

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Kim Castelar
Address 6510 Gettysburg Dr
City/State/Zip Madison WI 53705
Home Phone 833-8168 Cell Phone 335-8168
E-mail jjshampo@charter.net

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s 6520-6600 Gettysburg Dr

Date(s) of Event 7/4/13 Rain Date 7/5/13

Annual Event? No Yes

Estimated Attendance 50 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 3:00 Event Starts 4:00

Take-Down 10:30 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 Kim Castelar Date 6/2/13

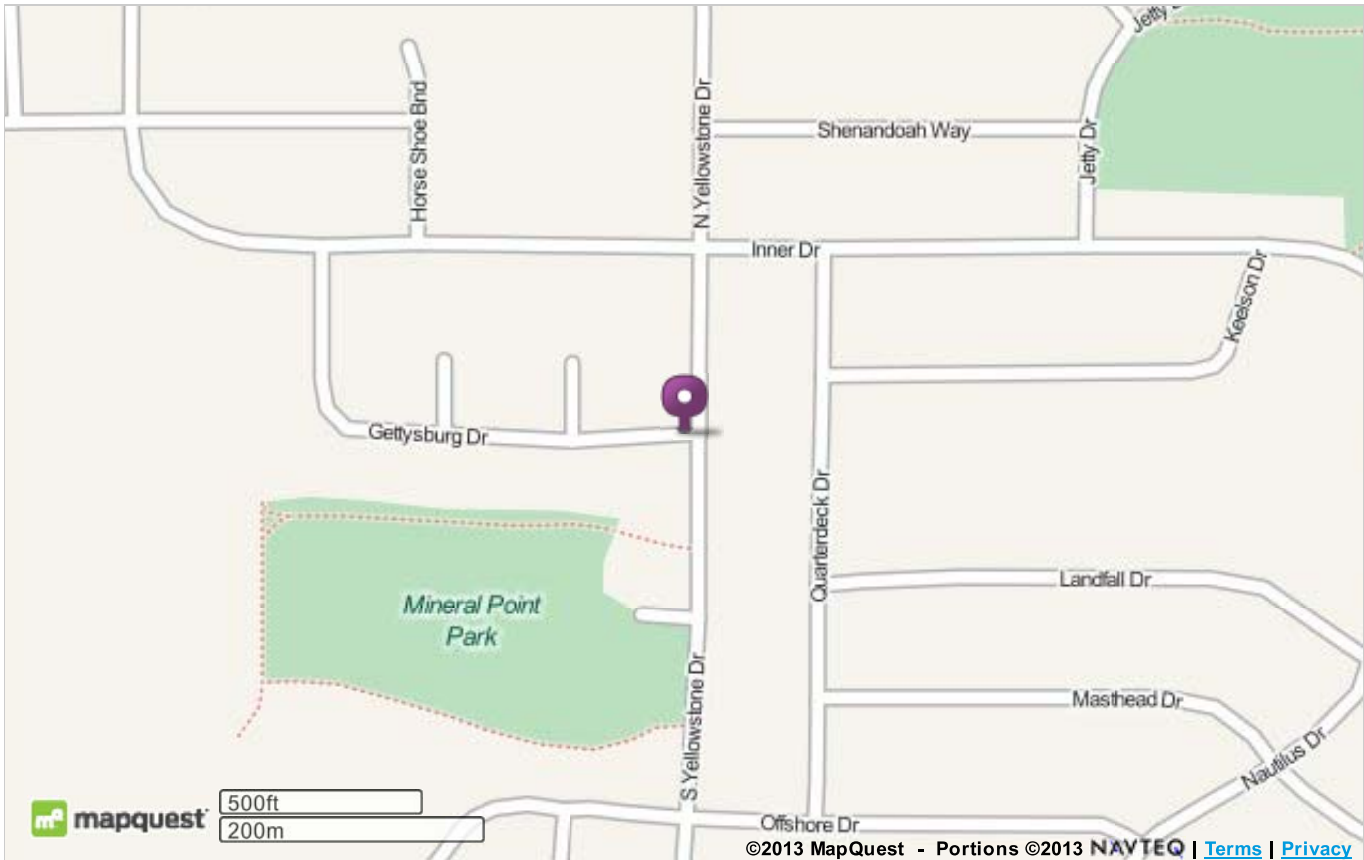


Map of:
6500 Gettysburg Dr
Madison, WI 53705-4205

Notes

Neighborhood Block Party
Thursday, July 4, 3:00pm-10:30pm
Kim Castelaz

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