

BLOCK PARTY STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Michelle Morton

Address 21 North Prospect Ave

City/State/Zip Madison WI 53726

Home Phone (608) 298-7940 Cell Phone (920) 517-0895

E-mail Jmichellemorton@gmail.com

EVENT INFORMATION

Event Category

☒ Neighborhood Block Party ☐ Other _____

Location Requested

☒ Residential Street(s) Street Names and Block #'s 2000's Chadbourne Ave

Date(s) of Event August 30, 2015 (Sunday) Rain Date September 5, 2015 (Saturday)

Annual Event? ☒ No ☐ Yes

Estimated Attendance 30 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 2:30 PM Event Starts 3:00 PM

Take-Down 9:00 PM Event Ends 8:30 PM

_____/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 7/13/15

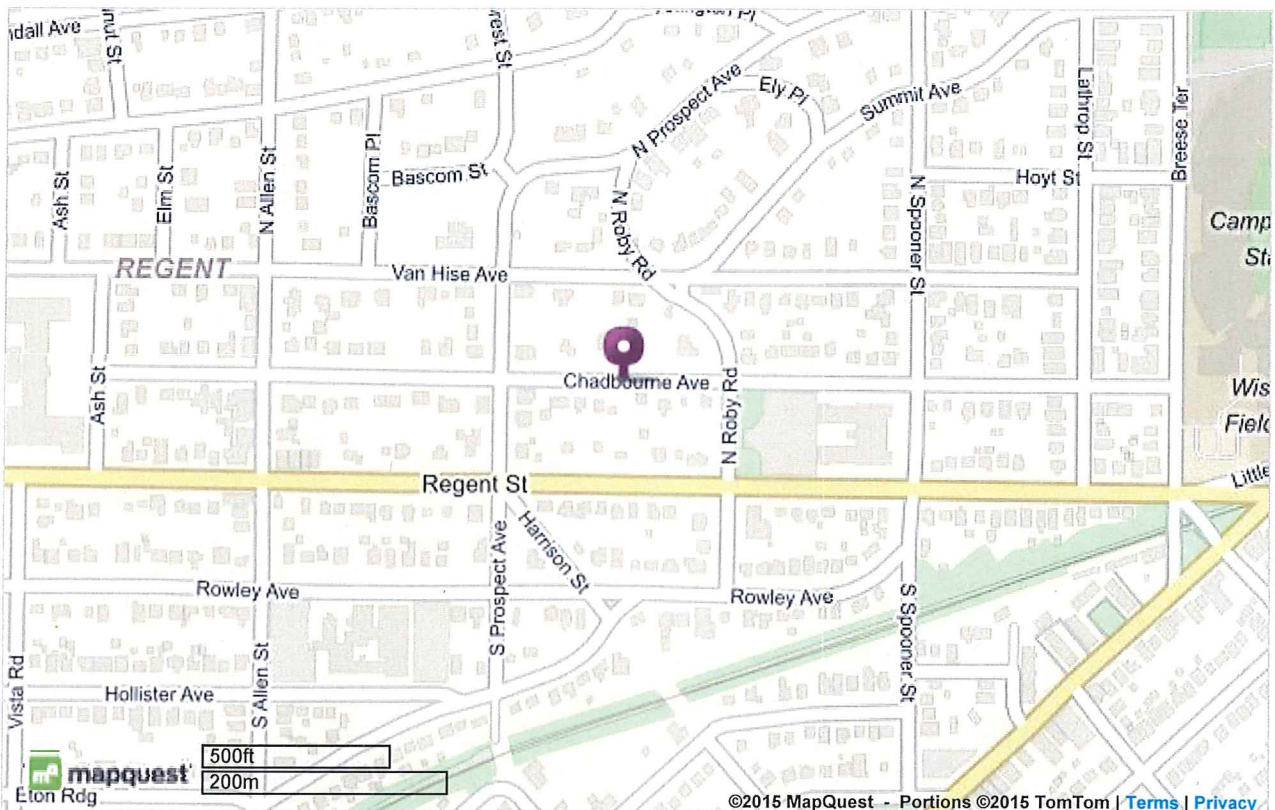


Map of:

2000 Chadbourne Ave

Madison, WI 53726-4047

Notes

Chadbourne Ave
Sunday Aug 30
2:30pm-Sunset

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