



Board of Public Works and Safety

Agenda Item

Cover Sheet

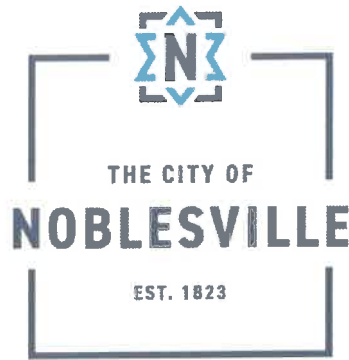
MEETING DATE: August 27, 2024

- Consent Agenda Item
- New Item for Discussion
- Previously Discussed Item
- Miscellaneous

ITEM #: 4

INITIATED BY: René Gulley

- Information Attached
- Bring Paperwork from Previous Meeting
- Verbal
- No Paperwork at Time of Packets



TO: Noblesville Board of Public Works and Safety
FROM: René Gulley, Operations Manager Street Department
SUBJECT: Board to consider road closure for annual Noblesville Main Street Fall Fest
DATE: August 27, 2024

Attached is a request from Kate Baker on behalf of Noblesville Main Street to close N 9th Street from Logan Street to Conner Street for their annual Fall Fest as a part of their First Friday Series. They are also requesting 4 consecutive parking spaces for hayride pickups on the south side of Logan Street closest to N 9th Street. The north, south, and east alleys will be activated with activities and vendors as well. This event will be held on October 4th, 2024 from 4:00PM to 8:00PM with set up from 1:00PM and tear down at 9:00PM.

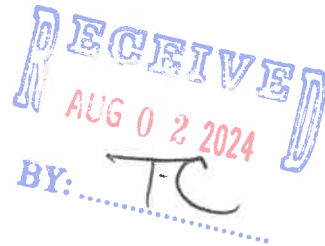
The committee recommends the Board of Public Works approve this road closure.



Stefanie Lascoux

ENC-6916-2024

From: Sent on Behalf of Street Department <no-reply@egovnotices.com>
Sent: Thursday, August 1, 2024 3:50 PM
To: Street Department
Subject: Special Event Encroachment Permit Submitted - Receipt #2024-PNHTN3



A citizen submitted the following information for one or more item(s) for which you are on the notification list. The information sent to the citizen is as follows.

Confirmation

Thank you for submitting an online Special Event Encroachment Permit. You will be contacted following a review of this application.

**This is required as part of the permit application.* Please email nsd@noblesville.in.gov with a map detailing the location of event (site map), and an event agenda or planned activities. If your event contains a program of various locations, your proposed route must also be attached.*

Confirmation: I agree to the terms and conditions listed above.

ENCROACHMENT LOCATION INFORMATION

Address or Special Event Location: Noblesville Square - Closing 9th Street between Conner & Logan. Use of all Alleys (North, East, and South). A few parking spots on Logan for Hay Ride.

APPLICANT CONTACT INFORMATION

Organization Name: Noblesville Main Street
Contact Name: Kate Baker
Address: 839 Conner Street, Noblesville, IN 46060
Phone Number: 310-570-6071
Email: kate@noblesvillemainstreet.org
Non-Profit: Yes

EVENT LOGISTICS

Event Name: First Friday - October: Fall Fest
Type of Event: Block Party

If other, please explain:

What is the purpose of the event?: Part of NMS's First Friday series, we welcome people to our historic downtown district to engage in family fun activities for everyone!

Event Requirements (Click All That Apply): Event Barricades; Trash Pickup

Event Starting Date & Time: 10/04/2024 at 04:00:00 PM

Event Ending Date & Time: 10/04/2024 at 08:00:00 PM

Setup Date & Time: 10/04/2024 at 01:00:00 PM

Tear Down Date & Time: 10/04/2024 at 09:00:00 PM

Total number of anticipated participants (including volunteers, spectators, runners, etc):
500+

Is this a first time event for you or the sponsoring organization at this location?: No

Do you plan to erect temporary structures such as stages, tents, booths, tables, bounce houses, etc for this event?: Yes

***If yes, please describe::** Vendor tents, games, tables in alleys, and will need parking spaces on logan for hay ride parking/loading/unloading.

To stay up to date you can view the status of this item [here](#).

[Noblesville, IN](#)

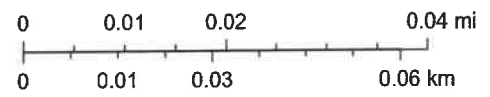
NMS FF: Fall Fest



8/2/2024, 11:01:44 AM

centerlines

1:1,200





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/15/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Martin & Martin Insurance Agency 62 S 9th Street Noblesville IN 46060		CONTACT NAME: Christine Martin PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No): (317)703-1115																					
INSURED Noblesville Main Street Inc. 839 Conner Street Noblesville IN 46060		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : ERIE INS EXCH</td> <td></td> <td>26271</td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C : ERIE INS EXCH</td> <td></td> <td>26271</td> </tr> <tr> <td>INSURER D : Erie Insurance Group</td> <td></td> <td>35585</td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : ERIE INS EXCH		26271	INSURER B :			INSURER C : ERIE INS EXCH		26271	INSURER D : Erie Insurance Group		35585	INSURER E :			INSURER F :		
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

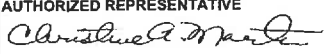
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> hired & non-owned liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	Q43-0155851	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 0	N	N	Q31-0172890	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 1000000 AGGREGATE \$ 1000000 \$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N	Q91-5102239	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

certificate holder is additional insured

CERTIFICATE HOLDER**CANCELLATION**

City Of Noblesville 16 South 10th Street Noblesville IN 46060	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Fax: ACORD 25 (2016/03) Email:

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