

Board of Public Works and Safety

Agenda Item

Cover Sheet

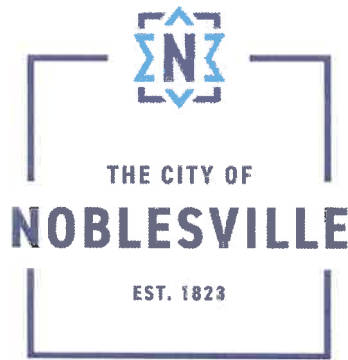
MEETING DATE: September 10, 2024

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

ITEM #: 6

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 temporary alley closure for TMG Construction Management
DATE: September 10, 2024

TMG Construction Management is requesting to close half of the east/west alley behind 841 Conner Street on September 16th and 17th for sanitary installation. They will allow pedestrian traffic access to the south alley, please see attached diagram. The alley will remain open off S. 9th Street but closed at S. 8th Street. They are also requesting to place a 20 yard dumpster behind 841 Conner in the City's parking space from September through October. The dumpster will have fencing around it with a type of aesthetic greenery.

Sanitary sewer installation
Concrete removal so new addition can be added on

The committee recommends the Board of Public Works approve this temporary alley closure request.



Rene Gulley

ENCR-1057-2024

Fee: _____
Paid: _____

From: Sent on Behalf of Street Department <no-reply@egovnotices.com>
Sent: Thursday, August 29, 2024 11:20 AM
To: Street Department
Subject: Encroachment Permit Submitted - Receipt #2024-WUPRHC

RECEIVED
AUG 29 2024
BY: TC



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 Encroachment Permit. You will be contacted by the Noblesville Street Department after 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 (site map) and construction plans.*

TERMS AND CONDITIONS FOR ENCROACHMENT PERMIT

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

ENCROACHMENT PERMIT APPLICATION

Application Date: 08/29/2024
Work Address: 841 Conner Street
Subdivision (if applicable):

NAME OF PERMITTEE / CONTRACTOR

Name of Permittee / Contractor: TMG Construction Management
Contact Name: Jessica Pearson
Address: 15420 Endeavor Dr, Noblesville, IN 46060
Phone Number: 317-828-7844
Email: jpearson@tmgcm.com

NAME OF SUB-CONTRACTOR (IF APPLICABLE)

Sub-Contractor Name:
Contact Name:
Address: , ,
Phone: --
Email:

Construction Details

Location (Check all that apply): Alley

Type: Other

Construction: New Construction

Type of Construction: Other

If other, please specify: Encroachment into the south alley for addition work on the back of 841 Conner as well as permission to place dumpster in city parking space from September through October. Alley closure needed 9/16 and 9/17.

Describe Proposed Work: Addition work to the back of 841 Conner Street building which includes concrete removal and new concrete work.

SIZE OF STREET OR RIGHT-OF-WAY CUT

Traffic Lanes - Length: NA

Traffic Lanes - Width: NA

Traffic Lanes - Depth within Lanes: NA

Sidewalk - Length: NA

Sidewalk - Width: NA

Sidewalk - Depth within Sidewalk: NA

Type of Surface: Concrete

TRAFFIC PORTION AFFECTED BY PERMIT

Width: NA

Length: NA

Number of Lanes: NA

Number of Lanes Closed: NA

Number of Hours Closed: NA

Vehicles/Equipment Left on Site Unattended?: No

Unattended for how many weekdays and how many weekends?: NA

Estimated Start Date: 09/03/2024

Estimated Completion Date: 10/31/2024

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

[Noblesville, IN](#)



PHONE

(317) 219-0406

EMAIL

info@tmgcm.com

ADDRESS

15420 Endeavor Drive
Noblesville, IN 46060

To Whom It May Concern,

We are seeking an encroachment permit for half of the alley for the construction of our staircase against the back end of our building at 841 Conner Street as well as the installation of the sanitary line. We are also installing a steel beam and removing the concrete parking pad in the back to build the addition to the building. We are also seeking permission to use the city's parking space to place a dumpster with fencing around it from September 2- October 31st.

More specifically please see our construction schedule below.

Alley Closure Dates

9/16:

8:00 AM - Shut down alley

12:00 AM - Cut asphalt to city sewer

2:00 PM - Make utility connections and backfill

3:00 PM - Inspections

9/17:

11:00 AM - Complete asphalt paving

3:00 PM - Re-open alley

Thank you for your consideration.

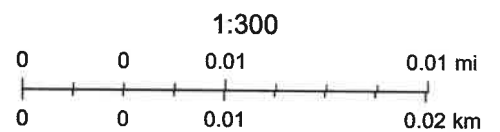
A handwritten signature in black ink, appearing to read "Jessica A. Pearson". The signature is written in a cursive style with a large, looping initial "J".

841 Conner Street



8/29/2024, 1:22:07 PM

 Parcels





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/31/2024

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 Schuetz Insurance Services 1531 Indiana Avenue Indianapolis IN 46202	CONTACT NAME: Lauren Gibson PHONE (A/C. No. Ext): 317-548-3068 E-MAIL ADDRESS: lauren@schuetzins.com		FAX (A/C. No.): 317-639-6910
	INSURER(S) AFFORDING COVERAGE		
INSURED TMG Construction Management, Inc. 15420 Endeavor Drive Noblesville IN 46060	INSURER A : The Travelers Indemnity Company of America	NAIC # 25666	
	INSURER B : The Charter Oak Fire Insurance Company	25615	
	INSURER C : Travelers Property Casualty Company of America	25674	
	INSURER D : Accident Fund Insurance Company of America	10166	
	INSURER E : INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 2113458369 **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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	4W017352 DTCO	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		4W016865 BA	4/1/2024	4/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		4W021377 CUP	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$
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 N/A	AF WCP 100012158	4/1/2024	4/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Rented/Leased Equipment		4W017352 DTCO	4/1/2024	4/1/2025	Limit 100,000 Deductible 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Noblesville is shown as Additional Insured under General Liability as per written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Noblesville 16 S 10th St. 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 <i>Schuetz Insurance Services</i>
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