

NBP STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Terri Pope

Address 637 Pickford Street

City/State/Zip Madison, WI 53711

Home Phone 608-238-6887 Cell Phone 608-712-1898

E-mail fourpopes@yahoo.com

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s 600 Block of Pickford St.

Date(s) of Event Saturday, August 27, 2016 Rain Date N.A.

Annual Event? No Yes

Estimated Attendance 75 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 12 noon Event Starts 12 noon

Take-Down 12 midnight Event Ends 12 midnight

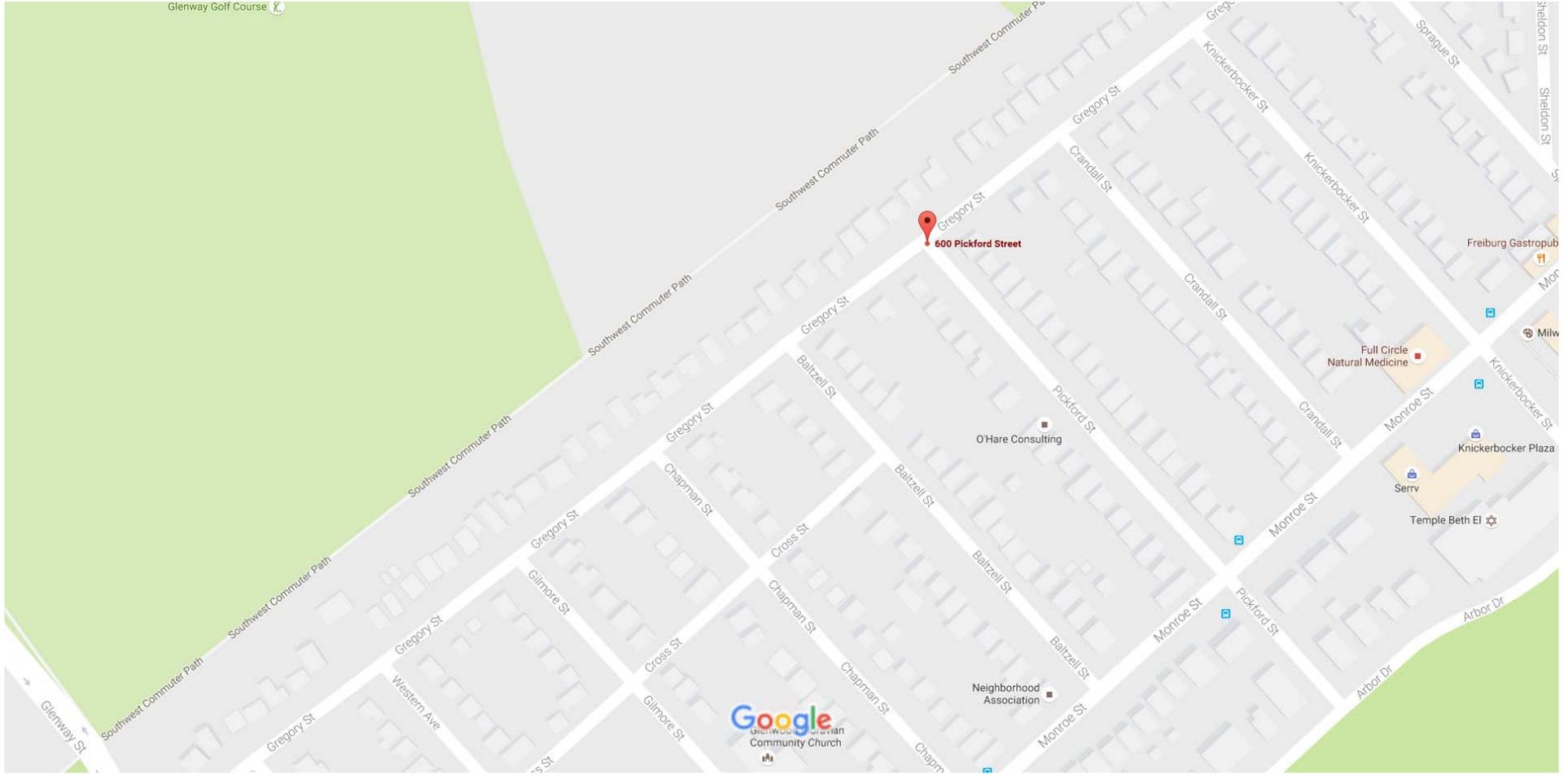
I/We waive the 21-day decision requirement. _____ (PLEASE INITIAL)

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 Terri C. Pope Date 7/29/16

Google Maps 600 Pickford St



Map data ©2016 Google 100 ft

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 600 block of Pickford St., a street in the city of Madison, request consent to the recreational use of this street between the hours of 12 noon and 12 midnight on Saturday, August 27, 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 Terri Pope (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
<i>[Signature]</i>	644 644 Pickford St	8/4/16
<i>[Signature]</i>	603 Pickford St	8/4/16
<i>[Signature]</i>	621 Pickford	8/4/16
<i>[Signature]</i>	619 Pickford	8/4/16
<i>[Signature]</i>	637 Pickford St.	8/4/16
<i>[Signature]</i>	620 Pickford St.	8/4/16
<i>[Signature]</i>	628 Pickford St	8.6.16
<i>[Signature]</i>	624 Pickford St	8-4-16
<i>[Signature]</i>	605 Pickford St	8-04-16
<i>[Signature]</i>	638 Pickford St	8-04-16
<i>[Signature]</i>	641 Pickford St	8-4-16
<i>[Signature]</i>	648 Pickford St	8-4-16
<i>[Signature]</i>	606 Pickford St	8-4-16
<i>[Signature]</i>	658 Pickford St	8-4-2016
<i>[Signature]</i>	631 Pickford St	8-5-2016
<i>[Signature]</i>	653 Pickford St	8-5-2016
<i>[Signature]</i>	610 Pickford St	8/5/16
<i>[Signature]</i>	612 Pickford St	8-5-16

I, Terri Pope, 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 *[Signature]* Date 8-4-16

