BLOCK PARTY STREET USE PERMIT APPLICATION		
FOR OFFICE USE ONLY: Permit # Date Submitted		
APPLICANT INFORMATION Contact Name Rolff		
Address 4814 Steinhauer -	TVL	
City/State/Zip Madison W	53716	
Home Phone	Cell Phone 608 698 17 26	
E-mail Ramona Rolff @ ATT.	Net	
EVENT INFORMATION Event Category Neighborhood Block Party		
Location Requested	4600-4800	
Residential Street(s) Street Names a	and Block #'s Steinhauer TVL	
Date(s) of Event Aug . 13 2016	Rain Date	
Annual Event? ☑ No ☐ Yes		
Estimated Attendance	(CERTIFICATE OF INSURANCE MAY BE REQUIRED)	
Time of Event Set-Up	Event Starts 12.00 Pm	
Take-Down 6:45 pm	Event Ends 7:00 pm	
I/We waive the 21-day decision requirement.	(PLEASE INITIAL)	
Your signature below indicates that you have read and unde block party. Further, the person/group named in this applicat the condition of the reserved area. Falsification of informatio falsified item.	ion will be responsible for the conduct of the group and for	
In addition to the rules and regulations detailed in the permit are subject to all applicable ordinances, statutes and laws.		
Signature Ramona lolf	Date 7-8-16	

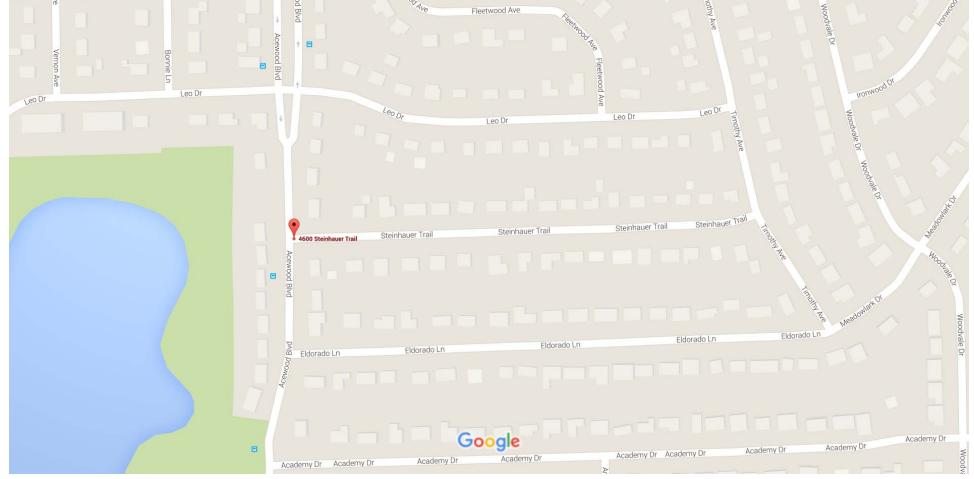
NBP PETITION FOR STREET USE PERMIT APPLICATION

This signature petition must be signed by an adult resident/occupant of at least 75% of the residential and/or nonresidential units on the street(s) for which closure is requested. We, the undersigned residents of the ___ We, the undersigned residents of the _____block of _____, a street in the city of Madison, request consent to the recreational use of this street between the hours of _____ and _____on __(day/date) and do hereby petition the Street Use Staff Commission to grant a Street Use Permit for us to use said street for said purpose and do hereby agree to abide by the conditions of the permit. We designate _ persons who shall sign an application for a Street Use Permit on our behalf. __ (contact person) as the responsible person or Please attach pages if additional signatures are required. SIGNATURE **ADDRESS** DATE 30-16 STE ANHWER IN I, _____, am personally acquainted with the persons who have signed the foregoing petition and know them to be residents of the street(s) proposed to be closed. I further certify that the foregoing petition is signed by an adult resident/occupant of at least 75% of the residential and/or non-residential units on Signature of Circulator_____ Date

NBP PETITION FOR STREET USE PERMIT APPLICATION

This signature petition must be signed by an ad residential units on the street(s) for which closured		dential and/or non-
We, the undersigned residents of the request consent to the recreational use of this s	block of, a street between the hours of a street between the hours of a street Use Staff C	street in the city of Madison, andon
Use Permit for us to use said street for said pur	pose and do hereby agree to abide by the cond	itions of the permit.
We designate persons who shall sign an application for a Stre		s the responsible person or
Please attach pages if additional signatures are required.		
SIGNATURE	ADDRESS	DATE
Ham Crive	4726 Steenhaver Irl	7/1/16
Mary Said	4805 Steinhauer Jel	7/1/10
Kichard a. Gth	1-1709 Steinhauer Irl	7-1-16
CILLATIVE	4114 Steinhauer tri	7/1/10
and the original of the state o	4702 Steinhauer Tol	7/2/16
Boll Boll	4821 Ste Nocco Tr	7/2/10
talla	4801 Steinhauer 11	1/2/16
Christop	4806 Steinhauer Trl	7/4/16
KY DEOU		
7 * x	,	
# " The state of t		
	•	
I, the foregoing petition and know them to be resi foregoing petition is signed by an adult resident the street(s) for which closure is requested.	, am personally acquainted with the dents of the street(s) proposed to be closed. I full forcupant of at least 75% of the residential and	e persons who have signed irther certify that the or non-residential units on
Signature of Circulator		Date

Google Maps 4600 Steinhauer Trail



Map data ©2016 Google 100 ft ■

4600 Steinhauer Trail

Madison, WI 53716

1 of 1 7/13/2016 3:14 PM