

Michigan Department of Licensing and Regulatory Affairs
 Corporations, Securities & Commercial Licensing Bureau
 Schools and Licensing Section
 P.O. Box 30018, Lansing, MI 48909
 517-241-9221
 www.michigan.gov/ski

FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License Number	

APPLICATION FOR NEW SKI LIFT PERMIT AND PREPAYMENT OF ANNUAL INSPECTION FEES

AUTHORITY: 1962 PA 199, MCL 338.3434(A), AND 42 USC 654
 PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION
 AND/OR DISCIPLINARY ACTION.

Ski Area Operator Name		Ski Area I.D. Number	
		66-01-	
Address	City	State	Zip Code
Telephone Number	E-mail Address		
Type of Construction: (Check One)			
Alteration		Relocation	
Lift Number(s) Being Altered:		Lift Number(s) Being Relocated:	
66-02- _____		66-02- _____	
New Lift			
If replacing another lift, enter lift number(s) being replaced:			
66-02- _____			
Required Additional Documentation			
● Detailed, duplicate plans and specifications of change in the structure, mechanism, classification in capacity pursuant to MCL 408.332.			
Certification			
I certify that the statements in this document are true and complete.			
Signature		Date	
FEE PAYMENT INFORMATION FOR ACTIVITY (check all that apply)		Inspection fees may be waived if a satisfactory third-party inspection report is submitted with the annual permit application. Pursuant to MCL 408.336 the third-party inspector must be approved by the Department and the Ski Area Safety Board prior to making the inspection. Permits expire annually on September 30.	
Alteration - \$50.00 Relocation - \$200.00 New Lift - \$200.00 (Surface Lift, Chair Lift or Gondola only)			
FEE PAYMENT INFORMATION FOR PERMIT (check all that apply)			
# of Rope Tows	_____ X \$2.00 = _____	Minimum permit fee is \$25.00; if the subtotals combined amount is less than \$25.00, pay minimum. If greater than \$25.00, pay the greater amount.	
# of Surface Lifts	_____ X \$5.00 = _____		
# of Chair Lifts	_____ X \$15.00 = _____		
Fee Code: 6601-45		FOR OFFICE USE ONLY - VALIDATION	
FEE PAYMENT INFORMATION FOR INSPECTION (check all that apply)			
# of Rope Tows	_____ X \$8.00 = _____		
# of Surface Lifts	_____ X \$20.00 = _____	This fee must be paid with this application. An inspection will not be scheduled until the inspection fee is paid.	
# of Chair Lifts	_____ X \$60.00 = _____		
Fee Code: 6602-34			
Total Amount Enclosed		\$	
Make your check or money order in U.S. Currency payable to:		STATE OF MICHIGAN	
Non Refundable fees authorized by 1962 PA199.			