

NBP STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name David LeClair
Address 2017 Carey Ct
City/State/Zip Madison, WI 53704
Home Phone N/A Cell Phone 608-213-6653
E-mail dleclair@gmail.com

EVENT INFORMATION

Event Category

☒ Neighborhood Block Party ☐ Other _____

Location Requested

☒ Residential Street(s) Street Names and Block #'s 2000 Block of Carey Ct.

Date(s) of Event 9/10/16 Rain Date 9/17/16

Annual Event? ☐ No ☒ Yes

Estimated Attendance 25 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 5p Event Starts 5:30p
Take-Down 9p Event Ends 9p

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

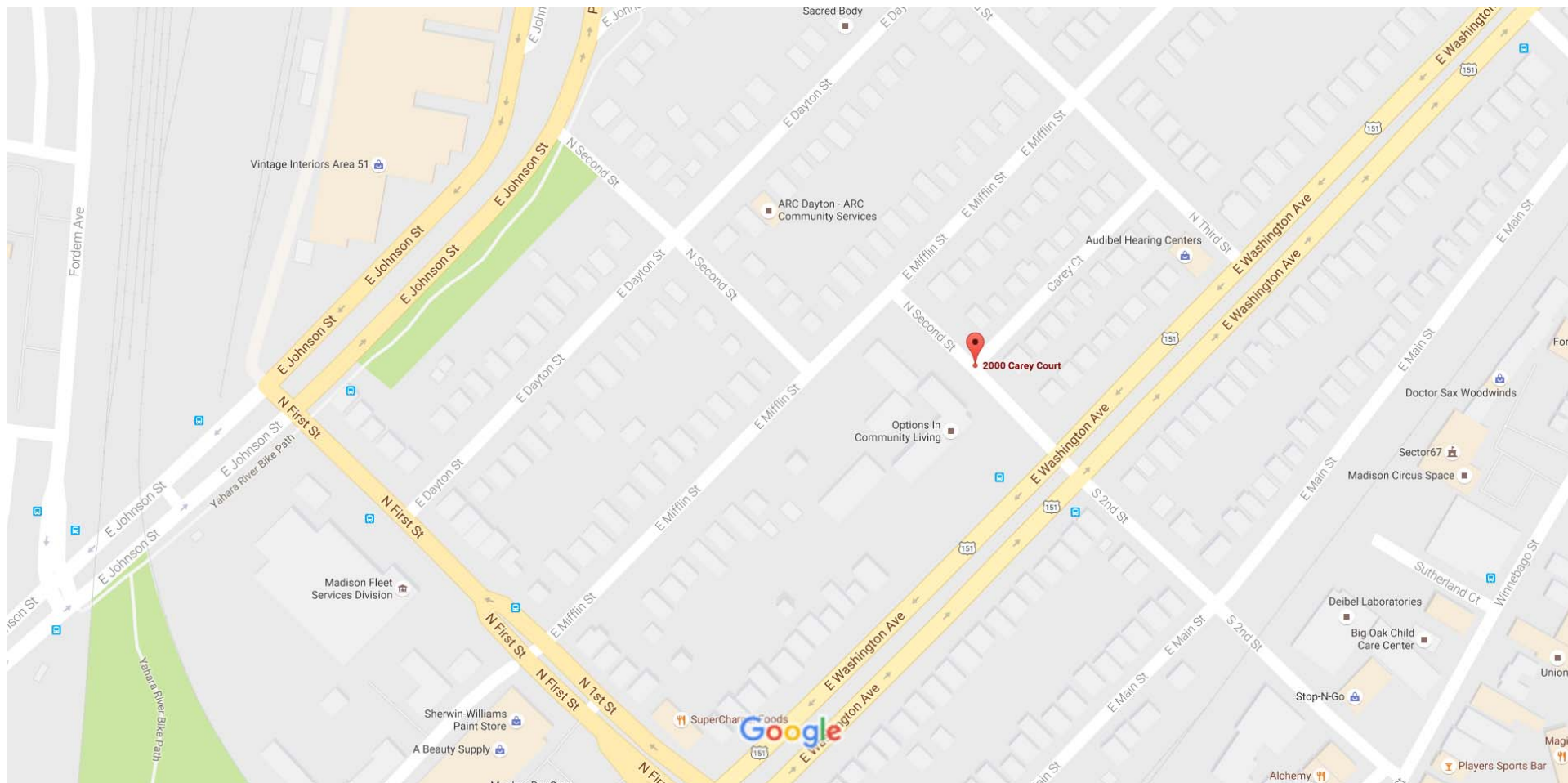
Del (PLEASE INITIAL)

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 David LeClair Date 8/17/16

Google Maps 2000 Carey Ct



Map data ©2016 Google 100 ft

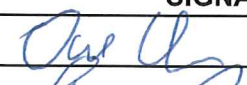


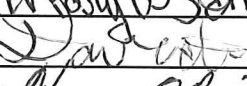



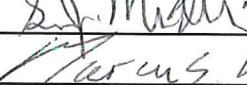
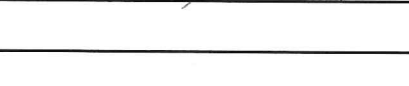
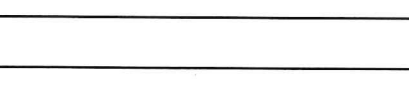
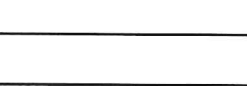


NBP PETITION FOR STREET USE PERMIT APPLICATION

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 2000 block of Carey Ct, a street in the city of Madison, request consent to the recreational use of this street between the hours of 5pm and 9pm on Sept 10 (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 David LeClair (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
	2017 Carey Ct	7/7/16
	2030 Carey Ct	7/7/16
	2033 Carey Ct	7/12/16
	2065 Carey Ct	8/8/16
	2013 Carey Ct	8-8-16
	2014 Carey Ct	8-8-16
	2010 Carey Ct	8/8/16
	2009 Carey Ct #1	8/8/16
	2009 Carey Ct #3	8/8/16
	2021 Carey Ct #1	8/8/16
	2025 Carey Ct	8/9/16
	2022 Carey Ct	8/9/16
	2024 Carey Ct	8/10/16

I, David LeClair, 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 

Date 7/7/16