BLOCK PARTY STREET USE PERMIT APPLICATION FOR OFFICE USE ONLY: Permit #_____ Date Submitted **APPLICANT INFORMATION** Contact Name_Scott McAndrew Address___1818 Keyes Ave_____ City/State/Zip_Madison, W1 537/1 Cell Phone 239-0905 Home Phone 259-0549 490 Jahov. com **EVENT INFORMATION Event Category** ☑ Neighborhood Block Party ☐ Other_____ Location Requested Street Names and Block #'s 1800 6/ock of Keyes Ave. Residential Street(s) Date(s) of Event 9-13-14Rain Date Annual Event? ☐ No ጆ Yes Estimated Attendance ______ (CERTIFICATE OF INSURANCE MAY BE REQUIRED) Time of Event Event Starts 2:00 pm Event Ends 9:00 p.m. _ 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. Date 8-25-14 Signature_



Map of: **1800 Keyes Ave** Madison, WI 53711-2006

Notes

Neighborhood Block Party Saturday, September 13, 1pm-9pm Scott McAndrew



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