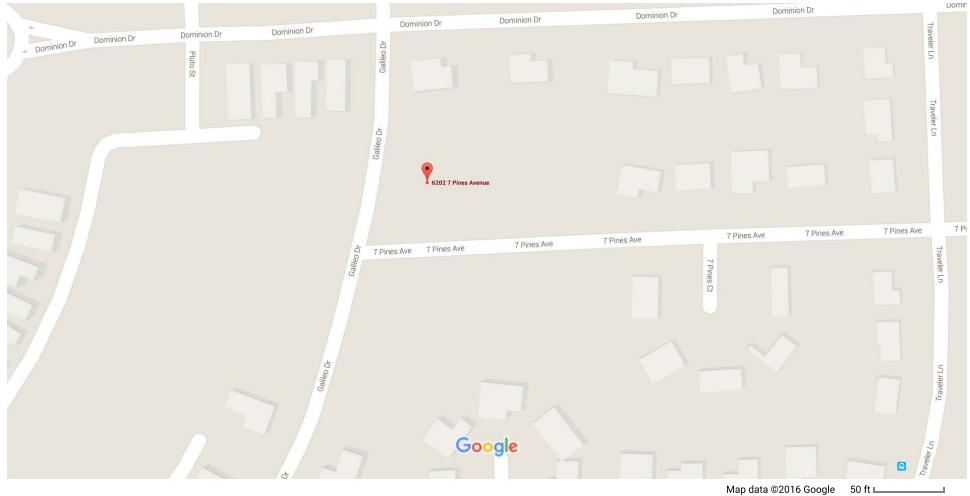
## **BLOCK PARTY STREET USE PERMIT APPLICATION**

FOR OFFICE USE ONLY: Permit # Date Submitted			
APPLICANT INFORMATION			
Contact Name Teresa Riley			
Address 6205 Seven Pines Ave			
City/State/Zip Madison W1 53718			
Home Phone 608 213 0833 Cell Phone 608 213 6833			
E-mail +mcattaneo@aol.com			
EVENT INFORMATION			
Event Category			
Neighborhood Block Party			
Location Requested  Comparison Regularization Regularization Street Names and Block #'s 6202 - 6214  Seven Pines Ave			
Residential Street(s) Street Names and Block #'s			
Seven Pines Ave			
Date(s) of Event 08/13/16 Rain Date 08/14/16			
Annual Event? ☐ No    Yes			
Estimated Attendance (CERTIFICATE OF INSURANCE MAY BE REQUIRED)			
Time of Event			
Set-Up Event Starts			
Set-Up			
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			

## **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 6200 block of block of street in the city of Madison, request consent to the recreational use of this street between the hours of and 9pm on Cat Aug 13 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			
Please attach pages if additional signatures are required.			
SIGNATURE	ADDRESS	DATE	
pance facisly	6210 Seven Pines Ave	7/9/16	
Jour Ed Devin	6213 N W N	7/9//6	
I M Alla	6206 Seven Pies Ave	7/10/16	
Emy Shea	6209 Suentines Ave	7/12/16	
		7	
	:		
	·		
		- 4	
I,, 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 7/9/16			

## Google Maps 6202 7 Pines Ave



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