

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Charlene Druman
Address 205 Shiloh Dr.
City/State/Zip Madison, WI 53705
Home Phone 608-833-7603 Cell Phone 608-438-2154
E-mail charlene.druman@tds.net

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s Shiloh Court
(cul-de-sac)

Date(s) of Event 9-18-2015 Rain Date None

Annual Event? No Yes

Estimated Attendance 50 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 4pm Event Starts 5pm
Take-Down 11pm Event Ends 11pm

I/We waive the 21-day decision requirement. CD (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 7-24-2015



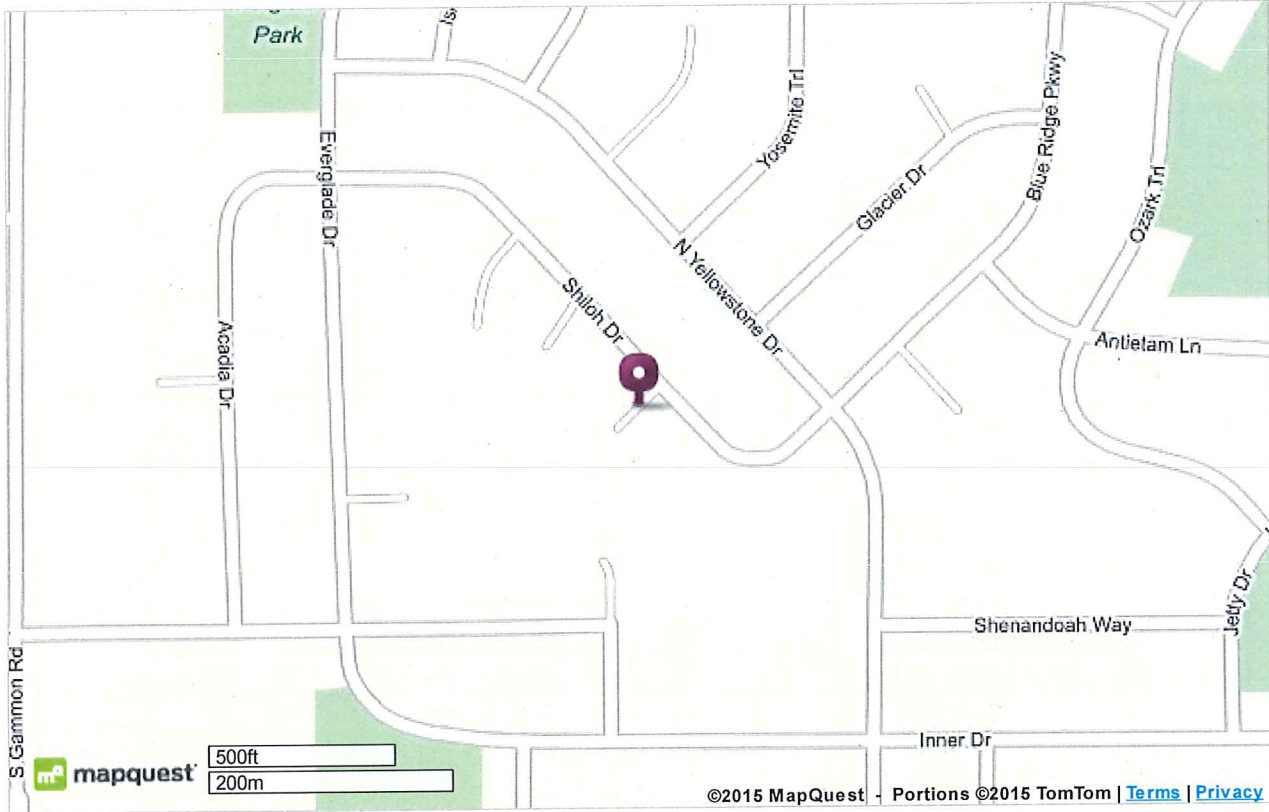
Map of:

[1 - 99] Shiloh Ct

Madison, WI 53705-2464

Notes

Shiloh Ct. (cul de sac)
Friday, September 19th
4:00pm-sunset



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