

STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

EVENT INFORMATION

Name of Event ATTIC ANGEL House TOUR

Event Organizer/Sponsor ATTIC ANGEL ASSOCIATIONS

Is Organizer/Sponsor a 501(c)3 non-profit agency? Yes No

If Yes, provide State of Wisconsin Tax Exempt Number ES 2310

Address 640 Junction Road

City/State/Zip MADISON WI 53717

Primary Contact Beverly Kneebone FAX _____

Work Phone 274-8956 Phone During Event _____

E-mail SB.Dance@charter.net

Website _____

Secondary Contact TRICIA SMITH Phone During Event 608-662-8900

Work Phone 238-1601 Cell 335-9512

E-mail Tricia.4.smith@sbcglobal.net

Annual Event? YES Yes No

Charitable Event? YES Yes No

If Yes, name of charity to receive donations: The Respite Center, Sail, Attic Angel Resident Fund

Estimated Attendance 6-8 hundred (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification (not allowed after 11 p.m.) Hours _____ to _____ Yes No

EVENT CATEGORY

Run/Walk Music/Concert Festival Rally Parking (i.e., bagging meters)

Other Tour of five Houses

LOCATION REQUESTED

Capitol Square (note specific blocks below) Podium/700-800 State Street

30 on the Square (a.k.a. top of 100 block of State Street) Other (specific blocks/streets requested below)

Street Names and Block Numbers: 1833 Van Hise; 2114 Van Hise; 130 N. Prospect

168 N. Prospect; 234 Lathrop Parking at 2119 Monroe Street

EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down) June 20, 21 Rain Date(s) _____

Event Start Date(s)/Time(s) June 20th Set-Up Date(s)/Time for Event June 20th

Event End Date(s)/Time(s) June 20th Take-Down Time June 20th

Take-Down Time: start to streets reopened

APPLICATION SIGNATURE

_____/We waive the 21-day decision requirement. _____ (PLEASE INITIAL)

Your signature below indicates that you have read and understand the instructions and guidelines for a community event. Further, the person/group named in this application will be responsible for the conduct of the group and for the condition of the reserved area. Falsification of information on the application will result in forfeiture of up to \$200 per falsified item.

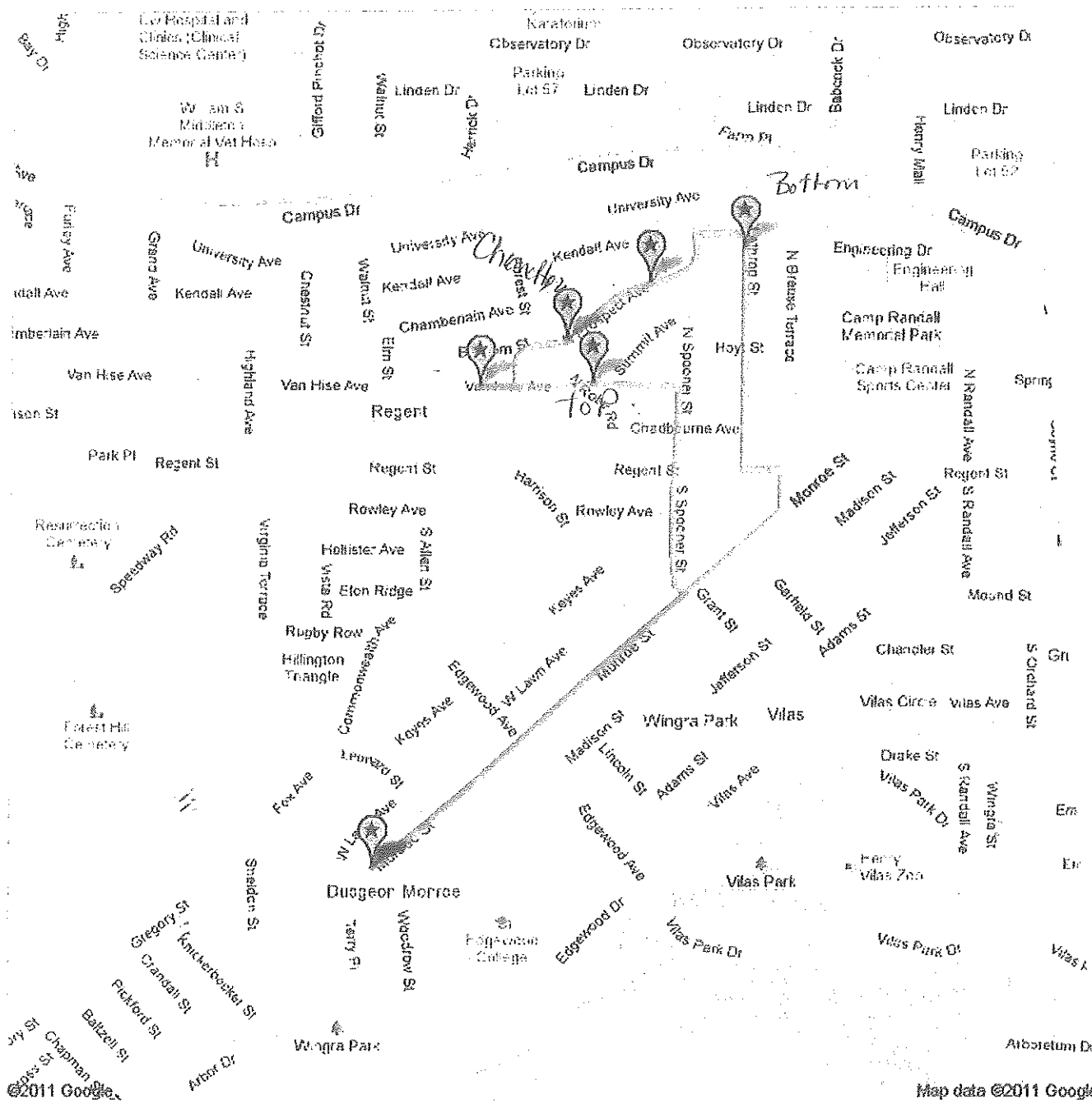
In addition to the rules and regulations detailed in the permit application instructions and guidelines, Street Use Permits are subject to all applicable ordinances, statues and laws.

Signature Beverly Kneebone Date 5-9-2011

Google maps

Get Google Maps on your phone

Text the word "GMAPS" to 414-438-8888



HGT 2011 Route

2 views - Unlisted

Created on Feb 9 - Updated 28 minutes ago

By Cynthia

Directions to 1833 Van Hise Ave, Madison, WI 53726

Starting from Monroe St

1 Head northeast on Monroe St toward Woodrow St

Cindy Zellner