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|----------------------------|-------------------------------|
| <b>FOR OFFICE USE ONLY</b> |                               |
| PW Director:               | _____                         |
| Alderman:                  | _____ Dist: ____              |
| Police:                    | _____                         |
| Transit:                   | _____                         |
| Museum:                    | ____ Library: ____ KWU: _____ |
| GIS:                       | _____                         |
| Traffic Eng:               | _____                         |
| Projects & Date:           | _____                         |
| Cash / Check               | Receipt #: _____              |
| Date received:             | _____                         |

**Application for Street Party Permit**  
**Form #PWV002 (rev. 03/18)**

Date: \_\_\_\_\_

**Street parties are allowed in residential zones ONLY.**

**Permit Fee: \$45**

You are a:     Homeowner     Renter

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street or Avenue closed: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Date of party: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Will the event have amplified music?      Yes       No

On the following page you must obtain the signatures of **at least 50%** of the residents who will be affected by the street closure.

In accordance with the City Ordinance 5.04 Y.F. permit requests must be “filed at least ten (10) business days in advance of the event desired to be held... Street parties shall start no earlier than 10:00 A.M.” and “Street parties shall terminate no later than 11:00 P.M.”

I have read and will comply with the rules of the ordinance governing street party permits. I have obtained the signatures of the **majority** of property owners/residents fronting the street to be closed. I have also made every effort, with reasonable diligence, to alert all affected property owners/residents of the street closing.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this form along with payment to:**

**City of Kenosha,  
Public Works Department  
625 52<sup>nd</sup> St – Room 305  
Kenosha, WI 53140**

