

- ☒ 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: 7463 MAIN ST. 051-550-066-00
(Number) (Street) (Property Tax ID #)

PROPERTY OWNER

Name: Peter Deckert Email Address: peterdeckert@yahoo.com
Address: PO Box 516 Mackinac Isl. Mich 49757
(Street) (City) (State) (Zip)
Telephone: 810-543-1812
(Home) (Business) (Fax)

APPLICANT/CONTRACTOR

Name: Bloxson Roofing Email Address: www.bloxsonroofing.com
Address: 3733 BLAIR TOWNHALL Rd. TRAVERSE CITY MI 49685
(Street) (City) (State) (Zip)
Telephone: 231 943-8781 231-943-9146
(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

Peter Deckert SIGNATURES
Signature

Peter Deckert
Please Print Name

File No. CA5-066-078(H)
Exhibit A
Date 9.8.25
Please Print Name
Initials KP

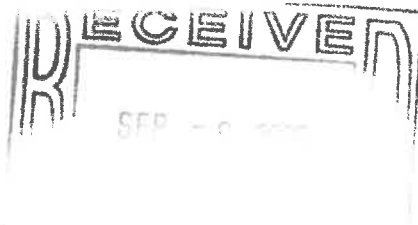
NOTE: All photos, drawings and physical samples, etc., become the property of the HDC/City of Mackinac Island. These may be returned to the applicant upon request after they are no longer needed by the Commission/City.

RETURN THIS FORM AND SUPPORTING MATERIALS TO:
MACKINAC ISLAND BUILDING OFFICIAL
7358 MARKET STREET, MACKINAC ISLAND, MI 49757
PHONE: (906) 847-4035

File Number CA5-066-078(H) Date Received: 9.8.25 Fee: 25-
Received By: KPereny Work Completed Date: _____

Replace rubber membrain Roof.

Ref: C25.066.078(H)
To: B
Date: 9.8.25
Initials: KP



File No. C25-066-078(H)
Exhibit C
Date 9.8.25
Initials KP









MONEY ORDER

9068406264 25.3

Date 09/08/2025 440

Pay To The
Order Of:City of Mackinac Island

** 150.00 **

Pay:

ONE HUNDRED FIFTY DOLLARS AND 00 CENTS

NOT VALID FOR MORE THAN \$1000.00

Do not write outside this box

Memo:

Note: For information only. Comment has no effect on bank's payment

SENDER/DRAWER

ADDRESS:

JPMorgan Chase Bank, N.A.
Columbus, OH

⑈9068406264⑈ ⑆044000037⑆ 758661193⑈

City of Mackinac Island	
7358 Market St. P.O. Box 455 Mackinac Island, MI 49757 (906) 847-3702	
RECEIVED FROM	<u>City of Mackinac Island</u>
	\$ <u>150.00</u>
	DOLLARS
PURPOSE OF PAYMENT	<input type="checkbox"/> DEPOSIT <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> OTHER <u>Transfer</u>
AMOUNT DUE	
THIS PAYMENT	
BALANCE DUE	
PAYMENT METHOD	<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASH
DATE	<u>9-8-25</u>
RECEIVED BY	<u>[Signature]</u>
No.	9538

File No. C25-066-078(H)Exhibit DDate 9-8-25Initials KD