NDP STREET USE PERIVIT APPLICATION
FOR OFFICE USE ONLY: Permit # Date Submitted
APPLICANT INFORMATION Contact Name Rachel Houses
Address 2110 Sommers Avenue
City/State/Zip Madison, Wl 53704 Home Phone 646-942-6092 Cell Phone Same
Home Phone 646-942-6092 Cell Phone Same
E-mail ausable 03@hotmail.com
EVENT INFORMATION Event Category Divining the information of the inf
Location Requested Quesidential Street(s) Street Names and Block #'s 2100 BLOCK 2000 Sommers Ave
Date(s) of Event Sun, Q /26/12 Rain Date
Annual Event? ☐ No ☑Yes Estimated Attendance ☐ ☐ Prople (CERTIFICATE OF INSURANCE MAY BE REQUIRED)
Time of Event Set-Up12.00 KM Event Starts Event Starts
Take-Down 4:00 PM Event Ends 4:00 PM
I/We waive the 21-day decision requirement.
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 Date



