

INDIVIDUAL
APPLICATION AND PERMIT
FOR USE OF CITY
STREETS AND RIGHT OF WAY

\$5,000 Bond (cashier check)
\$1,000 Fee

Permit fee - CK# 358
Bond - CK# 2018094918

This permit is incomplete without page 2
PLEASE PRINT IN INK OR TYPE

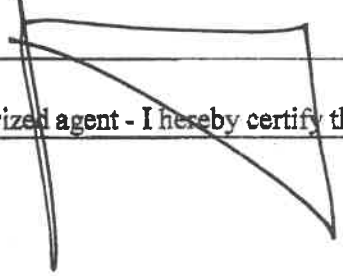
Applicants Name <u>Loretta M. Denny Trust</u>	Contractor Name (Individual, Company, etc.) <u>Belong Excavating LLC</u>
Mailing Address <u>2520 Manserwood Drive</u>	Mailing Address <u>P.O. Box 93</u>
City, State, Zip <u>Gaylord, MI 49735</u>	City, State, Zip <u>St. Ignace, MI 49781</u>
Contact's Name & Phone Number <u>John Denny 989 858 6320</u>	Phone <u>906 643 7660</u>

Request: I do hereby make application for a permit to use the right of way of the following city streets.

Street or Other <u>6784 Main</u>	Location (Give distance and direction from nearest main intersection.) <u>(102' +/- West of Main & Truscott)</u>
Date work to start on <u>upon necessary approvals</u>	Date work to be completed by <u>in timely fashion</u>
Purpose: <u>Excavation, diagnosis, repair & restoration</u> <u>of an existing failed sanitary sewer line,</u> <u>presently posing a nuisance affecting</u> <u>the public health, safety and welfare</u>	

I certify that I accept the following:

1. Commencement of work set forth in the permit application constitutes acceptance of the permit as issued.
2. Failure to object within ten (10) days to the permit as issued constitutes acceptance to the permit as issued.
3. If this permit is accepted by either of the above methods, I will comply with the provisions of the permit.

Applicant/Authorized Agent Signature 	Date <u>09 / 11 / 2024</u>
(If authorized agent - I hereby certify that I am acting as an authorized agent on behalf of the named applicant.)	

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

HOMEOWNERS POLICY DECLARATIONS

AGENCY MCNAMARA INSURANCE AGENCY INC
01-0763-00 Mkt Terr 001 (989) 732-6471

Renewal Effective 03-01-2024

POLICY NUMBER 49-388-262-00

Company Use 33-89-MI-1303

INSURED LORETTA DENNANY
LORETTA DENNANY TRUST
C/O JOHN DENNANY
ADDRESS 2520 MANORWOOD DR

Company
Bill

POLICY TERM

12:01 a.m. to 12:01 a.m.

03-01-2024 to 03-01-2025

GAYLORD MI 49735-8224

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

TOTAL POLICY PREMIUM
PAID IN FULL DISCOUNT
TOTAL POLICY PREMIUM IF PAID IN FULL

TERM
\$8,943.69
813.86
\$8,129.83

Discount Applies For Affiliation With: ALUMNI ASSOCIATION
Please notify your agent at (989) 732-6471 if you are no longer a member of this group.

LOCATION DESCRIPTION

407 Main St
Mackinac Island, MI 49757

Homeowners Policy Form 3

Frame Construction Built in 1899
Asphalt Roof Updated in 2000
Protection Class 4
Seasonal Home

PROPERTY AND LIABILITY COVERAGES

	LIMITS
A Dwelling	\$1,706,500
B Other Structures	170,650
C Personal Property	1,194,550
D Additional Living Expense and Loss of Rents	341,300
E Personal Liability (each occurrence)	500,000
F Medical Payments (each person)	1,000

Section I Deductible
\$1,000 - All Peril Deductible

COVERAGES THAT APPLY

Personal Property Replacement Cost	
Other Structures Off Premises Replacement Cost	
Homeowners Plus	
Mortgage Extra Expense Coverage (\$1,000 Deductible)	\$250/mo
Refrigerated Products Coverage (\$250 Deductible)	750
Glass Breakage (\$250 Deductible)	
Domestic Appliance Seepage or Leakage (\$1,000 Deductible)	50,000
Tree Debris Removal	1,500
Special Personal Property Coverage	
Loss Assessment Coverage	5,000
Theft Misplacing or Losing of Jewelry or Furs	5,000
Theft Misplacing or Losing of Guns	5,000
Money Revised Limit	1,000
Securities Revised Limit	5,000
Credit and Fund Transfer Card Coverage	10,000
Ordinance or Law Coverage	170,650
Property Coverage Limitation for Fungi, Wet Rot, Dry Rot and Bacteria resulting from a covered cause of loss	100,000
Fire Department Charges	500

PREMIUM DISCOUNTS THAT APPLY

Protective Devices Discount

pd. 2/5/24
✓ # 341

+ x 2/12/24
Donna acknowledged receipt



VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

CASHIER'S CHECK

The Huntington National Bank - Branch 440453
Columbus, Ohio 43219



No. 2018094918

Remitter JOHN M DENNANY

Date 09/10/2024

pay Five Thousand Dollars & 00/100

\$ ** 5,000.00 **

To the Order Of

THE CITY OF MACKINAC ISLAND

Drawer: The Huntington National Bank
Columbus, Ohio 43219

DRAWEE: The Huntington National Bank
Columbus, Ohio 43219

By *[Signature]*
Authorized Signer

⑈ 2018094918 ⑈ ⑆044000024⑆ 01892517247⑈

358

74-0140/0724

LORETTA M DENNANY, TRUST 04-99
JOHN M DENNANY, TRUSTEE
2520 MANORWOOD DR.
GAYLORD, MI 49734

Date 09/11/2024

Pay to the order of *John P. McBride* \$ 1000 -
one thousand and 00/100 -- Dollars

Heat Reactive Ink

FIFTH THIRD BANK

Memo ROW Permit fee

⑈ 072401404⑆ 7509403403⑈ 0368

LOOK FOR FRAUD-DETECTING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK DETAILS ON BACK