

Board of Public Works and Safety

Agenda Item

Cover Sheet

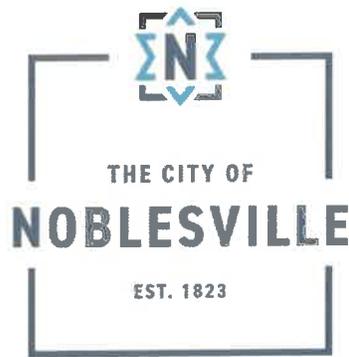
MEETING DATE: July 23, 2024

- 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 parking reservations and sidewalk closure for Pella
Windows and Doors
DATE: July 23, 2024

Attached you will find a request from Jeremy Hochstedler. He is requesting to reserve four (4) parking spaces, two (2) on Logan Street and two (2) on N. 10th Street, on August 5th through August 7th, for Pella Windows and Doors to replace the windows at 984 Logan Street, per their approved Façade Improvement Grant. They will need to use a lift on the sidewalk on both Logan Street and N. 10th Street. The sidewalk will be closed during work. The work will take three (3) working-hour days, weather permitting, and the lift will be left overnight in a reserved parking space.

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



Tiana Chamberlin

ENCR-0746-2024

From: Sent on Behalf of Street Department <no-reply@egovnotices.com>
Sent: Wednesday, June 19, 2024 10:20 AM
To: Street Department
Subject: Encroachment Permit Submitted - Receipt #2024-UL3EYZ

RECEIVED
JUN 19 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: 06/19/2024
Work Address: 984 Logan St
Subdivision (if applicable):

NAME OF PERMITTEE / CONTRACTOR

Name of Permittee / Contractor: Jeremy Hochstedler
Contact Name: Jeremy Hochstedler
Address: 984 Logan St, Noblesville, IN 46060
Phone Number: 317-999-7559
Email: hoch@telemetry.fm

NAME OF SUB-CONTRACTOR (IF APPLICABLE)

Sub-Contractor Name: Pella
Contact Name: Jessica Johnson
Address: , ,
Phone: 317-217-1727
Email: JSJohnson@mccombpella.com

Construction Details

Location (Check all that apply): Sidewalk
Type: Other
Construction: Existing Construction
Type of Construction: Other
If other, please specify: Window replacement
Describe Proposed Work: Pella will be installing new windows in our building per our approved Facade Improvement Grant. They need their lift to operate on the sidewalk.

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: 06/25/2024
Estimated Completion Date: 06/27/2024

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

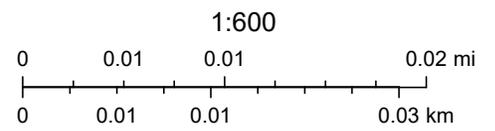
[Noblesville, IN](#)

Pella Windows and Doors - 984 Logan St



7/17/2024, 2:42:31 PM

centerlines
 Parcels





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/26/2024

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 Angie Sutton Insurance Agency Inc 16810 Hazel Dell Rd Noblesville IN 46062	CONTACT NAME: Angie Sutton PHONE (A/C, No, Ext): 317-773-1900 E-MAIL ADDRESS: angie@angiesutton.com FAX (A/C, No): 317-770-6672
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: <input type="checkbox"/> INSURER C: <input type="checkbox"/> INSURER D: <input type="checkbox"/> INSURER E: <input type="checkbox"/> INSURER F: <input type="checkbox"/>

INSURED Telemetry Properties 984 Logan St Noblesville IN 46060	REVISION NUMBER:
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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	ADD INSD	SUB 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:	Y		94-EU-R582-5	10/23/2023	10/23/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED 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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE 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)

Insured Locations:
 970 Logan Street
 984 Logan Street

CERTIFICATE HOLDER City of Noblesville 1575 Pleasant St. 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 Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.
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