

NBP STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

APPLICANT INFORMATION

Contact Name Stacy Broach | MMSD
Address 4002 School Rd
City/State/Zip Madison WI
Home Phone 608 235-9780 Cell Phone 608 235-9780
E-mail Sdbroach@Madison.k12.wi.us

EVENT INFORMATION

Event Category

☒ Neighborhood Block Party ☐ Other _____

Location Requested

☒ Residential Street(s) Street Names and Block #'s 4000 Block of School Rd

Date(s) of Event 8/26/17 Rain Date None

Annual Event? ☐ No ☒ Yes

Estimated Attendance 300 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Time of Event

Set-Up 8:30am Event Starts 1pm

Take-Down 4:30pm Event Ends 4pm

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

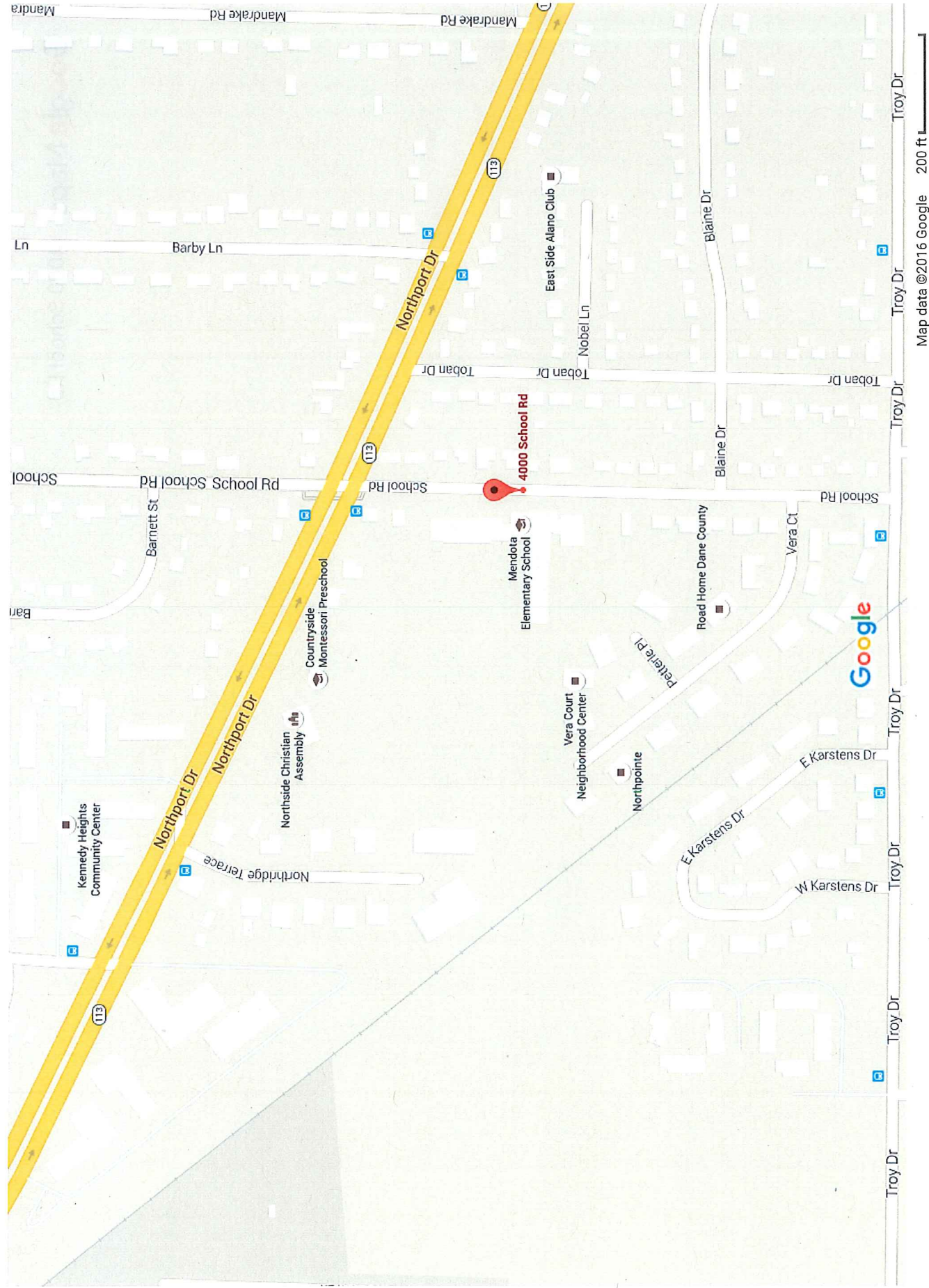
_____(PLEASE INITIAL)

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 7/24/17



Map data ©2016 Google

200 ft