

- ☐ 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: 8209 Park Ave 051-650-033.00
Lorna Straus (Number) (Street) (Property Tax ID #)

PROPERTY OWNER

Name: Lorna Straus Email Address: _____
Address: Box 278 Lakeview Blva Mackinac Isl. MI 49757
(Street) (City) (State) (Zip)
Telephone: 906-847-6436
(Home) (Business) (Fax)

APPLICANT/CONTRACTOR

Name: Great Lakes Roofing Email Address: _____
Address: _____ Pickford, Mich. 49774
(Street) (City) (State) (Zip)
Telephone: 906-203-6119
(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

Clay Fuller SIGNATURES _____
Signature _____ Signature _____
Clay Fuller Please Print Name _____
Please Print Name _____

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: _____	Date Received: _____	Fee: _____
Received By: _____	Work Completed Date: _____	