

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Teresa Riley
Address 6205 Seven Pines Ave
City/State/Zip Madison WI 53718
Home Phone 608 213 -0833 Cell Phone _____
E-mail Tmeattaneo@aol.com

EVENT INFORMATION

Event Category

☒ Neighborhood Block Party ☐ Other _____

Location Requested

☐ Residential Street(s) _____ Street Names and Block #'s 6202 - 6210
Seven Pines Ave

Date(s) of Event August 8th 2015 Rain Date August 9th 2015

Annual Event? ☒ No ☐ Yes

Estimated Attendance 40 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 1:00 Event Starts 2:00

Take-Down 7:30 Event Ends 9:00

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

____ (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 

Date 07/05/15



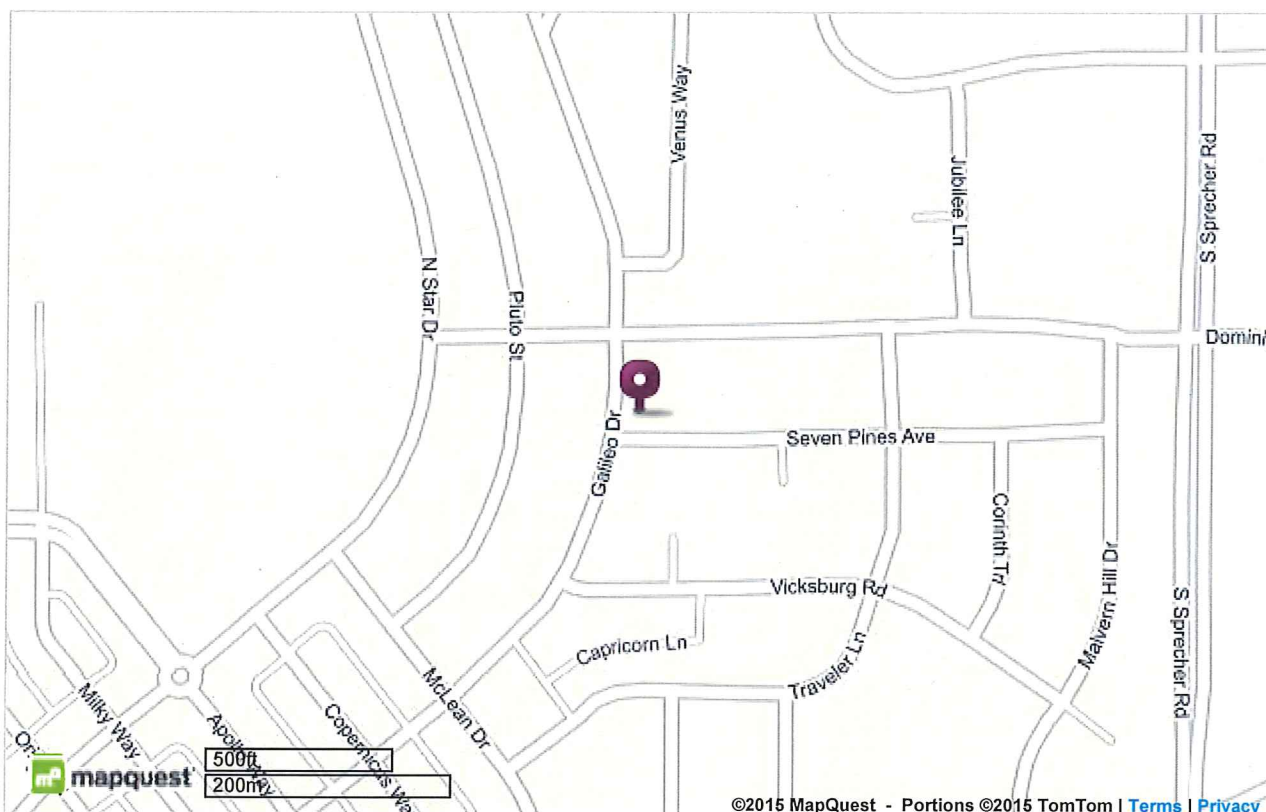
Map of:

6202 Seven Pines Ave

Madison, WI 53718-3147

Notes

6200 Seven Pines Ave
Saturday Aug 8th Rain Date: Sunday Aug 9th
1:00pm-Sunset

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