

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Kim Castelaz
Address 6510 Gettysburg Dr
City/State/Zip Madison WI 53705
Home Phone 608-833-8168 Cell Phone 608-335-8168
E-mail jjshampo@charter.net

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s 6500^s Gettysburg Dr

Date(s) of Event July 4, 2014 Rain Date NONE

Annual Event? No Yes

Estimated Attendance 40 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 4:00 pm Event Starts 4:00 pm

Take-Down 9:00 pm Event Ends 9:00 pm

_____ 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 Kim Castelaz Date 6-3-14



Map of:
6500 Gettysburg Dr
Madison, WI 53705-4205

Notes

Neighborhood Block Party
Friday, July 4, 4pm-9pm
Kim Castelaz

