

Permi: No. V26-019

Permit Fee: Waived-State Park

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

Applicant Name: Olsen & Olsen Building Contractors Inc. **Contact Name:** Steve Olsen

Address: 720 Deer St. **City:** Manistique **State:** MI

Zip: 49854 **Phone:** 906-341-3550 **Email:** olsenbld75@gmail.com

Work Site: Fort Mackinac North Sally Entrance

Reason Vehicle is Needed: Concrete pouring for sidewalks

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): _____
A cement truck is needed for the size of what is being poured at northern entrance sidewalk for Fort Mackinac.

Vehicle Description: Oshkosh Front Discharge Mixer/Cement Truck
Make **Model/Description**

Proposed Starting & Ending Date: 04/06/2026-04/15/2026 **Total Days of Usage:** 10

Overnight Parking Location: _____

Docking Location: Coal Dock
British Landing State Dock requires additional permits from the State Park Commission

Proposed Travel Route: Coal Dock-Market Street-Huron Road-Mackinac Fort Building

If any of the following approvals are required for your project, an approved copy must be submitted

- Certificate of Appropriateness (Granted by the Historic District Commission)
- Building Permit (Granted by the Building & Zoning Department)
- Zoning Permit (Granted by the Building & Zoning Department)

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:** 3/11/26

Applications will not be submitted to City Council for approval until the fee has been received.
Please visit: _____ **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:** _____

City Use: Application Received:	<u>3/12/2026</u>	Fee Received: <u>waived</u>	Ck #: <u>State Park</u>
Date of Action on Application:	<u>3/18/26</u>	Approved: _____	Denied: _____
Comments:	By: <u>Council</u>		