

Board of Public Works and Safety Agenda Item

Cover Sheet

MEETING DATE: November 12, 2024
⊠ Consent Agenda Item
☐ New Item for Discussion
☐ Previously Discussed Item
☐ Miscellaneous
ITEM #: <u>2</u>
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 annual Michael Treinen Turkey Trot

DATE:

November 12, 2024

Attached you will find a request from David Johnson on behalf of the Michael Treinen Foundation for the annual Thanksgiving Turkey Trot. This is a 5k run/3k walk on Thanksgiving morning to benefit the Michael Treinen Foundation. Mr. Johnson is also requesting to close Logan Street between 8th and 9th Street, as well as close N 9th Street between Logan and Conner Street. He is also requesting to set port-o-lets in the east alley for the approximately 2,000 participants. Set up will start at 6AM and the event will be over by 11AM.

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



ENCR-1285-2024

OCT 2 3 2024

Application- Special Event Encroachment Permit

1. ENCROACHMENT LOCATION INFORMATION Address or Location of Special Event: Logan Street, between 8th and 9th Streets and 9th Street between Logan Street and Conner Street (SR32) 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: The Michael Treinen Foundation Contact Name: Tom Treinen / Kelly Treinen Address: 7028 Oak Bay Drive City: Noblesville State: IN Phone: 317-869-7430 Email: tktreinen@gmail.com Non-Profit: Yes 3.EVENT LOGISTICS Name of Event: The Michael Treinen Foundation Thanksgiving Morning Turkey Trot **Block Party** Entertainment Environmental Type of Event: Concert Reunion Walk/Run/Fitness Cultural Sports Other (please explain) Fundraiser What is the purpose of the event? (Please explain and attach a detailed copy of your agenda or planned activities) The event is a 5 K run and 3K run/walk to benefit the Michael Treinen Foundation. The Foundation supports Riley Children's Hospital, Leukemia and Lymphoma Socirty and the Ronald McDonald House **Event Barricades EMS Presence** Traffic Control/Security **Event Requirements:** Park Facilities* Trash Pickup Starting Date: 11/28/2024 Ending Date: 11/28/2024 Start Time: 9:00am End Time: Set-up Date/Time: 11/28/2024 6:00am Tear Down Date/Time: 11/28/2024 11:00 Requested date/time for event: Total number of anticipated participants (including volunteers, spectators, runners, etc): Is this a first time event for you or the sponsoring organization at this location? Do you plan to erect temporary structures such as stages, tents, booths, tables, bounce houses, etc for this event? If yes, please describe: Will us use 5 - 10' x 10' pop-up canopies with 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.

10-16-2024 DATE	SIGNATURE OF APPLICANT
SUBSCRIBED AND SWORN to me, a Notary Public in	NAME OF APPLICANT (PRINTED) and for said County and State, this
Day of October, 20 24.	
	Muli a. Loughman Printed: Jamil A. Loughman
My Commission Expires:	NOTARY PUBLIC
1/31/31	A resident ofCounty, IN. JAMIE A LOUGHMAN Notary Public, State of Indiana Madison County Madison County My Commission Expires January 31, 2031

Treinen Turkey Trot



September 30, 2014

Parcels

Requested Street Closure – Thanksgiving Morning November 28, 2024 – 6:00 AM – 11:00 AM



Hambar Dr. Carcon Dr. 5 Maple MTF Turkey Trot Certain No. Start / Finish at Courthouse Square 13 Pedestrian Bridge Miller. 18 A 18



0.3 mi



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/22/2024

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 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).

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ACB Insurance, Inc 9959 Crosspoint Boulevard				IN 40050 0004	PHONE						15-8697	
					E-MAIL lisa@acb-insurance.com							
	Indianapolis			IN 46256-3391	ADDRES	S:		RDING COVERAGE			NAIC #	
					INSURER	Most Do	nd Mutual	LUNG COVERAGE			15350	
INSURED						INSURER B:						
The Michael Treinen Foundation			Inc.		INSURER C:							
	7028 Oakbay Drive				INSURER							
Noblesville				IN 46062-	INSURER E :							
					INSURER F:							
CO	/ERAGES CEI	RTIFIC	CATE	NUMBER:	REVISION NUMBER:							
IN C	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		ADDL	SUBR			POLICY EFF	POLICY EXP			_		
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		1,000,000	
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	CLAIMS-MADE OCCUR							PREMISES (Ea occu	ırrence)	\$	200,000	
	-	-						MED EXP (Any one		\$	1,000,000	
		-						PERSONAL & ADV		\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP	P/OP AGG	\$	2,000,000	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$		
	ANY AUTO							(Ea accident)		•		
	OWNED SCHEDULED							BODILY INJURY (Pe		\$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Pe		\$		
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										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$		
	EXCESS LIAB CLAIMS-MADI	4						AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER	OTH-	\$		
AND EMPLOYERS' LIABILITY Y/N								STATUTE	ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A					E.L. EACH ACCIDEN	NT	\$		
	(Mandatory in NH) If yes, describe under	'						E.L. DISEASE - EA E	EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (4	CORD	101 Additional Remarks Schedul	le may he	attached if mor	e snace is require	ed)				
City	of Noblesville is listed as additional in	sured	.000	101, Additional Remarks Concadi	ic, may be	attaonea ii iiioi	o space is require	,				
RF.	Turkey Trot											
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CERTIFICATE HOLDER						CANCELLATION AI 024204						
UEI	THE TOLDER				CANC	LLLATION					1 32 .23 1	
City of Noblesville					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHOR	AUTHORIZED REPRESENTATIVE						