

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Deven McGlen

Address 1523 Spaight

City/State/Zip Madison, WI 53703

Home Phone 608 2450168

Cell Phone 608 577-4411

E-mail deven@neoclone.com

EVENT INFORMATION

Event Category

☒ Neighborhood Block Party

☐ Other _____

Location Requested

☒ Residential Street(s)

Street Names and Block #'s 1500-1600 Spaight

Date(s) of Event 9/24/2016

Rain Date 9/25/2016

Annual Event? ☒ No ☐ Yes

Estimated Attendance 50 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 8a

Event Starts 10a

Take-Down 19p

Event Ends 9p

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

DM (PLEASE INITIAL)

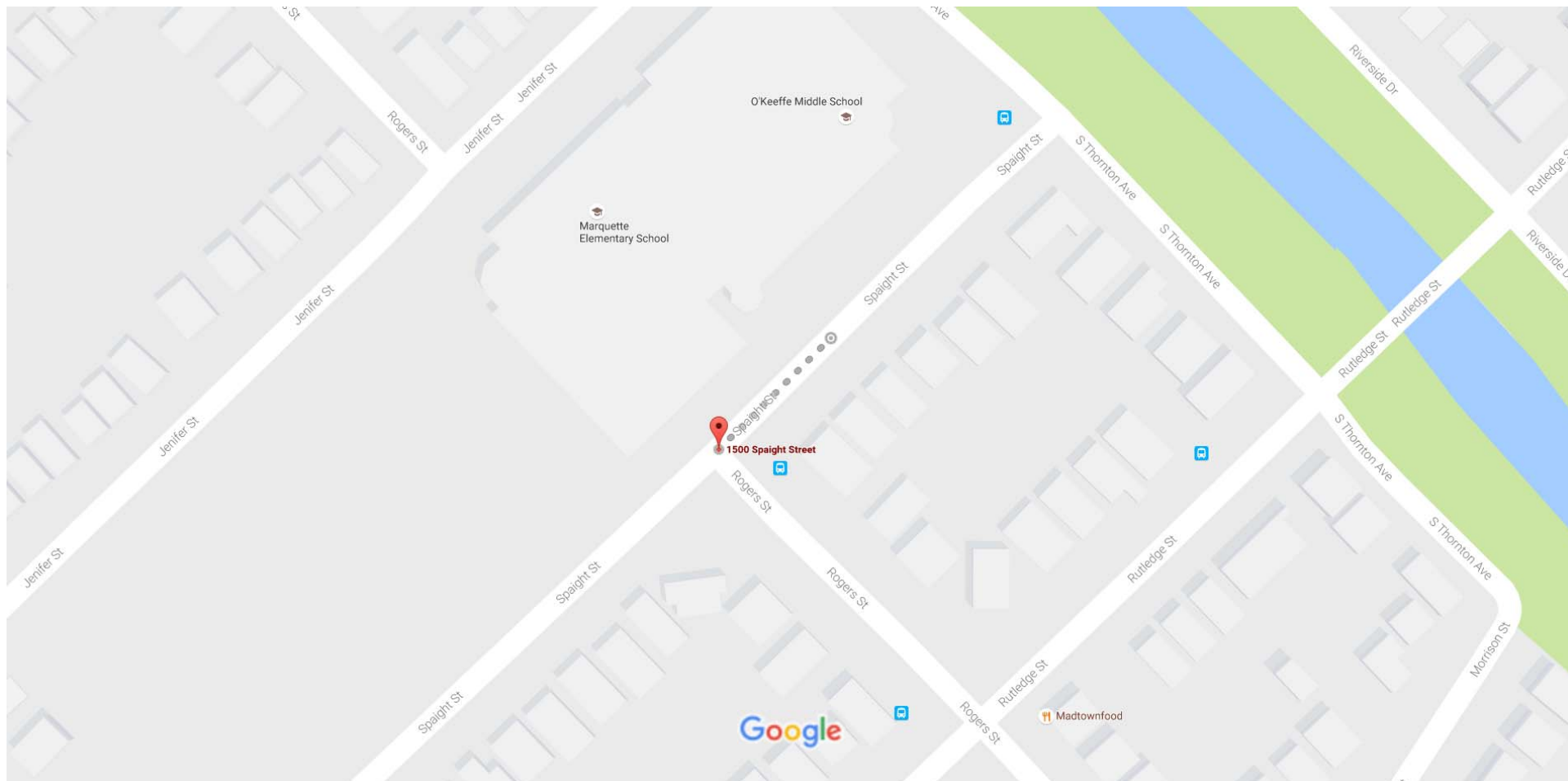
Your signature below indicates that you have read and understand the instructions and guidelines for a neighborhood block party. Further, the person/group named in this application will be responsible for the conduct of the group and for the condition of the reserved area. Falsification of information 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 DM

Date 8-2-16

Google Maps 1500 Spaight St



Map data ©2016 Google 50 ft

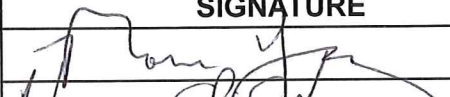


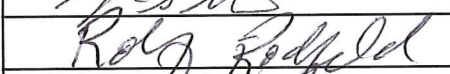
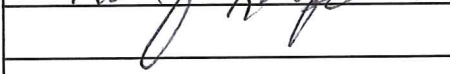
NBP PETITION FOR STREET USE PERMIT APPLICATION

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 1500 block of Spaight, a street in the city of Madison, request consent to the recreational use of this street between the hours of 8am 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.

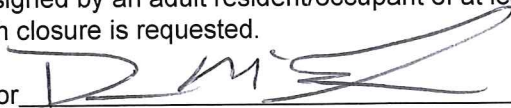
We designate Deven McGlenn (contact person) as the responsible person or persons who shall sign an application for a Street Use Permit on our behalf.

Please attach pages if additional signatures are required.

SIGNATURE	ADDRESS	DATE
	1519 Spaight St.	7/31/2016
	1515 Spaight St	7/31/2016
	1507 Spaight	7/31/2016
	1503 Spaight St	7/31/2016
	602 S Thornton Ave	7/31/2016

I, Deven McGlenn, 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

8-2-16