑

Docking Location: 175 HENR
British Landing State Dock requires additional permits from the State Park Commission

Proposed Travel Route: FROM WINDSOR TO MED CENTER
WILL BE TAKEN OFF EARLY OR LATE

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: 4/25/25

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: <u>04/24/2026</u>	Fee Received: <u>Waived</u>	Ck #: <u>Med Center</u>
Date of Action on Application: <u>04/24/2026</u>	Approved: _____	Denied: _____
By: <u>M. Doud</u>		
Comments: <u>pre approval by Mayor -</u>		