



Board of Public Works and Safety

Agenda Item

Cover Sheet

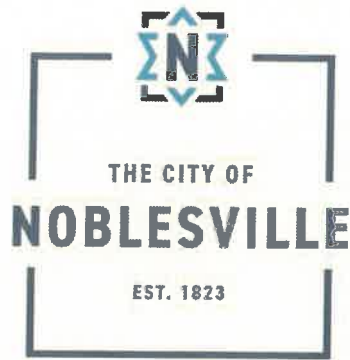
MEETING DATE: March 26, 2024

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

ITEM #: 8

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 parking reservation and sidewalk closure for Loza's Construction

DATE: March 26, 2024

859 Conner Street and 863 Conner Street have been approved for a Façade Improvement Grant. Loza's Construction is requesting one parking space in front of 859 Conner Street on March 27th, March 28th, and March 29th. They will be cleaning and painting the exterior of the buildings of 859 Conner Street and 863 Conner Street. A ladder will be used on the sidewalk, but the sidewalk will only be closed while working on the second story.

The committee recommends the Board of Public Works approve this parking reservation and sidewalk closure.



NOBLESVILLE STREET DEPARTMENT

1575 Pleasant Street, Noblesville IN
Phone: 317-776-6348
www.cityofnoblesville.org/street
nsd@noblesville.in.us

For Office Use Only	
PERMIT NUMBER	<u>ENCR-0166-2024</u>
PERMIT FEE	PAID

Encroachment Permit Application

- The applicant named below requests permission to encroach on the following public right-of-way, street, sidewalk, alley or other public space at the location described below.
- Applicant shall submit one original application, with plans attached, either in person, mail or email.
- No verbal transmissions will be accepted.

Application Date 2/22/24

Work Address 859 & 863 Conner St. Subdivision _____

RECEIVED

FEB 26 2024

BY: TC

Name of Permittee / Contractor:
Loza Construction

Contact Name Salvador Loza

Address _____

City _____ **State** _____ **Zip** _____

Phone 317-853-9087 **Fax** _____

Email _____

Name of Sub- Contractor:

Contact Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

Email _____

Location: Street Alley Sidewalk Shoulder/Berm

Type: Cut Bore Trench Other Explain _____

New Construction Existing Construction

Water Gas Electric Phone CATV Sewer Irrigation Trees

Please describe proposed work: cleaning brick to remove stains and black soot, paint exterior of buildings

Requesting parking space at 859 Conner St.

SIZE OF STREET OR RIGHT-OF-WAY CUT

Traffic Lanes: Length _____ Width _____ Depth within Lanes _____

Sidewalk: Length _____ Width _____ Depth within Sidewalk Part of Sidewalk

Type of Surface: Concrete [] Asphalt [] Gravel-Dirt [] Brick [] Other Explain For ladder or scaffolding

TRAFFIC PORTION AFFECTED BY PERMIT

Width: _____ **Length:** _____ **# of Lanes:** _____ **# of Lanes Closed:** _____ **# of hours Closed:** _____

Vehicles/equipment left on site unattended? Yes _____ No Unattended for: _____ weekdays _____ weekends

Estimated Start Date 3/26/24 3/22/24 Estimated Completion Date 3/29/24

TERMS AND CONDITIONS FOR ENCROACHMENT PERMIT

1. It is understood that any permit by virtue of this request is revocable at the discretion of the City of Noblesville and that the same shall be voided if the terms and conditions below are not fulfilled by the applicant. The applicant hereby agrees to observe all requirements of the Encroachment Standards Ordinance, the submitted drawings, Noblesville Standards, and all other applicable local/country/state/ federal laws and regulations.
2. The undersigned shall notify the Designated Department a minimum of 48 hours prior to the time that work is to be performed. The undersigned will furnish placards identifying equipment, flashers, barricades and/or other warning devices at the construction site. When two-way traffic is confined to one lane, flagging personnel shall be required. Permittee must follow Chapter XVII of Title 29, Code of Federal Regulation, Part 1926 known as Safety & Health Regulation for Construction.
3. In cases where the work authorized by the permit will cause major interference with traffic flow on streets, Permittee shall provide a uniformed traffic officer when requested by the Designated Department to provide traffic control at the construction site. Work shall not be performed on any major arterials, streets and thoroughfares during rush hours or peak hours of vehicular traffic flow, unless in case of emergencies.
4. The Permittee shall not create a hazardous or unsafe situation at construction sites, which would cause injury or damage to vehicular and pedestrian traffic. The Permittee shall not leave unattended open cuts unprotected overnight or during weekend periods. Permission to use temporary steel plates or any authorized substitutes shall be requested at open cuts or construction sites. The Designated Department shall be notified of these steel plates or substitutes by the Permittee.
5. All construction equipment and/or vehicles left unattended for any length of time shall be parked in locations as to not create hazardous and unsafe situations to vehicular and pedestrian flow. The construction equipment and/or vehicles shall be parked in such a manner as to not restrict sight distance to vehicular traffic.
All construction equipment and/or vehicles are prohibited from driving on named trails, neighborhood perimeter trails, and sidewalks.
6. The Permittee 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 Permittee, their agents, representatives, servants, contractors and the latter's subcontractors, whenever such acts or omissions or any rights or performance or exercise thereof of the Permittee arise under this permit from alteration, modernization, replacement, operation, maintenance, change or removal of any part or portion of the public right-of-way, or facility thereof. All existing utilities must be identified and located prior to all boring operations. Permittee shall be responsible for consequential damages to residents and businesses who are damaged during outages caused by these untimely accidents experienced by poorly coordinated utility borings and construction activities in the City right-of-way.
7. The Permittee shall stipulate the type of materials and method of repair utilized to close any open cuts, subject to the Director or his/her representative's approval.
8. The Permittee shall begin work within 45 working days from the date of application approval, and work must be completed within 60 working days of the application approval. Any construction and/or work not completed by this date shall be grounds to nullify and void this permit. Re-application would then be necessary.
9. The Permittee shall be required upon completion of construction and/or work to notify the Director or his/her representative for inspection and verification. The construction and/or work shall be inspected prior to being accepted by the City of Noblesville as being complete. The Director or his/her representative shall perform the inspection.
10. Upon the completion of all open street cuts, permanent patches shall be in place no later than 20 working days from the temporary patch inspection date. Any construction work or repair measures utilized to close any open cuts made under this permit that are found to be unsatisfactory shall be corrected within 10 working days by the Permittee. The Permittee shall be responsible to maintain and repair any and all open cuts granted by this permit for a period of one year upon final acceptance, unless the City of Noblesville and/or other utilities, contractors or subcontractors or other parties remove, damage, modernize, replace, change any part or portion of the public right-of-way or facility or thereof granted under this permit.

Signature of Applicant _____

Title Owner

Printed Name Debra LePere

Date 2/22/24

Company Name LePere LLC

Phone Number 317-258-6660

For Office Use Only:

Traffic Control Personnel: YES NO Uniform Police: YES NO Number of Personnel Necessary: _____

Steel Plates or other authorized substitute to be used? YES NO (If yes, refer to #4 above)

Comments: _____

Director/ or representative _____

Date Approved _____

Loza Construction

Date of Quote February 15th, 2024

Quote # 1

To: Debbie

Phone: 317) 255-6660

From: Salvador Loza

Phone: 317) 853-9087

Description of Work	Total
• Prep work - Wash stain off brick & stone / apply cleaning solution / wash / Recaulk trim / mask windows	
• Paint - Trim / Windows / Entry / Soffit	
• Apply Clear to left Door / Apply stain & Clear to right hand Door	
• All paint & material included Sherwin-Williams	
	Sub Total <u>Est: \$ 1,400</u>
	Plus GST <u>Est: \$ 1,400</u>
	TOTAL <u>\$ 2,800</u>
<p><i>This quotation is valid for a period of 30 days from the date of quoting. Any extra work other than that quoted above will be charged accordingly.</i></p>	

Proposed Start Date: Can Discuss

Signed for and on behalf of the Customer:
I have read, understood and agree with quotation details.

Name: _____ Date: _____

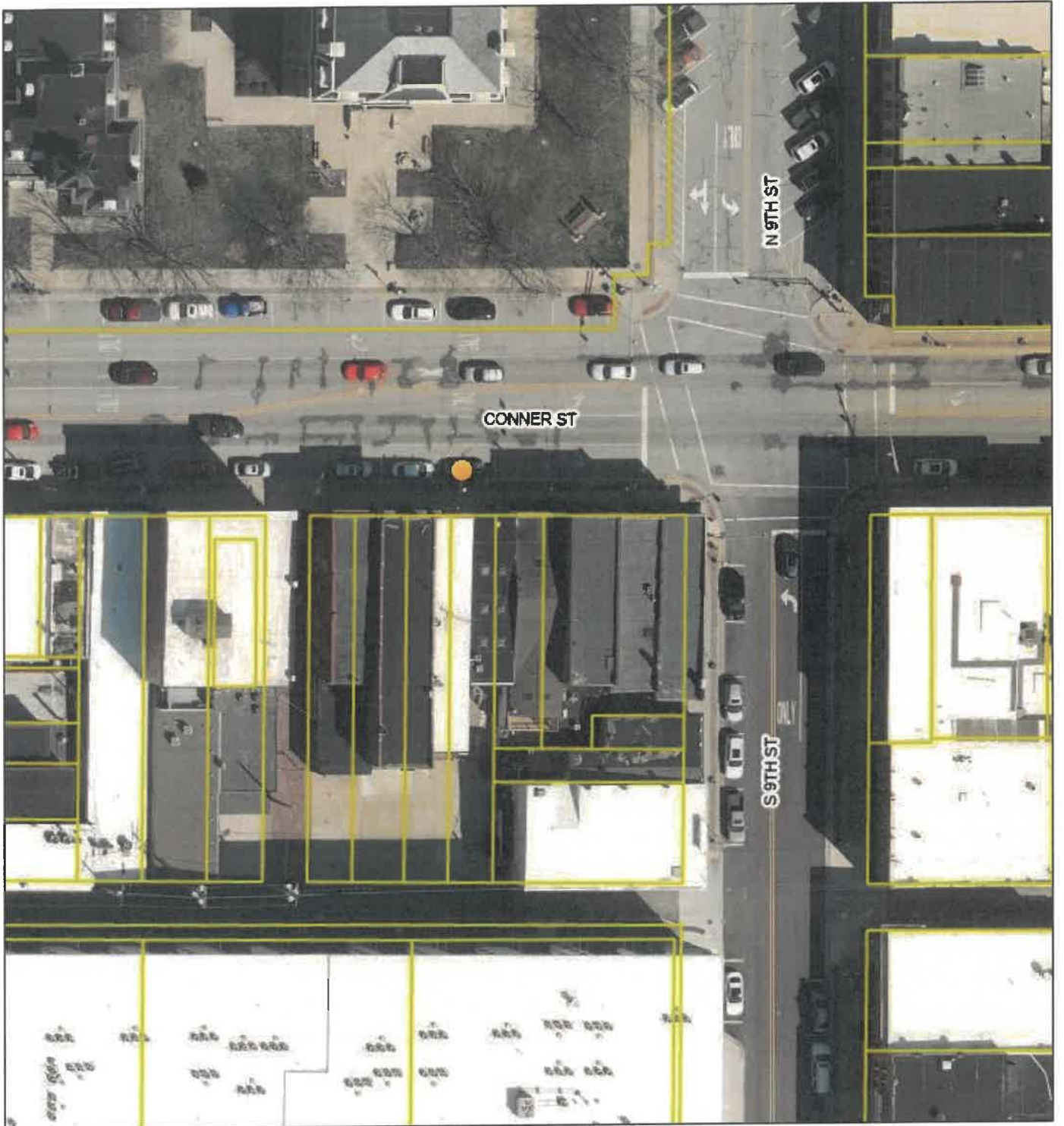
Signature: _____

Signed for and on behalf of the Painter:

Name: Salvador Loza Date: 2/15/24

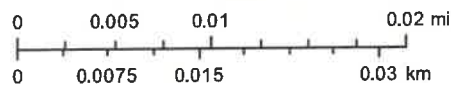
Signature: Salvador Loza

859 Conner St



2/27/2024, 1:53:36 PM

1:600



centerlines

Parcels



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/23/2023

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).

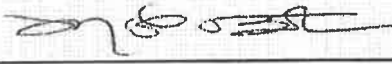
PRODUCER McClain Matthews Insurance 6329 Hollister Drive Indianapolis IN 46224	CONTACT NAME: Karl P Buetow PHONE (A/C, No, Ext): (317) 298-7500 E-MAIL ADDRESS: kbuetow@mcclainins.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Lozas Construction LLC 427 Armentrout Lane Indianapolis IN 46241	INSURER A: LIGHTNING ROD MUT INS CO	NAIC # 26123
	INSURER B: SFM MUTUAL	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		BOP 0005017816	02/23/2023	02/23/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	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) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 02232023	02/23/2023	02/23/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Noblesville is listed as an Additional Insured

CERTIFICATE HOLDER City Of Noblesville 16 S 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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/11/2024

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...

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: Progressive Advantage Agency... CONTACT NAME: Progressive BOP Service Team... INSURER(S) AFFORDING COVERAGE: INSURER A: Progressive Southeastern Insurance Company...

COVERAGES CERTIFICATE NUMBER: 709661591777391937D031124T143459 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...

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes sections for Commercial General Liability, Automobile Liability, Umbrella/Excess, and Workers Compensation.

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

CERTIFICATE HOLDER

CANCELLATION

Certificate holder: The City Of Noblesville, 135 S 9th St, Noblesville, IN 46060. Cancellation notice: 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 signature: Mark P...