

Permit No. _____

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: _____ Permit Fee: _____

Contact Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Fax#: _____

Phone #: _____ Email Address: _____

Work Site/Destination: _____

Reason Trailer is Needed: _____

Trailer Description: _____

Make

Model/Description

Weight

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

What Boat Line & Dock: _____

Proposed Travel Route: _____

Trailers pulled by horse and dray CANNOT EXCEED 3000 pounds

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 is received.

Please visit: 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

City Use: Application Received: _____ Fee Received: _____ Ck #: _____

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

Comments: _____