

NBP STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name David Le Clair
Address 2017 Carey Ct
City/State/Zip Madison, WI 53704
Home Phone 608-249-1258 Cell Phone 213-6653
E-mail dleclair@gmail.com

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s 2000 Carey Ct

Date(s) of Event Sun. SEPT 11 Rain Date Sun Sept 18

Annual Event? No Yes

Estimated Attendance ~20 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 4p Event Starts 5p
Take-Down 9p Event Ends 9p

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

Del (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.

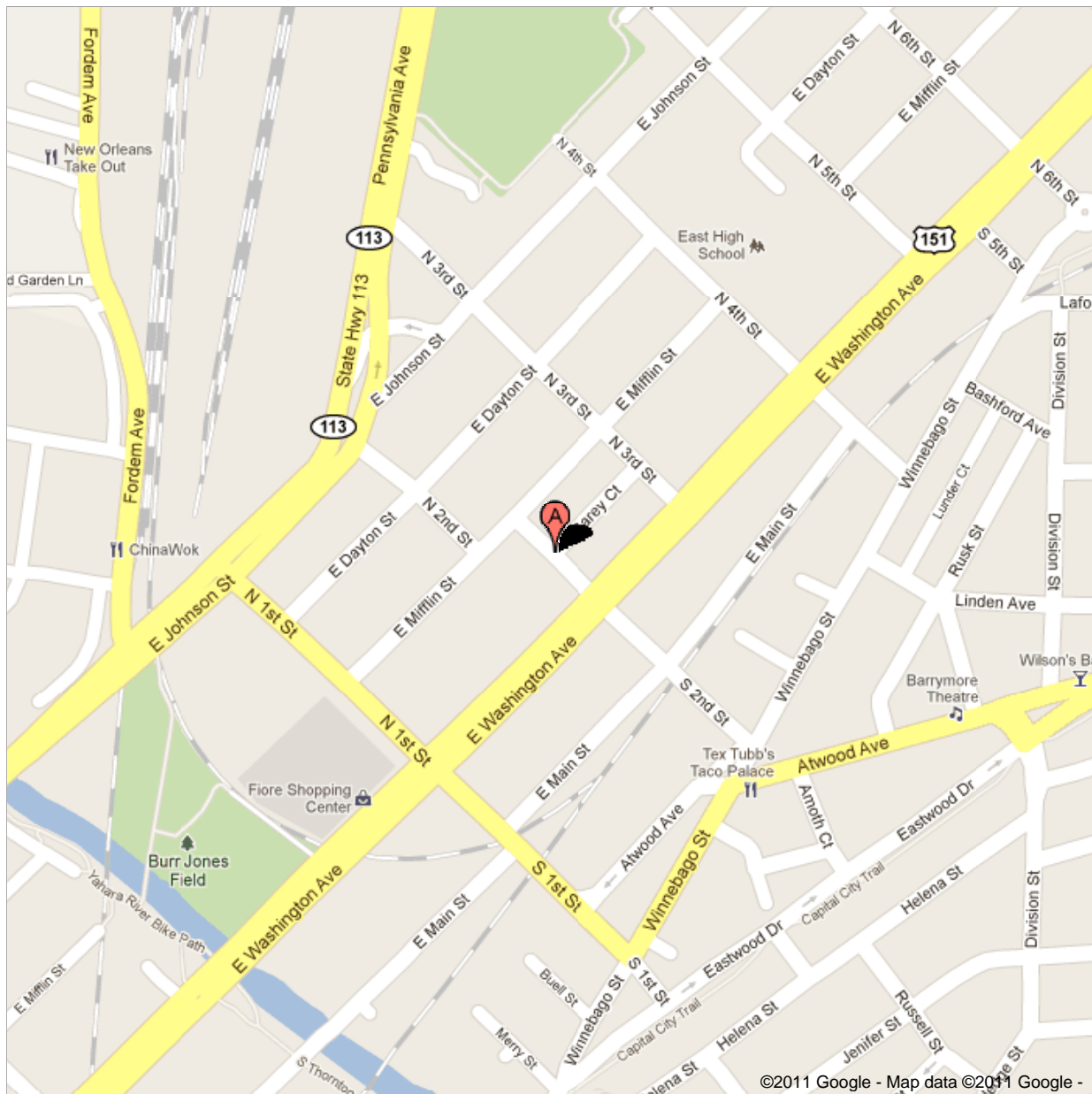
Signature [Signature]

Date 8/4/11



Address **2000 Carey Ct**
Madison, WI 53704

Notes Neighborhood Block Party
Sun, Sept 11, 4-9pm, Rain
Date: 9/18
David LeClair



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