



# Board of Public Works and Safety

## Agenda Item

## Cover Sheet

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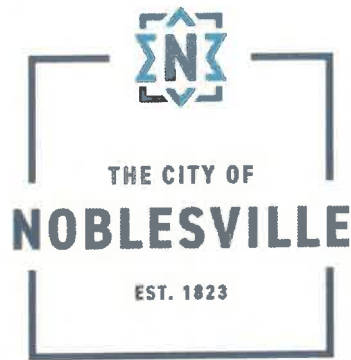
**MEETING DATE:** February 27, 2024

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

**ITEM #:** 5

**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 street closure for annual Rock on Maple  
**DATE:** February 13, 2024

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Noblesville Creates is requesting to close Maple Avenue from S 8<sup>th</sup> Street to the first alley west of S 8<sup>th</sup> Street on Friday, August 2<sup>nd</sup> for the annual Rock on Maple, a First Friday celebration. Set up will begin at 5pm and will tear down at 10pm. They will have a band performing during the First Friday event and will set up tents, tables, and umbrellas on Maple Avenue for the patrons.

**The committee recommends the Board of Public Works approve this street closure request.**



Tiana Chamberlin

ENCOR-0024-2024

**From:** Sent on Behalf of Street Department <no-reply@egovnotices.com>  
**Sent:** Wednesday, January 10, 2024 3:46 PM  
**To:** Street Department  
**Subject:** Special Event Encroachment Permit Submitted - Receipt #2024-XU2196



RECEIVED  
JAN 11 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 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.us](mailto:nsd@noblesville.in.us) 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:** Maple Avenue from 8th Street to the alley West of 8th Street

### APPLICANT CONTACT INFORMATION

**Organization Name:** Noblesville Creates  
**Contact Name:** Ryan Shelton  
**Address:** 107 S. 8th St., Noblesville, IN 46060  
**Phone Number:** 317-900-1272  
**Email:** rshelton@nickelplatearts.org  
**Non-Profit:** Yes

### EVENT LOGISTICS

**Event Name:** Rock on Maple Presented by Noblesville Creates  
**Type of Event:** Entertainment  
**If other, please explain:**  
**What is the purpose of the event?:** Noblesville Creates is hosting a band outside for our First Friday celebration.  
**Event Requirements (Click All That Apply):** Event Barricades  
**Event Starting Date & Time:** 08/02/2024 at 06:00:00 PM  
**Event Ending Date & Time:** 08/02/2024 at 09:00:00 PM

**Setup Date & Time:** 08/02/2024 at 05:00:00 PM

**Tear Down Date & Time:** 08/02/2024 at 10:00:00 PM

**Total number of anticipated participants (including volunteers, spectators, runners, etc):**  
200

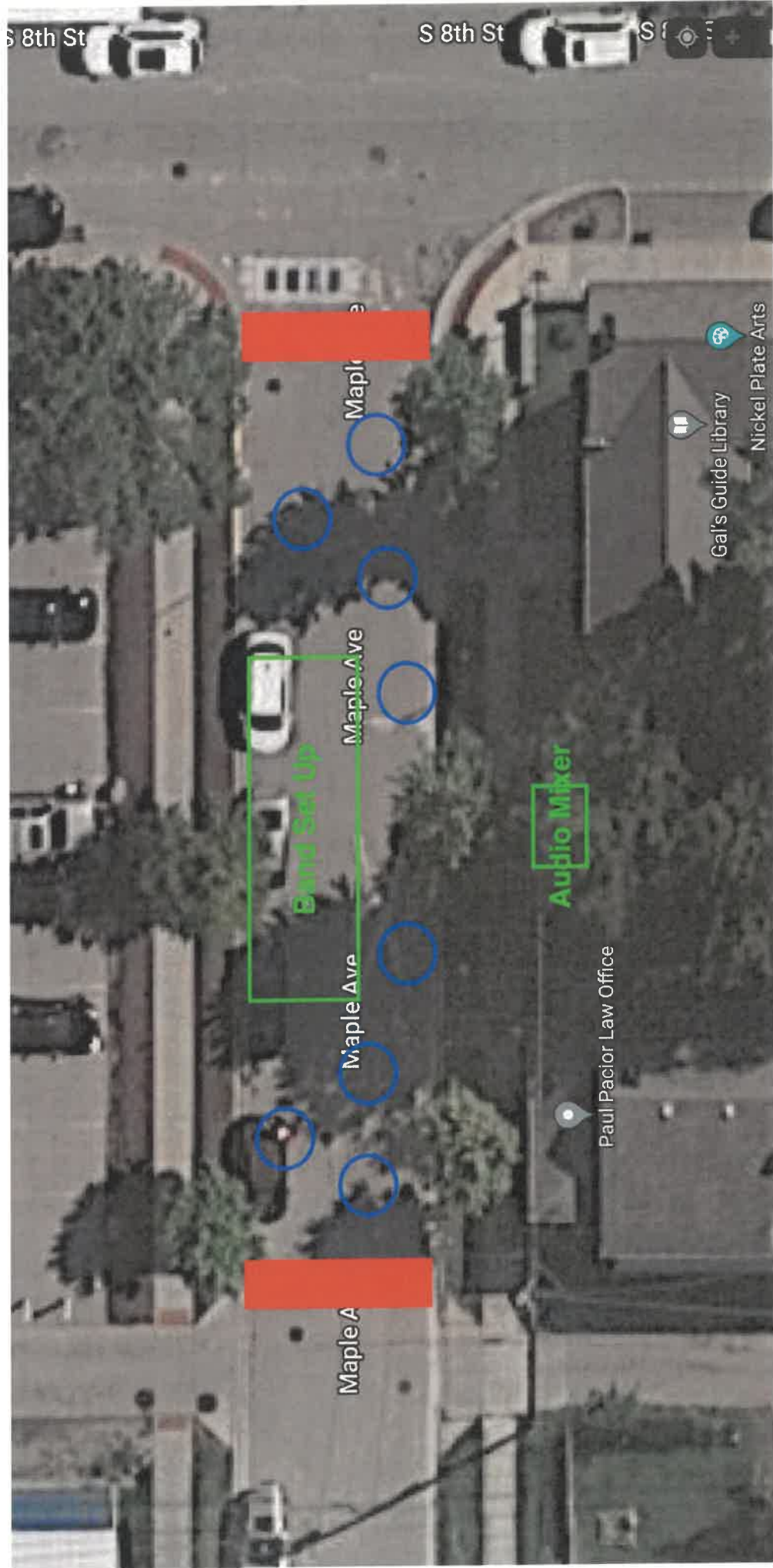
**Is this a first time event for you or the sponsoring organization at this location?:** No

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

**\*If yes, please describe::** A tent will be put up for the band. Tables, chairs, and umbrellas will be set-up for patrons.

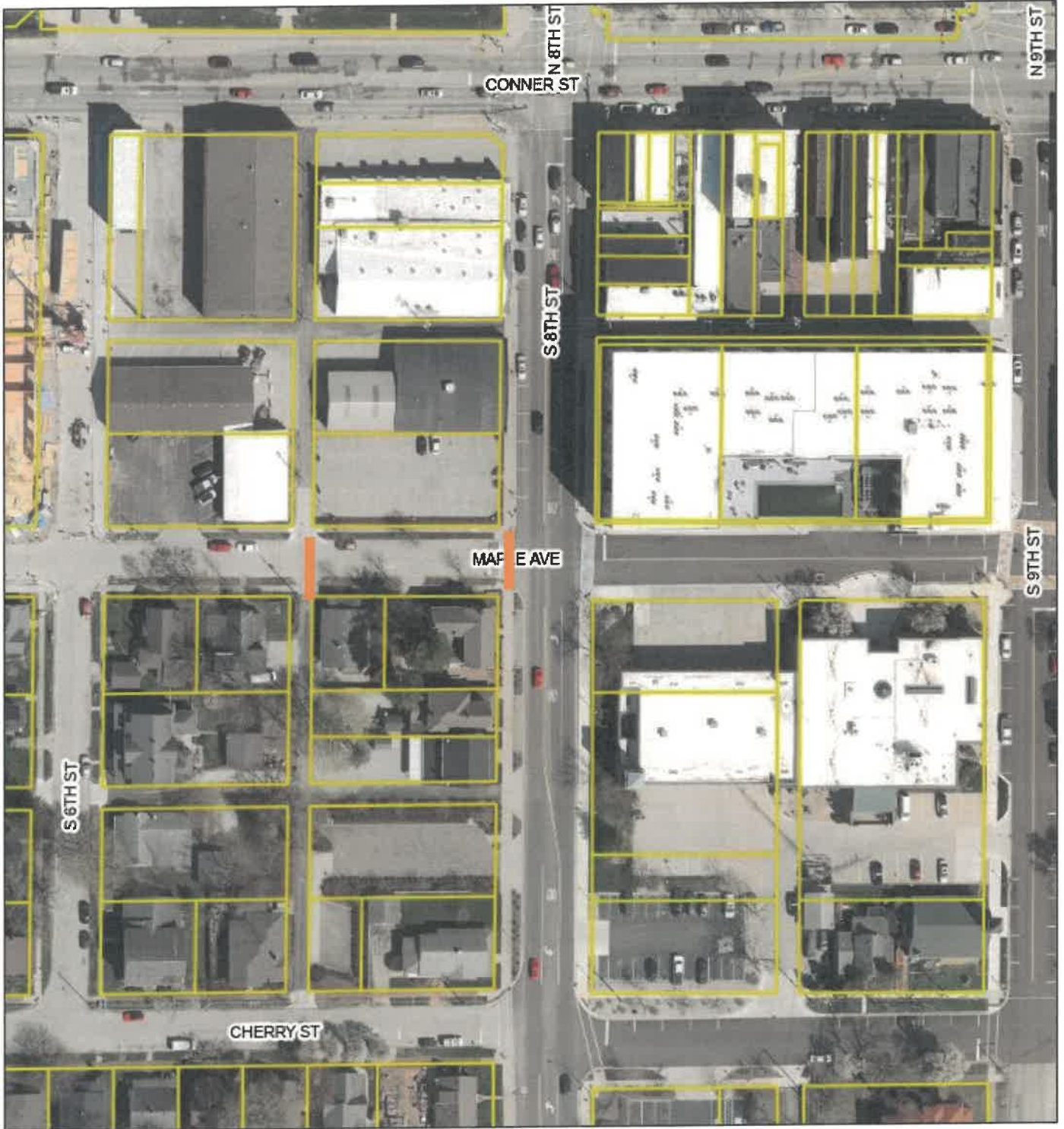
To stay up to date you can view the status of this item [here](#).

[Noblesville, IN](#)



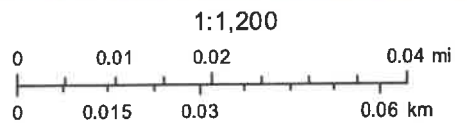


# Rock on Maple August 2024



1/16/2024, 1:59:07 PM

- centerlines
- Parcels





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/22/2024

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 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).

<b>PRODUCER</b> SHEPHERD INSURANCE LLC/PHS 36212003 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (866) 467-8730		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> NICKEL PLATE ARTS INC 107 S 8TH ST NOBLESVILLE IN 46060-2608		<b>INSURER A:</b> Twin City Fire Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC#</b> 29459

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	X		36 SBA IB8700	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY			36 SBA IB8700	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> OTHER:						PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			36 SBA IB8700	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	N/A			PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	EMPLOYMENT PRACTICES LIABILITY			36 SBA IB8700	01/01/2024	01/01/2025	Each Claim Limit	\$10,000
							Aggregate Limit	\$10,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

<b>CERTIFICATE HOLDER</b> City of Noblesville 16 S 10TH ST NOBLESVILLE IN 46060	<b>CANCELLATION</b> 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>Susan L. Castaneda</i>

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