

# STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # \_\_\_\_\_ Date Submitted \_\_\_\_\_

## EVENT INFORMATION

Name of Event ~~Shred and Skate~~ Shred and Shop

Event Organizer/Sponsor Skylar Palm and Geoffrey Kopski

Is Organizer/Sponsor a 501(c)3 non-profit agency?  Yes  No

If Yes, provide State of Wisconsin Tax Exempt Number \_\_\_\_\_

Address 512 State Street

City/State/Zip Madison, WI, 53703

Primary Contact Skylar Palm

FAX N/A

Work Phone 608-408-3058

Phone During Event 608-408-3058

E-mail artgeckostate@gmail.com

Website artgeckostate.com

Secondary Contact Geoffrey Kopski

Phone During Event 608-819-6639

Work Phone 608-819-6639

E-mail freedomskateboardingmadison@gmail.com

Annual Event?  Yes  No

Charitable Event?  Yes  No

If Yes, name of charity to receive donations: \_\_\_\_\_

Estimated Attendance 1,000 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification (not allowed after 11 p.m.) Hours 12pm to 6pm  Yes  No

## EVENT CATEGORY

Run/Walk  Music/Concert  Festival  Rally  Parking (i.e., bagging meters)  
 Other Sidewalk Sale/Market

## LOCATION REQUESTED

Capitol Square (note specific blocks below)  Podium/700-800 State Street  
 30 on the Square (a.k.a. top of 100 block of State Street)  Other (specific blocks/streets requested below)  
Street Names and Block Numbers: 500 block of State Street

## EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down) 09/21 Rain Date(s) N/A  
Event Start Date(s)/Time(s) 09/21 @ 12pm Set-Up Date(s)/Time for Event 09/21 @ 11am-12pm  
Event End Date(s)/Time(s) 09/21 @ 6pm Take-Down Time 09/21 @ 6-7pm  
Take-Down Time: start to streets reopened

## APPLICATION SIGNATURE

I/We waive the 21-day decision requirement. \_\_\_\_\_ SP (PLEASE INITIAL)

Your signature below indicates that you have read and understand the instructions and guidelines for a community event. 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 \_\_\_\_\_ Date 08/30/24



- Services
  - Madison Fire Department
  - Fire Extinguisher
  - Fire Extinguisher

- 2024 BID Businesses
  - Art Gecko
  - Knuckleheads CBD & Vapes
  - Freedom Skate Shop featuring Briarwood Le...
  - B-Side Records
  - Sunshine Daydream
  - August
  - Sencha Tea Bar
  - Singlestitch
  - Wisconsin Design Team

- Barricade
  - X Closed Street Sign
  - X Closed Street Sign



## Emergency Action Plan Template Form B

This Emergency Action Plan (EAP) template is designed and intended to assist event organizers in planning and operating a safe community event. This plan template, or custom plan, must be used for events with an estimated attendance of 1,000 people or more. Events with an estimated attendance exceeding 10,000 people may not use this template and must develop a custom Emergency Action Plan.

Every event is different, and an event specific EAP is required.

In accordance with the Street Use Permit process and Madison General Ordinances, an EAP is required.

**Name of Event:** \_\_\_\_\_

**Type of Event (check all that apply)**

Run/Walk \_\_\_ Festival \_\_\_ Concert \_\_\_ March/Rally \_\_\_ Event in a Madison Park \_\_\_

Event on a Madison Street, Sidewalk, and/or Parking Lane \_\_\_ Other \_\_\_

If other, please describe: \_\_\_\_\_

**Event Features (check all that apply)**

Alcohol Sales \_\_\_ Live Music \_\_\_ Temporary Structures \_\_\_ Food/Vendors \_\_\_

Fencing/Enclosures \_\_\_ Heating/LP Use \_\_\_

**Emergency Contact Information**

Provide the name and phone number for at least one person that will be the emergency contact for first responders before and throughout the duration of the event:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Event Safety**

Name(s) of individual(s) responsible for event safety to include planning, event operations and event clean up: \_\_\_\_\_

\_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Event Capacity**

State the estimated number of attendees over the duration of the event: \_\_\_\_\_

State the estimated maximum number of attendees at any one time during the event: \_\_\_\_\_

Specify the date, time, and describe the reason for the estimated maximum number of attendees at that time:

Specify the date and time of scheduled performances or programs that may cause attendees to gather in one area:

All stage performances require a capacity approved by the Madison Fire Department.

Not applicable \_\_\_ Will be submitted \_\_\_

All events where people are confined by fences, barriers, or restricted from unrestricted and open ingress/egress require a capacity approved by the Madison Fire Department.

Not applicable \_\_\_ Will be submitted \_\_\_

**Crowd Managers**

Trained (certified) crowd managers are required for a gathering of more than 1000 people. No fewer than one trained crowd manager for each 250 people (if over 1000 people) in attendance at the event shall be on-site at all times.

Note: Some security services have trained crowd managers

Number of trained crowd managers on-site at all times: \_\_\_\_\_

**Event Pause, Postponement and Cancellation**

Specify the name and phone number for the individual that will determine when the event may be paused, postponed, or cancelled.

Note: This is not the Madison Police Department or the Madison Fire Department.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Event Evacuation and Emergency Shelter**

Emergency shelter location(s): \_\_\_\_\_  
\_\_\_\_\_

List emergencies that will cause evacuation or emergency sheltering:

_____	_____	_____
_____	_____	_____
_____	_____	_____

This section should be coordinated and reference the hazards and emergency action section of the EAP.

**Emergency Announcements and Notifications**

Emergency announcements and notifications must be scripted before the event to ensure uniform and prompt delivery of safety and protective actions. Script Prepared: Yes \_\_\_\_

Emergency announcements will state:

Describe the methods and means to notify all event attendees, vendors, and staff:

Specify the means of communication between event organizers, staff, volunteers, and personnel responsible for initiating and/or communicating emergency notification and warnings:

**Weather Monitoring**

All events must have someone tasked with monitoring the weather before and during the event. All threatening and active severe weather requires actions to protect all attendees, staff, volunteers, and vendors.

Name of individual assigned to monitor the weather: \_\_\_\_\_

Name of the contracted weather monitoring service (as applicable): \_\_\_\_\_

The scope of services include: \_\_\_\_\_

Event will utilize the Large Event Weather Support program offered by the National Weather Service.

Yes \_\_\_ No \_\_\_

- Events must have an anticipated attendance (at one time) over 1000 people.
- The required NWS form is available at <http://www.weather.gov/mkx/eventsupport> and must be submitted by a representative of Madison Emergency Management.
- Madison Emergency Management Coordinator for the City of Madison can be contacted at [CityEOCManager@CityofMadison.com](mailto:CityEOCManager@CityofMadison.com)

**Event Security**

Contracted private security (not Madison Police) will be provided: Yes \_\_\_ No \_\_\_

If security will be contracted, how many personnel will be on-site? \_\_\_\_\_

Provide the name of the security service: \_\_\_\_\_

Provide a description of the scope of services to be provided by the security service.

\_\_\_\_\_

Provide the means of communications between the security service and event management.

\_\_\_\_\_

Event will include a defined perimeter with fencing or other barrier. Yes \_\_\_ No \_\_\_

**Coordination with the Madison Police Department**

Will the event contract for services with the MPD? Yes \_\_\_ No \_\_\_

Describe scope of services requested: \_\_\_\_\_

\_\_\_\_\_

Name and phone number of the individual to meet MPD in the event of an incident/emergency:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Medical Services**

What methods of emergency service(s) will be provided?

Limited to dialing 911 for medical emergencies. \_\_\_\_

First-aid station staffed by:

Volunteers: Yes \_\_\_\_ No \_\_\_\_      Contracted medical professionals: Yes \_\_\_\_ No \_\_\_\_

Name of contracted service: \_\_\_\_\_

Number of personnel on-site at all times: \_\_\_\_\_

**Coordination with Madison Fire Department**

Will the event contract for emergency medical services with the MFD? Yes \_\_\_\_ No \_\_\_\_

If yes, please complete a Special Event EMS Request Form and submit to Division Chief David Crossen.

Email: [DCrossen@CityofMadison.com](mailto:DCrossen@CityofMadison.com)

Phone Number: 608-266-4256 or 608-266-4420 and ask for Division Chief of Special Events.

Contact Assistant Chief Jeff Larson to discuss coordination for an emergency response and if there will be any requirements for on-site MFD personnel, excluding EMS which is covered by the Special Event EMS Request Form mentioned above.

Email: [JtLarson@CityofMadison.com](mailto:JtLarson@CityofMadison.com)

Phone Number: 608-266-5946 or 608-266-4420 and ask for Assistant Chief of Fire Operations.

Will the event be holding a meeting with organizers, staff, volunteers, or vendors prior to the event?

Yes \_\_\_\_ No \_\_\_\_

If so, will there be a request or opportunity for the Madison Fire Department to attend and present fire safety information as it pertains to the event (cooking, LP gas and canopy safety)?

Yes \_\_\_\_ No \_\_\_\_

To schedule a representative of the Madison Fire Department, please contact Scott Strassburg.

Email: [SStrassburg@CityofMadison.com](mailto:SStrassburg@CityofMadison.com)

Phone: 608-261-9843 or 608-266-4420 and ask for Scott Strassburg.

Name and phone number of individual assigned to meet the Madison Fire Department in the event of an emergency:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Stages, Raised Platforms, Temporary Structures, and Tents**

Contract(s) require vendors to provide a flame-spread certificate for all fabric materials.

Yes \_\_\_ No \_\_\_

Contract(s) require vendors to provide an event specific post set-up certificate of structural stability.

Yes \_\_\_ No \_\_\_

Contract(s) require vendors to provide a high wind safety plan to outline actions prior to and during high winds. (Ex: retract wing walls, secure hanging lights and sound equipment, lower video screens, evacuate area around stage/structure).

Yes \_\_\_ No \_\_\_

**Canopies (10 x 10 pop-up style)**

Vendor and exhibitor agreements state that all canopies must comply with the Madison Fire Department canopy safety guidelines.

All canopies shall be weighed to withstand 35 MPH winds.

All canopies shall be taken down or the fabric removed when winds exceed 35 MPH, or the NWS issues a high wind advisory or severe thunderstorm warning.

Is there cooking at the event? Yes \_\_\_ No \_\_\_

If there is cooking at the event, vendor and exhibitor have an agreement that cooking is not allowed under a canopy. Yes \_\_\_ No \_\_\_

**Site Map Requirements**

The site map submitted with the application includes the following, as required by the fire code:

- ✓ Fire lanes and emergency access into, through and out of the event area. \_\_\_
- ✓ Egress and escape routes for attendees, vendors, staff and volunteers. \_\_\_
- ✓ Location of emergency medical services. \_\_\_
- ✓ Vendor and concession locations. \_\_\_
- ✓ Location of fire extinguishers. \_\_\_
- ✓ Perimeter fencing and access control. \_\_\_
- ✓ Vehicle barriers. \_\_\_

**Event Safety Inspections**

Within 30-minutes of the start of the event and every \_\_\_\_\_ minutes throughout the event, \_\_\_\_\_ (name of individual or operation position) will conduct a safety inspection of the event. The event safety inspection must be specific to the event. The Event Safety Inspection Checklist addendum to this EAP may be used.

## EAP Distribution and Training

The EAP must be distributed to all staff, vendors, contractors, participating agencies, and volunteers.

Event Staff \_\_\_ Vendors \_\_\_ Crowd Managers \_\_\_ Security \_\_\_ Performers \_\_\_ Promoters \_\_\_  
Volunteers \_\_\_ Contractors \_\_\_ EMS \_\_\_ Others \_\_\_\_\_

Event specific training in the use and responsibilities associated with this EAP shall be provided to event personnel. At a minimum, the following personnel will receive training:

Event Staff \_\_\_ Crowd Managers \_\_\_ Security \_\_\_

## Hazard, Prevention Methods, Protective and Emergency Actions

Community events face natural, and human caused hazards. Event planners and operators must be prepared to deal with hazards and safeguard attendees from such hazards. Prevention and protective actions must be event specific.

- Prevention actions are things that you do before the hazard to prepare for an imminent threat or emergency.
- Protective actions are positive steps to protect people and minimize the adverse impact of an emergency or imminent threat.

The individual or operational position responsible for each action must be stated.

Examples:

Hazard – Fire

1. Prevention Actions:
  - a. Invite MFD to vendor training.
  - b. Provide all vendors with fire safety information.
  - c. Pre-event fire safety inspection by: (Name of staff person responsible for safety).
2. Protective and Emergency Actions:
  - a. Call 911
  - b. Evacuate area.
  - c. Deploy fire extinguisher.

Hazard – High winds or severe thunderstorm

1. Prevention Actions
  - a. Continuous weather monitoring.
  - b. Alert all staff and vendors of any weather threats.
2. Protective and Emergency Actions
  - a. Notify ALL staff, volunteers, vendors, and attendees.
  - b. Take down canopies.
  - c. Cancel and evacuate event.
  - d. Direct attendees to shelter locations: (List of locations).

## Worksheet for Hazards

### High Winds

Prevention Actions

Protective and Emergency Actions

### Medical Emergency

Prevention Actions

Protective and Emergency Actions

### Extreme Heat

Prevention Actions

Protective and Emergency Actions

## **Severe Thunderstorm**

Prevention Actions

Protective and Emergency Actions

## **Tornado**

Prevention Actions

Protective and Emergency Actions

## **Lost Child**

Prevention Actions

Protective and Emergency Actions

**Fight/Domestic Disturbance**

Prevention Actions

Protective and Emergency Actions

**Active Shooter/Active Killer**

Prevention Actions

Protective and Emergency Actions

**Fire/Explosion**

Prevention Actions

Protective and Emergency Actions

## **Vehicle Through Barricade**

Prevention Actions

Protective and Emergency Actions

## **Peaceful Protest (Your Event or Unrelated Issue)**

Prevention Actions

Protective and Emergency Actions

## **Civil Unrest**

Prevention Actions

Protective and Emergency Actions

**Power Failure**

Prevention Actions

Protective and Emergency Actions

**Crowd Crush/Surge**

Prevention Actions

Protective and Emergency Actions

**Bomb, Bomb Threat or Suspicious Package**

Prevention Actions

Protective and Emergency Actions

## **Air Quality Alert**

Prevention Actions

Protective and Emergency Actions

Event Safety Inspection Checklist Addendum	Enter time when check occurs (see EAP for how often)												
	Before event												During event
Traffic management plan deployed													
Barricades in-place													
Trip hazards removed or covered													
Canopies weighed down													
Electrical cords grounded													
Grills adjacent to and not under canopies													
Propane connections and fittings tight and soap tested for tightness													
Security personnel in-place													
Weather monitoring on-going													
Fire lanes clear and unobstructed													
Capacity count on-going (only if approved capacity required)													
Exits open and unobstructed													
Fire extinguishers accessible													
Emergency medical personnel on-site (as applicable)													
Perimeter secure													
No abandoned or suspicious bags or property													
Perimeter and access control measures in place													

Please note that frequency of checks will vary depending on event. Please check your Emergency Action Plan to see how frequent checks should occur at your event. First check should occur within 30 minutes of the start of event. Use additional copies of this form as needed based on length & frequency of checks for the event.



**After Street Use Permit Approval Task List  
(submit information within 30 days of event)**

**Capacity Approval**

\_\_\_ Submit site plans and capacity calculations to the Madison Fire Department for approval.

Approved Capacity: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Crowd Managers**

\_\_\_ Certified crowd managers will be provided through contracted security services.

Date that contracted crowd managers received training in this EAP: \_\_\_\_\_

\_\_\_ Event staff will serve as the certified crowd managers.

Date of certification(s): \_\_\_\_\_

Certifications obtained through: \_\_\_\_\_

Date event staff crowd managers received training in this EAP: \_\_\_\_\_

**EAP Distribution and Training**

\_\_\_ EAP distributed to all event personnel.

Event Staff \_\_\_ Vendors \_\_\_ Crowd Managers \_\_\_ Security \_\_\_

Performers \_\_\_ Promoters \_\_\_ Volunteers \_\_\_ Contractors \_\_\_ Others \_\_\_

List of others: \_\_\_\_\_

\_\_\_ Event specific training in the use and responsibilities associated with this EAP provided to event personnel. The following personnel received training:

Event Staff \_\_\_ Crowd Managers \_\_\_ Security \_\_\_ Others \_\_\_

Date of training: \_\_\_\_\_

Training provided by: \_\_\_\_\_

Wind Hazard Reference Document

# Beaufort Scale

Beaufort number	Wind Speed (mph)	Seaman's term		Effects on Land
0	Under 1	Calm		Calm; smoke rises vertically.
1	1-3	Light Air		Smoke drift indicates wind direction; vanes do not move.
2	4-7	Light Breeze		Wind felt on face; leaves rustle; vanes begin to move.
3	8-12	Gentle Breeze		Leaves, small twigs in constant motion; light flags extended.
4	13-18	Moderate Breeze		Dust, leaves and loose paper raised up; small branches move.
5	19-24	Fresh Breeze		Small trees begin to sway.
6	25-31	Strong Breeze		Large branches of trees in motion; whistling heard in wires.
7	32-38	Moderate Gale		Whole trees in motion; resistance felt in walking against the wind.
8	39-46	Fresh Gale		Twigs and small branches broken off trees.
9	47-54	Strong Gale		Slight structural damage occurs; slate blown from roofs.
10	55-63	Whole Gale		Seldom experienced on land; trees broken; structural damage occurs.
11	64-72	Storm		Very rarely experienced on land; usually with widespread damage.
12	73 or higher	Hurricane Force		Violence and destruction.

## Resource and Reference Addendum

Event Safety Alliance [www.eventsafetyalliance.org](http://www.eventsafetyalliance.org)

International Code Council (Fire Code) [www.iccsafe.org](http://www.iccsafe.org)

Madison General Ordinances (Chapter 10 for Street Use Permit Requirements and Chapter 34 for Fire Code Requirements) [Code of Ordinances | Madison, WI | Municode Library](#)

National Weather Service Event Support [dssrequest \(weather.gov\)](https://www.weather.gov/dssrequest)

[National Weather Service Event Ready Guide Event Ready Guide \(weather.gov\)](#)

Crowd Manager Training [National Association of State Fire Marshals - Crowd Manager Training](#) / <https://crowdmanagers.com>

FEMA Special Events Planning Manual [Microsoft Word - SpecialEventsPlanning-JAManual.doc \(fema.gov\)](#)

Madison Fire Department Event Support Links

[USE AND OPERATIONS OF TENTS AND TEMPORARY MEMBRANE STRUCTURES](#)

(tents over 401 ft<sup>2</sup>)

[FIRE SAFETY FOR CANOPIES & COOKING](#)