

**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 \_\_\_\_\_

# PETITION FOR STREET USE PERMIT

We designate \_\_\_\_\_ as the responsible person or persons who shall apply for an application for a Street Use Permit.