

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name JOHN STRANGE

Address 5601 LAUREL COURT

City/State/Zip MADISON WI 53705

Home Phone 608-230-5441 Cell Phone 608-609-0632

E-mail jstrange@cityofmadison.com or jwstrange22@gmail.com

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s Laurel Court

Date(s) of Event Sunday, September 15 Rain Date N/A

Annual Event? No Yes

Estimated Attendance 30 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 12:00 p.m. Event Starts 1:00 p.m.

Take-Down 6:00 p.m. Event Ends 6:00 p.m.

I/We waive the 21-day decision requirement. jws (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 [Signature] Date 8/27/13



Address **Laurel Ct**
Madison, WI 53705

Neighborhood Block Party
Su, Sept 15, 12-6pm
John Strange

