

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Pete Shively

Address 1919 Keyes Avenue

City/State/Zip Madison, WI 53711

Home Phone 608 - 294 - 9485 Cell Phone _____

E-mail pshively@charter.net

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s 1900 block of Keyes Avenue

Date(s) of Event Sunday, September 4, 2016 Rain Date Monday, September 5

Annual Event? No Yes

Estimated Attendance 45 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 12:00 pm/noon

Event Starts 1:00 pm
~~2:00 pm~~

Take-Down 11:00 pm

Event Ends 11:00 pm

I/We waive the 21-day decision requirement.

PS (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 Pete Shively

Date 9/18/16

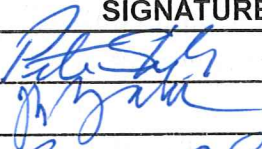
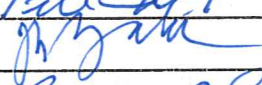


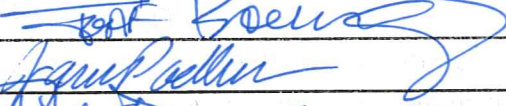


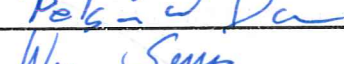

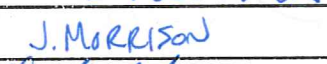


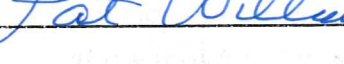
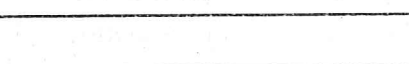
NBP PETITION FOR STREET USE PERMIT APPLICATION

This signature petition must be signed by an adult resident/occupant of at least 75% of the residential and/or non-residential units on the street(s) for which closure is requested.

We, the undersigned residents of the 1900 block of Keyes Avenue, a street in the city of Madison, request consent to the recreational use of this street between the hours of 12:00 pm and 11:30 pm on Sunday, Sept. 4, 2016 (day/date) and do hereby petition the Street Use Staff Commission to grant a Street Use Permit for us to use said street for said purpose and do hereby agree to abide by the conditions of the permit.

We designate Pete Shively (contact person) as the responsible person or persons who shall sign an application for a Street Use Permit on our behalf.

Please attach pages if additional signatures are required.

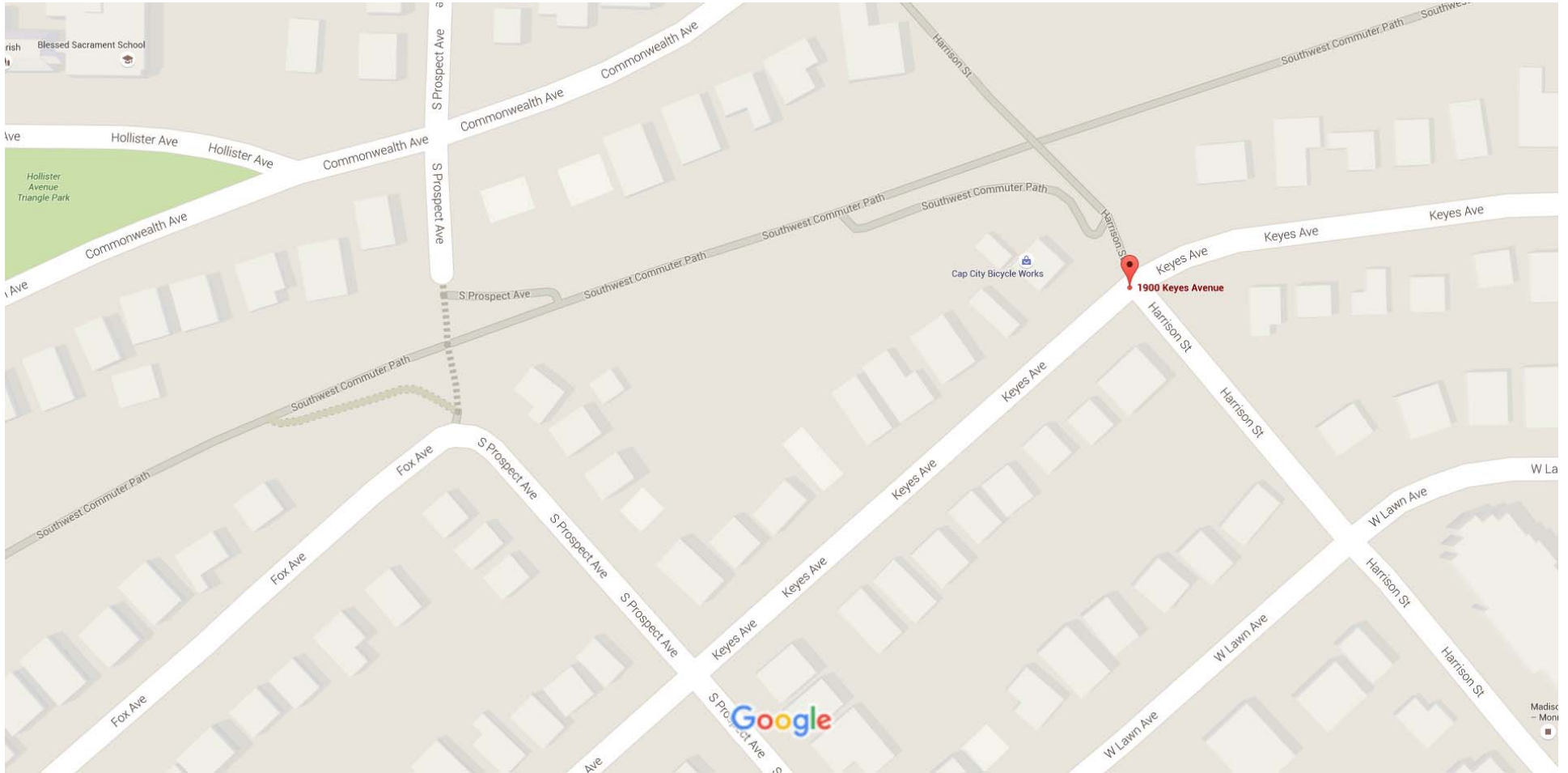
SIGNATURE	ADDRESS	DATE
	1919 Keyes Ave	July 4, 2016
	1915 Keyes Ave	7/4/2016
	1921 Keyes Ave	7/4/2016
	1924 Keyes Ave.	7/4/16
	1922 Keyes Ave	7.4.2016
	1925 Keyes Ave	7/4/16
	1913 Keyes Ave.	7/4/16
	1906 Keyes Ave.	7.6.16
	1908 Keyes	7/6/16
	1924 Keyes	7/6/16
	1933 Keyes	7/6/16
	1910 Keyes	7/10 7/10/16 DL.
	1914 Keyes	7/10/16
	1916 Keyes Ave	7/10/16

I, Pete Shively, am personally acquainted with the persons who have signed the foregoing petition and know them to be residents of the street(s) proposed to be closed. I further certify that the foregoing petition is signed by an adult resident/occupant of at least 75% of the residential and/or non-residential units on the street(s) for which closure is requested.

Signature of Circulator 

Date July 20, 2016

Google Maps 1900 Keyes Ave



Map data ©2016 Google 50 ft