



VILLAGE OF EDGAR

224 S. Third Avenue
P.O. Box 67
Edgar, Wisconsin 54426
Ph. (715) 352-2891
www.vil.edgar.wi.us



EST. 1898

PETITION FOR STREET USE PERMIT

As worded in SEC. 7-8-1 of the Village of Edgar's Title 7

We, the undersigned residents of the _____ hundred block of _____ Street in the Village of Edgar, hereby consent to the _____ recreational or business use of this street between the hours of _____ and _____ on _____, the _____ day of _____, 20_____, for the purpose of _____ and do hereby consent to the Village of Edgar to grant a Street Use Permit for use of the said portion of said street for said purpose and do hereby agree to abide by such conditions of such use as the Village of Edgar shall attach to the granting of the requested Street Use Permit.

We further understand that the permit will not be granted for longer than six (6) hours on the date herein above specified, and agree to remove from the street prior to the end of said period all equipment, vehicles and other personal property placed or driven thereon during the event for which a permit is granted.

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



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STREET USE PERMIT APPLICATION

Name of Person Requesting Permit:* _____

Address: _____

Phone Number: _____

* If proposed street use is to be conducted for, on behalf of, or by an organization, please complete the additional organization information below:

Organization Name: _____

Organization Address: _____

Organization Phone Number: _____

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Purpose of Application: _____

Date of Proposed Street Use: _____

Time: _____ am / pm (circle one) to _____ am / pm (circle one)

Name of Street to Be Used: _____

Cross Streets: _____ & _____

Total Number of Blocks Being Closed: _____

Name of Person Who Will Be Responsible for Cleanup: _____

Approximate Number of Persons for Whom Use of Proposed Street Area is Required: _____

Printed Name of Applicant

Signature of Applicant

Date



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(For Board Use)

Is proposed street a main artery or high traffic area? Yes ___ No ___

Would closure of proposed street insure pedestrian safety? Yes ___ No ___

Traffic Control Required? Yes ___ No ___

If Yes, What type? _____

Has law enforcement been contacted? Yes ___ No ___

Will closure interfere with response of Police, Fire, or Medical? Yes ___ No ___

Has proposed area been reviewed prior to approval? Yes ___ No ___

Officer: _____

Additional Concerns / Comments: _____

Approved: Yes ___ No ___

Approved by: _____ Title: _____ Date: _____

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(For Office Use – If Approved)

TOTAL DUE \$10.00

DATE PAID _____

PAYMENT METHOD Cash Check (# _____) Credit / Debit