

NBP STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Seth Jovaag
Address 514 Walton Place
City/State/Zip Madison, WI 53704
Home Phone 608-843-7384 Cell Phone (Same)
E-mail sethjovaag@gmail.com

EVENT INFORMATION

Event Category

☒ Neighborhood Block Party ☐ Other _____

Location Requested

☒ Residential Street(s) Street Names and Block #'s Walton Place

Date(s) of Event Saturday, Sept. 27 Rain Date _____

Annual Event? ☒ No ☐ Yes

Estimated Attendance 30 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 11 a.m. Event Starts 11 a.m.
Take-Down ~~11 a.m.~~ 11 p.m. Event Ends ~~11 a.m.~~ 11 p.m.

_____/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 [Signature] Date 8/30/2016

