

Permit No. _____

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: _____ Permit Fee: _____

Contact Name: _____ Date: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone #: _____ Email Address: _____

Work Site: _____

Reason Vehicle is Needed: _____

Reason contents cannot be hauled by dray (obtain documentation from Mackinac Island Service Co.):

Vehicle Description: _____
Make _____ Model/Description _____

Proposed Starting & Ending Date: _____ Total Days of Usage: _____

Overnight Parking Location: _____

Boat Line & Dock: _____

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: _____ Date: _____

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

Phone: 906-847-3702

Fax: 906-847-6430

Email: clerk@cityofmi.org

<p>City Use: Application Received: _____ Fee Received: _____ Ck #: _____</p> <p>Date of Action on Application: _____ Approved: _____ Denied: _____ By: _____</p> <p>Comments: _____</p>
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