

Permit No. 23-439

**APPLICATION FOR TEMPORARY MOTOR VEHICLE PERMIT**  
(ONE APPLICATION FOR EACH VEHICLE AT EACH JOB LOCATION)

CONDITIONS OF ALL MOTOR VEHICLE PERMITS ARE SUBJECT TO CHANGE

Applicant Name: Korey Lavigne / SUPPLY WALL Permit Fee: \$150.00  
Contact Name: SAME Date: 12-26-23  
Address: 1331 WEST 7<sup>th</sup> mile road City: SSM MI  
State: MI Zip: 49783 Fax#: \_\_\_\_\_  
Phone #: 906-440-2492 Email Address: SupplyWall@gmail.com  
Work Site: CINDYS STABLE  
Reason Vehicle is Needed: TOW TRAILER-  
Vehicle Description: FORD F-350  
Make Model/Description  
Proposed Starting & Ending Date: JAN-1-2024 Total Days of Usage: 1  
What Boat Line & Dock: ARNOLD LINE FREIGHT  
Proposed Travel Route: \_\_\_\_\_

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: [Signature] Date: 12-26-23

**Applications will not be submitted to City Council for approval until the fee is received.**

**Please visit:** [cityofmi.org](http://cityofmi.org) for council dates & times

**Mailing address:** City of Mackinac Island, P. O. Box 455, Mackinac Island, MI, 49757

**Phone:** 906-847-3702

**Fax:** 906-847-6430

**Email:** [clerk@cityofmi.org](mailto:clerk@cityofmi.org)

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| City Use: Application Received: <u>12.26.2023</u> Fee Received: _____ Ck #: _____               |
| Date of Action on Application: <u>12.28.23</u> Approved: _____ Denied: _____ By: <u>Council</u> |
| Comments: _____   |

Permit No. 123-185

**APPLICATION FOR TEMPORARY TRAILER PERMIT**  
(ONE APPLICATION FOR EACH TRAILER AT EACH JOB LOCATION)

**CONDITIONS OF ALL MOTOR VEHICLE PERMITS ARE SUBJECT TO CHANGE**

Applicant Name: KORSEY LAUGHLIN / EUPDRY WALL Permit Fee: \$75.00  
 Contact Name: SAMC Date: 12-26-23  
 Address: 1331 West 7th mile rd City: SSM MI  
 State: MI Zip: 49783 Fax#: \_\_\_\_\_  
 Phone #: 906-440-2492 Email Address: Eupdrywall@gmail.com  
 Work Site/Destination: Cindy's Stable's-  
 Reason Trailer is Needed: work  
 Trailer Description: Traemor 22 FT 3000 LB  
Make Model/Description Weight  
 Proposed Starting & Ending Date: Jan 1 2024 Total Days of Usage: 60 days  
 What Boat Line & Dock: Arnold Line FREIGHT  
 Proposed Travel Route: \_\_\_\_\_

**Trailers pulled by horse and dray CANNOT EXCEED 3000 pounds**

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Applicants Signature: [Signature] Date: 12-26-23

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 Mailing address: City of Mackinac Island, P. O. Box 455, Mackinac Island, MI, 49757  
 Phone: 906-847-3702 Fax: 906-847-6430 Email: [clerk@cityofmi.org](mailto:clerk@cityofmi.org)

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|------------|---------------|-----------------|
| 12.26.2023 | Fee recieved; | By: Council     |
| 12.28.2023 | CK# :         | Approved: _____ |
|            |               | Denied: _____   |