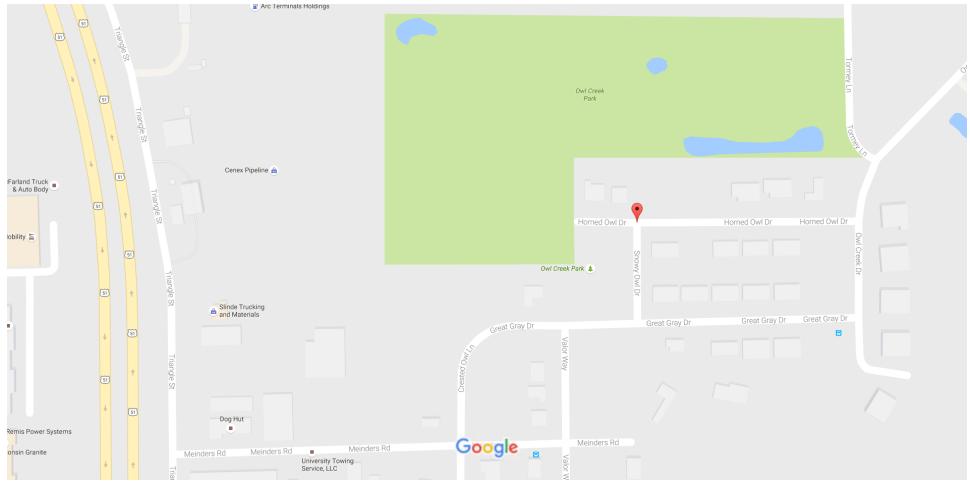
BLOCK PARTY STREET	USE PERMIT APPLICATION
FOR OFFICE USE ONLY: Permit # Date Submitted	
APPLICANT INFORMATION	
Contact Name LAURA MILBRATH & JA	HES COAN
Address HORNED OWL CT	
City/State/Zip HADISON WI 53718	
Home Phone LAURA 303. 868.5515	Cell Phone JAMES 608-630. 4491
E-mail MILBRATH9@ YAHOO, COM &	JAMESKCOAN@ GHAIL.COM
EVENT INFORMATION	
Event Category	
□ Neighborhood Block Party △ Other P	AVEHENT PAINTING
Location Requested	
□ Residential Street(s) Street Names	and Block #s_HORNED OWL CT
_(CLOSES	ST INTERSECTION SNOWY ONL DR)
Date(s) of Event_SUNDAY_SEPT_[]	Rain Date SUNDAY SEPT 18
Annual Event? ☐ No ☐ Yes	
Estimated Attendance <u>20 - 40 NeiGHBORS</u>	(CERTIFICATE OF INSURANCE MAY BE REQUIRED)
Time of Event	
Set-Up 7:00 A M	Event Starts_10:00 AM
ake-Down	Event Ends 10: DOPM
a.	**
10M- water the Od to the territory	
I/We waive the 21-day decision requirement.	(PLEASE INITIAL)
our signature below indicates that you have read and unde lock party. Further, the person/group named in this applicat ne condition of the reserved area. Falsification of informatio alsified item.	erstand the instructions and guidelines for a neighborhood tion will be responsible for the conduct of the group and for on on the application will result in forfeiture of up to \$200 per
n addition to the rules and regulations detailed in the permit re subject to all applicable ordinances, statutes and laws.	t application instructions and guidelines, Street Use Permits
ignature	Date
	Date

Google Maps Horned Owl Dr



Map data ©2016 Google 100 ft ■

1 of 2 8/19/2016 1:15 PM

NBP PETITION FOR STREET USE PERMIT APPLICATION

This signature petition must be signed by an adresidential units on the street(s) for which closur	re is requested.		
We, the undersigned residents of the	block of HORNED OWLUT, a si treet between the hours of 700 AH a a) and do hereby petition the Street Use Staff Co	ilu oii	
Use Permit for us to use said street for said purp	pose and do hereby agree to abide by the condi	tions of the permit.	
We designate	et Use Permit on our behalf.	s the responsible person or	
Please attach pages if additional signatures are required.			
SIGNATURE	ADDRESS	DATE	
Kavanavan	9 Horned Oul Ct	8/17/2016	
	5014 Great Gray Dr.	8/17/10	
Toll	1 Horned Owl Cr	8.18.16	
1//	G26/E. Pluceta Del)	18/18/16	
	,		
		, , , , , , , , , , , , , , , , , , , ,	
		,	
		a	
	•		
the foregoing petition and know them to be resifund foregoing petition is signed by an adult resident the street(s) for which closure is requested.	, am personally acquainted with thidents of the street(s) proposed to be closed. I full occupant of at least 75% of the residential and	/OF HOH-residential units on	
Signature of Circulator		Date	

