

Permit No. V25-119

Permit Fee: Waived-FWT

APPLICATION FOR TEMPORARY MOTOR VEHICLE PERMIT

CONDITIONS OF ALL MOTOR VEHICLE PERMITS ARE SUBJECT TO CHANGE

Applicant Name: BELONGA PLMG+HTG Contact Name: STEVEN PAQUIN

Address: 115 W ELLIOTT ST PO BOX 95 City: ST IGNACE State: MI

Zip: 49781 Phone: 906-643-9595 Email: S.PAQUIN@PH18@GMAIL.COM

Work Site: FOREST WAY DUPLEX

Reason Vehicle is Needed: MOVE TRAILER TO BRITISH LANDING

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: CHEVROLET 2500HD / GREY
Make Model/Description

Proposed Starting & Ending Date: BETWEEN 5/1 - 5/7 Total Days of Usage: 1

Overnight Parking Location: _____

Boat Line & Dock: ARNOLD TRANSIT

Proposed Travel Route: FOREST WAY TO BRITISH LANDING
SHIPPING OFF ISLAND

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: Steven Paquin Date: 4/23/25

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: 4.23.25 Fee Received: _____ Ck #: _____

Date of Action on Application: 4.30.25 Approved: _____ Denied: _____ By: Council

Comments: _____

Permit No. T25-069

Permit Fee: Waived-FWT

APPLICATION FOR TEMPORARY TRAILER PERMIT

CONDITIONS OF ALL TRAILER PERMITS ARE SUBJECT TO CHANGE

Applicant Name: BELONGA PLUMB & HTG Contact Name: STEVEN PAQUIN

Address: 115 ELLIOTT ST P.O. Box 95 City: ST IGNACE State: MI

Zip: 49781 Phone: 906 643-9595 Email: SPAQUIN BPH @ G.MAIL.COM

Work Site: FOREST WAY DUPLEX

Reason Trailer is Needed: _____

If application is for a trailer to be pulled by a vehicle - Explanation of why the work cannot be reasonably performed, accommodated, or accomplished by a horse drawn dray. Documentation and / or photos may be required. The Mackinac Island Service Company enforces a 3,000 pound weight limit: _____

Trailer Description: STEARNS GREY TANDEM AXLE 2665
Make Model/Description Weight

Proposed Starting & Ending Date: BETWEEN 5/1 - 5/7 Total Days of Usage: 1

Overnight parking location: _____

Boat Line & Dock: ARNOLD TRANSIT

Proposed Travel Route: FOREST WAY TO BRITISH LANDING

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