

NBP STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Scott McAndrew
Address 1818 Keyes Ave.
City/State/Zip Madison, WI 53711
Home Phone (608) 259-0549 Cell Phone (608) 239-0905
E-mail scott549@yahoo.com

EVENT INFORMATION

Event Category

☒ Neighborhood Block Party ☐ Other _____

Location Requested

☒ Residential Street(s) Street Names and Block #'s 1800 block Keyes Ave

Date(s) of Event Sept 24th, 2014 Rain Date _____

Annual Event? ☐ No ☒ Yes

Estimated Attendance 50 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up Noon Event Starts 2:00

Take-Down 10:00 pm Event Ends 10:00 pm

☒ I/We waive the 21-day decision requirement.

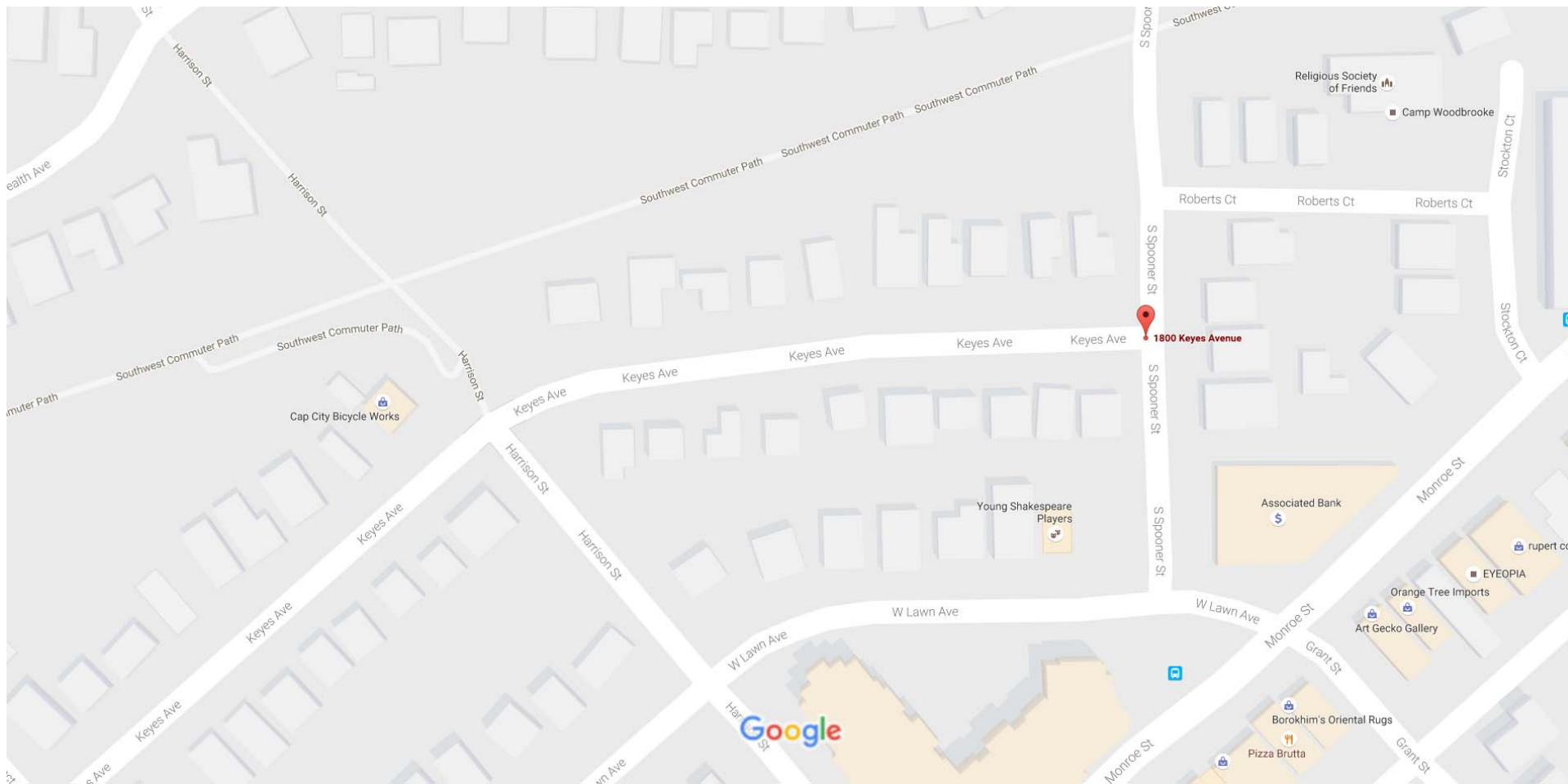
AM (PLEASE INITIAL)

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 8-8-16

Google Maps 1800 Keyes Ave



Map data ©2016 Google 50 ft

NBP PETITION FOR STREET USE PERMIT APPLICATION

This signature petition must be signed by an adult resident/occupant of at least 75% of the residential and/or non-residential units on the street(s) for which closure is requested.

We, the undersigned residents of the 1800 block of Keyes Avenue, a street in the city of Madison, request consent to the recreational use of this street between the hours of 2pm and 10pm on Sept 24, 2016 (day/date) and do hereby petition the Street Use Staff Commission to grant a Street Use Permit for us to use said street for said purpose and do hereby agree to abide by the conditions of the permit.

We designate Scott McAndrew (contact person) as the responsible person or persons who shall sign an application for a Street Use Permit on our behalf.

Please attach pages if additional signatures are required.

SIGNATURE	ADDRESS	DATE
	1820 Keyes Ave	7-21-16
	1801 Keyes Ave	7-21-16
	1809 Keyes Ave	7-21-16
	1830 Keyes Ave	7-21-16
	1816 Keyes Ave	7/21/2016
	1812 Keyes Ave	7/21/2016
	1802 Keyes Ave	7/21/16
	1818 Keyes Ave	8-8-16
	1821 Keyes Ave	7-21-16
	1825 Keyes Ave	8-1-16
	1803 Keyes Ave	8-2-16
	1810 Keyes Ave	8-2-16
	1823 Keyes Ave	8-2-16
	1817 Keyes Ave	8-2-16
	1836 Keyes Ave	8-2-16
	1819 Keyes Ave	8-3-16

I, Scott McAndrew, am personally acquainted with the persons who have signed the foregoing petition and know them to be residents of the street(s) proposed to be closed. I further certify that the foregoing petition is signed by an adult resident/occupant of at least 75% of the residential and/or non-residential units on the street(s) for which closure is requested.

Signature of Circulator

Date 8-8-16