CITY OF CEDARBURG
W63 N645 Washington Avenue
P. O. Box 49
Cedarburg, WI 53012

City Clerk

Phone: (262) 375-7606
Fax: (262) 375-7906

APPLICATION FOR STREET USE PERMIT

(Block Party)

Name of Applicant _____ Phone No. _____

Address _____
Street City State Zip

Responsible Person (if other than applicant) _____

Address _____
Street City State Zip

Area Requested _____

Date _____ Starting Time _____ Ending Time _____

Approximate number of persons for whom proposed street area is being requested _____

Proposed use for which Street Use Permit is being requested (describe in detail) _____

_____

APPLICATION FEE: $25

Include Petition for Street Use Permit when submitting application, signed by not less than 75% of the residents over 18 years of age residing along that portion of the street designated for the proposed use.

_____ _____
Date Signature

FOR OFFICE USE ONLY

Approval of Police Chief _____ Date _____

Approval of Director of Engineering & Public Works _____ Date _____

3/89