

NBP STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Polly Sackett
Address 529 Clemons Avenue
City/State/Zip Madison, WI 53704
Home Phone _____ Cell Phone 608-335-7385
E-mail pollywestmont@gmail.com

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s 500 1/2 to 600 Blocks of Clemons Avenue

Date(s) of Event Sunday Aug 31st, 2014 Rain Date Monday Sept 1st, 2014

Annual Event? No Yes

Estimated Attendance _____ (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 8 AM Event Starts 10 AM
Take-Down 6 PM Event Ends 4 PM

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I/We waive the 21-day decision requirement. (D) (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.

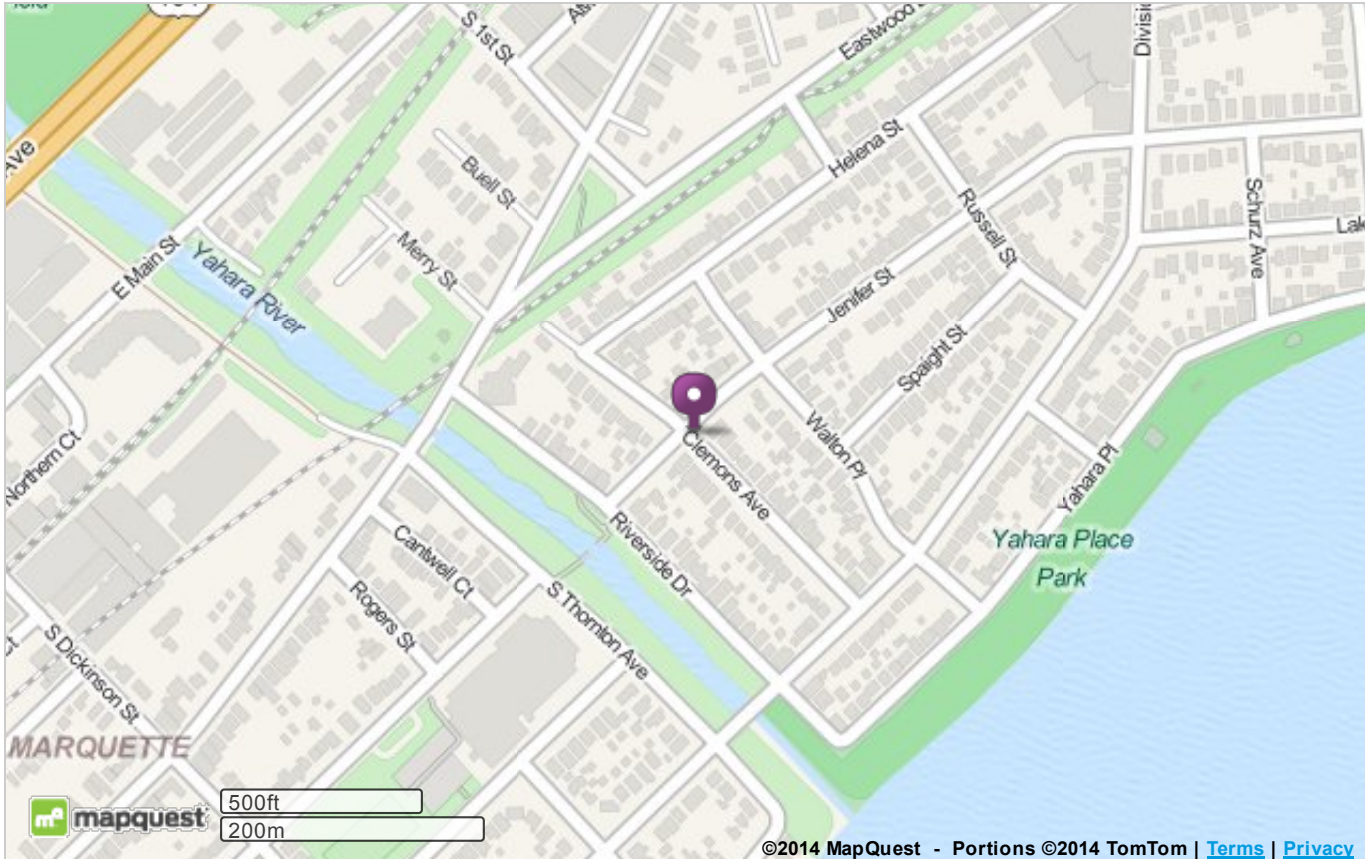
Signature [Signature] Date 7/19/14



Map of:
500 Clemons Ave
Madison, WI 53704-5508

Notes

Neighborhood Block Party
Sunday, August 31, 8am-6pm
Rain Date: Monday, September 1
Polly Sackett



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