

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Chris Oddo
Address 1201 Elizabeth St.
City/State/Zip Madison, WI 53703
Home Phone 608.255.5588 Cell Phone 608.445.9594
E-mail chris@icsarc.com

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s 1200 block of Elizabeth St.

Date(s) of Event July 4th Rain Date none

Annual Event? No Yes

Estimated Attendance 200 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 8am Event Starts 10am

Take-Down 10pm Event Ends 10pm

N/A I/We waive the 21-day decision requirement. CO (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 Chris A Oddo Date 6/20/13



Address **1200 Elizabeth St**
Madison, WI 53703

Neighborhood Block Party
Th, July 4, 8am-10pm
Chris Oddo

