

NBP STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Ann Wilson
Address 209 Acadia Dr
City/State/Zip Madison WI 53717
Home Phone 833-6221 Cell Phone 438-6721
E-mail wilson235@tds.net

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s 100-300 Block of Acadia Dr.

Date(s) of Event 9-8-12 Rain Date None

Annual Event? No Yes

Estimated Attendance 50-60 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 1:00 p.m. Event Starts 1:00

Take-Down 10:00 p.m. Event Ends 10:00

_____ I/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 neighborhood block party. 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, statutes and laws.

Signature Ann Wilson Date 9-2-12



Directions to 300 Acadia Dr, Madison, WI 53717

0.1 mi

Neighborhood Block Party

100-300 Acadia Drive

Saturday, September 8, 2012

Ann Wilson

