Permit No.	125-	108

	\$ 15 00
Permit Fee:	15.

APPLICATION FOR TEMPORARY TRAILER PERMIT CONDITIONS OF ALL TRAILER PERMITS ARE SUBJECT TO CHANGE

Applicant Name: BOB H	OFFMAN	Contact Name:	BOB HOFFMA	N .
Address: 1765 5. Ho	spital RD	_City: WA1	TERFORD	State: MT.
Zip: 4837 Phone: 24	8 343-4654 En	nail: hoffm	2521@ comen	ist. Net
Work Site: HOSEMAN	HAUS @ StoNE	cliffe	8704 Stive	CLIFFE DE
Reason Trailer is Needed:	Building MATE	RIAL to e	me Duplex.	
If application is for a trailer to b	e pulled by a vehicle - I	Explanation of wh	y the work cannot b	e reasonably
performed, accommodated, or ac	ccomplished by a horse	drawn dray. Doc	cumentation and / or	photos may be
required. The Mackinac Island S	Service Company enfor	ces a 3,000 pound	weight limit:	
MAULED By HO	ase Drawn TR	Ailer to	HOFFMAN HA	45 (a)
Stone Cliffe -				
Trailer Description: CoNiNE				1500 #
Mal	ke .	Model/Descrip	tion	Weight
Proposed Starting & Ending Dat	e: /0/3/25 - 10	13/25 To	otal Days of Usage:	11
Overnight parking location:	to BE PAR	Ked At RE	SIDENCE	
Boat Line & Dock: A PNOL	D FREIGHT	Dock	· · · · · · · · · · · · · · · · · · ·	
Proposed Travel Route:				
The submittal of this application of are based on the information provuses and purposes or violation of conditions and will be punishable	ided on the application any other local ordinand as a civil infraction and	. Any use or purp ces or state law co d revocation of the	oose which is contrary constitutes a violation e permit.	y to approved of permits
Applicants Signature:	ry Halfrin	the la	Date: <u>7-</u>	3-25
Applications will not b				
Plea Mailing address & Payments Phone: 906-847-3702	se visit: www.cityofmi.o. made to: City of Mackir Fax: 906-847-	ac Island, P. O. Bo		
City Use: Application Received Date of Action on Application:	9.4.25	Fee Received:	Ck #:	
Date of Action on Application:	9.17.25 Approved	l: Denied: _	Ву:_ Сои	ncil
Comments:				
Hauled by d	ray			(03.05.2025)