



Board of Public Works and Safety

Agenda Item

Cover Sheet

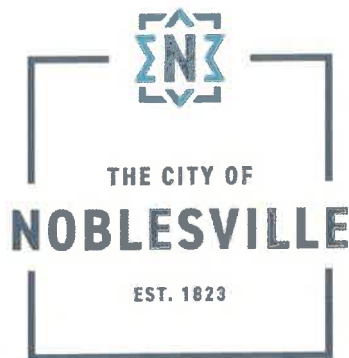
MEETING DATE: March 26, 2024

- 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 closures for the annual Indiana Peony Festival
DATE: March 26, 2024

Attached you will find a request from Kelly McVey with the Indiana Peony Festival to celebrate our state flower. The Indiana Peony Festival will be held on Saturday, May 18th from 10am to 4pm at Seminary Park. Set up will begin at 6am and will end at 5pm. Vendors, including food and alcohol, will be set up in and around the park with tents, tables, and displays. South 10th Street will be closed from Cherry Street to Mulberry Street, Division Street will be closed from the alley west of South 10th Street to South 11th Street, Hannibal Street will be closed from the alley west of South 10th Street to South 11th Street, and South 11th Street will be closed from Hannibal Street to Division Street. Drivers will have access to turn east from South 11th Street from the north and south portion of the closure. The residents effected by the closure will be notified.

The committee recommends the Board of Public Works approve this request for road closures.



ENCN-0114-2024

RECEIVED
FEB 07 2024

Application- Special Event Encroachment Permit

1. ENCROACHMENT LOCATION INFORMATION

Address or Location of Special Event: Seminary Park - 350 S. 10th Street

BY: TC

All Events: A map detailing placement of event (site map) will be required for all events. If your event contains a program of various locations, your proposed route must also be attached to this application.

2. APPLICANT CONTACT INFORMATION

Organization: Indiana Peony Festival Inc Contact Name: Kelly McJury
Address: 7161 Oakwood Circle City: Noblesville State: IN Zip: 46062
Phone: 317-903-9555 Email: ipfkelly@gmail.com Non-Profit: Yes No

3. EVENT LOGISTICS

Name of Event: Indiana Peony Festival

Type of Event: Concert Entertainment Environmental Block Party
Cultural Sports Walk/Run/Fitness Reunion
Fundraiser Other (please explain) _____

What is the purpose of the event? (Please explain and attach a detailed copy of your agenda or planned activities)
a festival to celebrate the state flower

Event Requirements: Traffic Control/Security EMS Presence Event Barricades
Trash Pickup Park Facilities*

Requested date/time for event:
Starting Date: May 18 Ending Date: May 18 Start Time: 10:00 am End Time: 4 pm
Set-up Date/Time: 6:00 am Tear Down Date/Time: 4:30 pm - 5:00 pm

Total number of anticipated participants (including volunteers, spectators, runners, etc): 26,000

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

Do you plan to erect temporary structures such as stages, tents, booths, tables, bounce houses, etc for this event?
Yes No If yes, please describe: tents, booths & tables

Based upon size, location, and nature of your event you may require additional City resources. These resources will be assessed and required by various City personnel and the cost will be reflected in your permit fee. For more information on fees for special events click here.

See reverse side for terms and conditions of approval

*Requires an additional application/permit

THE APPLICANT IS RESPONSIBLE FOR ENSURING THAT THE FOLLOWING REGULATIONS ARE MET AT ALL TIMES. FAILURE TO MEET ANY OF THE FOLLOWING WILL RESULT IN THE DENIAL OR REVOCATION OF THIS PERMIT AND POSSIBLE ENFORCEMENT ACTION BEING TAKEN AS OUTLINED BY THE CITY OF NOBLESVILLE CODE OF ORDINANCES.

1. Encroachment permits are required for any obstruction, use, or activity within a public right-of-way or city easement.
2. The undersigned shall notify the Designated Department(s) a minimum of 14 days prior to the time the activity is to take place in order to assure the existence of available resources.
3. In cases where the activities authorized by the permit will interfere with traffic flow on streets, the application will be assessed by the Noblesville Police Department, Noblesville Fire Department, and the Noblesville Street Department to determine number of necessary City personnel and/or equipment and a fee will be assigned based on number of persons/equipment and the total number of hours for the event.
4. The applicant shall hold harmless and indemnify the City of Noblesville from, for and against any claim of any person in tort, contract, or otherwise arising out of the act or omissions of the applicant, their agents, representatives, participants, etc.
5. Any applications for encroachments under this section must include a site plan that details specifically the number and location of encroachments. Site plans should also include identification of uses on each section of their location or route.
6. All applications must be approved by the Board of Public Works and Safety and may be subject to conditions set out by the Board, and are not eligible for an administrative approval.
7. All applicants shall be required to submit to the Designated Department proof of insurance for general liability within the (10) business days that states that the City of Noblesville, Indiana is listed as an additional co-insured. The minimum insurance requirement shall be \$1,000,000 per occurrence, \$300,000 per person, and \$50,000 for legal unless the Board of Public Works and Safety decides to reduce or increase the amounts.

2-5-24

DATE

[Handwritten Signature]

SIGNATURE OF APPLICANT

Kellym Day Indiana Peony Festival

NAME OF APPLICANT (PRINTED)

SUBSCRIBED AND SWORN to me, a Notary Public in and for said County and State, this _____

Day of _____, 20_____.

My Commission Expires:

Printed: _____

NOTARY PUBLIC

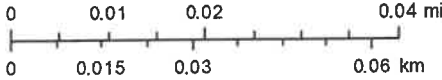
A resident of _____ County, IN.

Annual Indiana Peony Festival



1/31/2024, 9:41:15 AM

1:1,200



centerlines

Parcels



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/18/2023

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: Jenna Romens PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No): (317)703-1115
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: ERIE INS CO		26263
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

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 INSD	SUBR 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			Q61-0151002	12/01/2023	12/01/2024	EACH OCCURRENCE \$ 1000000			
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000	MED EXP (Any one person) \$ 5000	PERSONAL & ADV INJURY \$ 1000000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$	BODILY INJURY (Per person) \$	BODILY INJURY (Per accident) \$	PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$	AGGREGATE \$		\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT \$	E.L. DISEASE - EA EMPLOYEE \$	E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER City Of Noblesville 16 South 10th Street Noblesville IN 46060	CANCELLATION 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