



Board of Public Works and Safety

Agenda Item

Cover Sheet

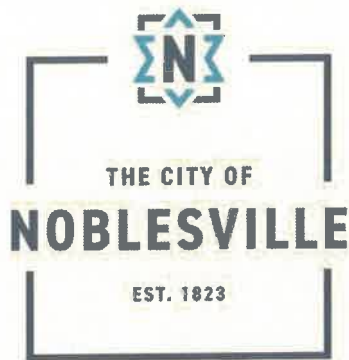
MEETING DATE: April 23, 2024

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

ITEM #: 6

INITIATED BY: Rene 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 alley closure for Lacy Arts building roof repairs.
DATE: April 23, 2024

Attached you will find a request from Katie Nurnberger with the Lacy Arts Building to utilize the north alley and east alley along 848 Logan Street for roofing repairs. They will use a lift in the alley to replace roof shingles and repair the internal gutter system on the roof. They will use the lift in the north pedestrian alley to begin repairs, then move the lift to the east/west alley on the north side of 848 Logan Street. The lift will be unattended at the north end of the north alley in the evenings and on Sundays, but will be locked. This work is expected to be completed within 10 days.

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



Tiana Chamberlin

ENCRO-0379-2024

Fee: _____ Paid: _____

From: Sent on Behalf of Street Department <no-reply@egovnotices.com>
Sent: Thursday, April 4, 2024 5:26 PM
To: Street Department
Subject: Encroachment Permit Submitted - Receipt #2024-9IIV21

RECEIVED
APR 05 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.us 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: 04/04/2024
Work Address: 848 Logan st Noblesville, IN 46060
Subdivision (if applicable):

NAME OF PERMITTEE / CONTRACTOR

Name of Permittee / Contractor: Scott Calmes
Contact Name: Katie Nurnberger
Address: 1359 Logan st, Noblesville, IN 46060
Phone Number: 317-752-2687
Email: katie@lacyartsbuilding.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: Existing Construction

Type of Construction: Other

If other, please specify: Roof

Describe Proposed Work: Repair/ Replacement of internal gutter system/soffits on roof of building. Replacing shingles along the roof plane. Currently leaking into the building. In order to safely access we must use either a Scissor or JLG lift. This lift would need to be in the North alley. As repairs are needed for the entire building along the roofs drip edges, Lift would need to be moved from South to North along the east side of the North Alley of the square. once completed we will need to move to the Alley to the North of the building to work on that portion. The portion accessed by the North Alley of the square

SIZE OF STREET OR RIGHT-OF-WAY CUT

Traffic Lanes - Length: 52 ft

Traffic Lanes - Width: 8 ft

Traffic Lanes - Depth within Lanes: 10 ft

Sidewalk - Length: North Alley 72 ft

Sidewalk - Width: North Alley 10 ft

Sidewalk - Depth within Sidewalk: 0

Type of Surface: Asphalt

TRAFFIC PORTION AFFECTED BY PERMIT

Width: 10 ft

Length: 52 ft

Number of Lanes: 1

Number of Lanes Closed: 1

Number of Hours Closed: 7 a day for 3 days in the east west alley to the North of the Lacy Building

Vehicles/Equipment Left on Site Unattended?: Yes

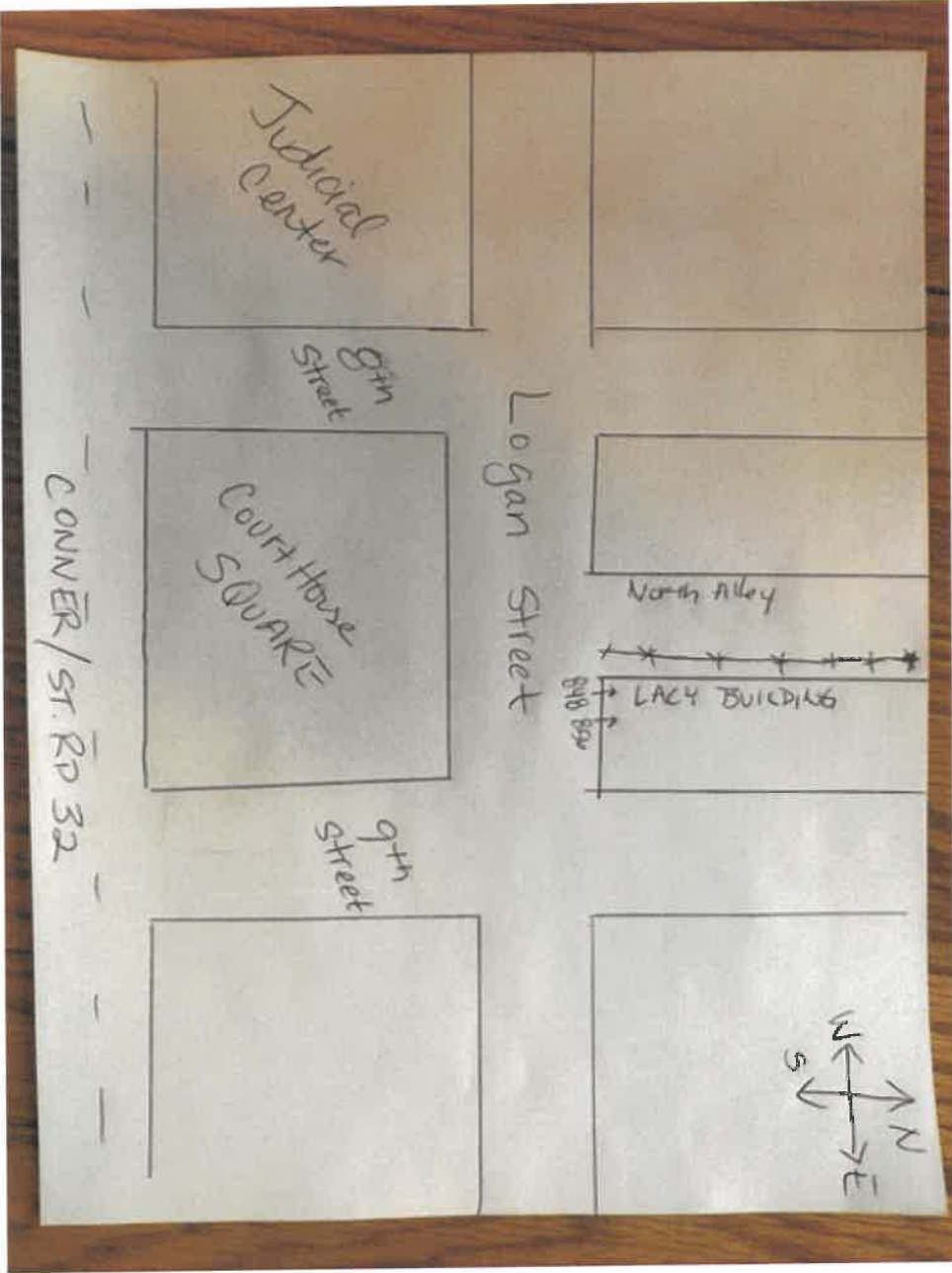
Unattended for how many weekdays and how many weekends?: Lift unattended at night and Sundays but will be locked for duration of repair work.. (1 week)

Estimated Start Date: ~~04/10/2024~~ 4/24/2024

Estimated Completion Date: ~~04/20/2024~~ 5/4/2024

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

[Noblesville, IN](#)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/26/2023

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 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	CONTACT NAME: Julie L Bohannon	FAX (A/C, No): 317-248-9097
	PHONE (A/C, No, Ext): 317-248-1600	E-MAIL ADDRESS: captbo3@gmail.com
INSURED	BOHANNON'S INSURANCE AGENCY INC 5550 WEST 10TH ST STE A INDIANAPOLIS, IN 46224	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ATLANTIC CASUALTY INSURANCE CO	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
a	GENERAL LIABILITY <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"/> PROJECT <input type="checkbox"/> LOC	Y		L099019583	9/19/23	9/19/24	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COM/POP AGG \$ 2000000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						
	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				

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

Remodeling
City of Noblesville as Additional Insured

CERTIFICATE HOLDER

CITY OF NOBLESVILLE
1575 PLEASANT 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

Julie L Bohannon