

NBP STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Nancy Zucker
Address 602 Clemons Ave
City/State/Zip Madison WI 53704
Home Phone 608 241 7544 Cell Phone _____
E-mail nez@zuckerdesign.com

EVENT INFORMATION

Event Category

Neighborhood Block Party Other _____

Location Requested

Residential Street(s) Street Names and Block #'s 500-600 Blocks of Clemons

Date(s) of Event Sept 4 Rain Date Sept 5

Annual Event? No Yes

Estimated Attendance 40 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 10 AM Event Starts 10 PM
Take-Down 10 AM Event Ends 10 PM

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

MO (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.

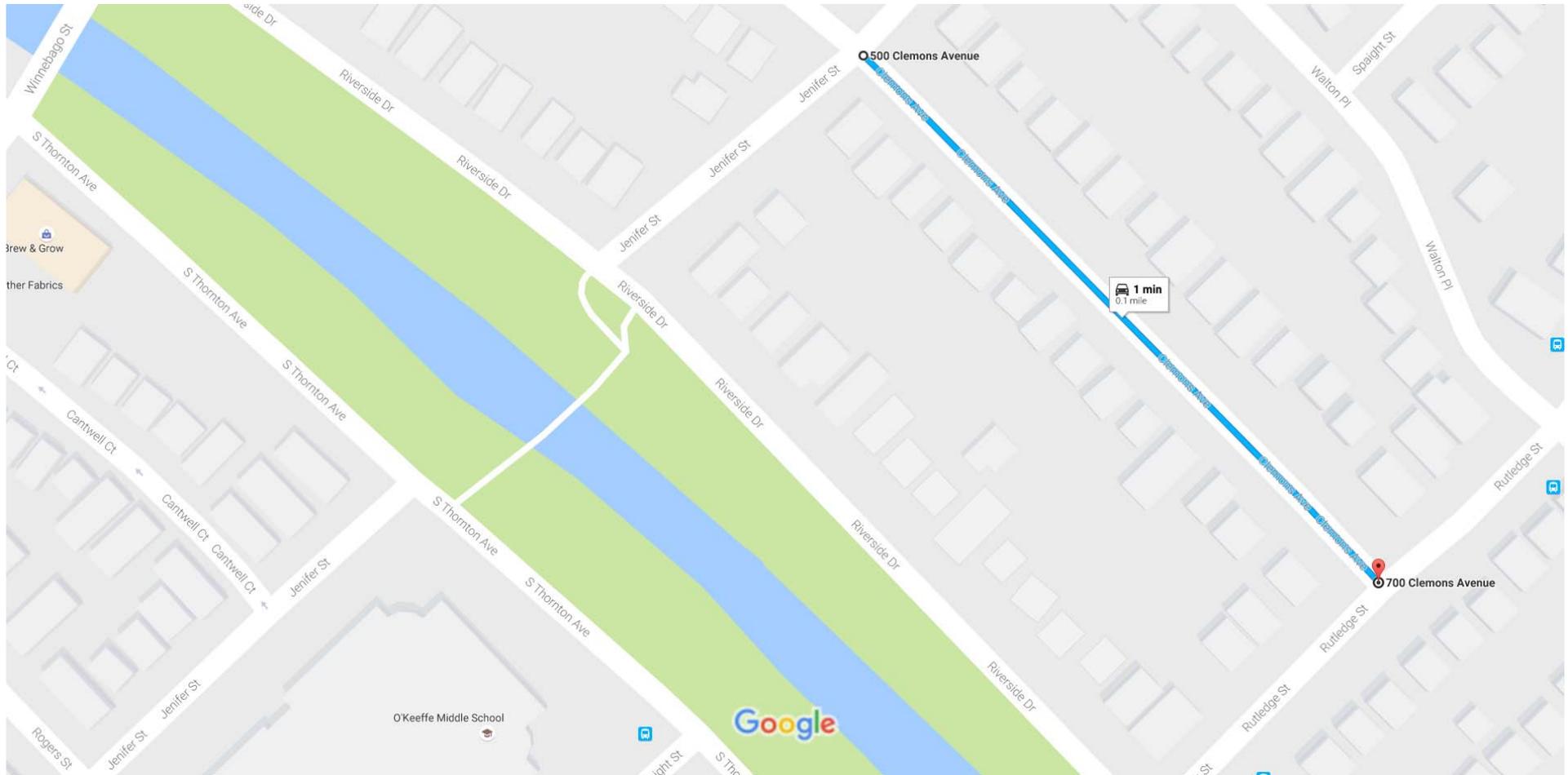
In addition to the rules and regulations detailed in the permit application instructions and guidelines, Street Use Permits are subject to all applicable ordinances, statutes and laws.

Signature Nancy Zucker Date 8.8.16



500 Clemons Ave, Madison, WI 53704 to 700 Clemons Avenue, Madison, WI 53704

Drive 0.1 mile, 1 min



Map data ©2016 Google 50 ft

via Clemons Ave
1 min without traffic

1 min
0.1 mile

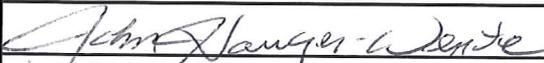
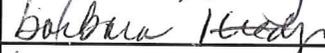
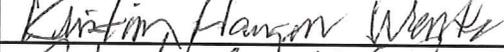
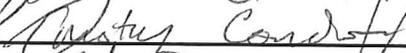
NBP PETITION FOR STREET USE PERMIT APPLICATION

This signature petition must be signed by an adult resident/occupant of at least 75% of the residential and/or non-residential units on the street(s) for which closure is requested.

We, the undersigned residents of the 500-600 block of CLEMONS, a street in the city of Madison, request consent to the recreational use of this street between the hours of 10 AM and 10 PM on August 4 (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 Nancy Zucker (contact person) as the responsible person or persons who shall sign an application for a Street Use Permit on our behalf.

Please attach pages if additional signatures are required.

SIGNATURE	ADDRESS	DATE
	505 Clemons Ave	8/4/16
	605 Clemons Ave	8/4/2016
	601 Clemons Ave	8-6-2016
	601 Clemons Ave	8-6-2016
	505 Clemons Ave	8/6/2016
	505 CLEMONS AVE	8/6/2016
	514 Clemons Ave	8.6.16
	605 Clemons Ave	8.6.16
	526 Clemons Ave	8-6-16
	529 Clemons Ave	8-6-16
	517 Clemons Ave	8-6-2016
	530 Clemons Ave #2	8-6-2016
	610 Clemons Ave	8-6-2016
	521 Clemons Ave	8-6-2016
	521 Clemons Ave	8-6-16
	614 Clemons Ave	8-6-16
	614 Clemons Ave	8.6.16

I, Nancy Zucker, 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 the street(s) for which closure is requested.

Signature of Circulator Nancy Zucker Date 8.8.16

