

Board of Public Works and Safety

Agenda Item

Cover Sheet

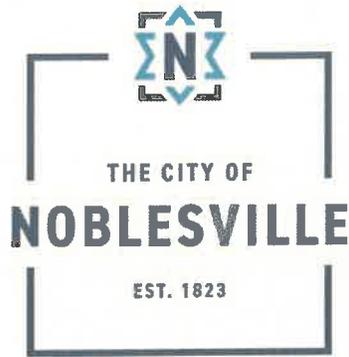
MEETING DATE: March 26, 2024

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

ITEM #: 7

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 alley activation for annual Noblesville Flower Market
DATE: March 26, 2024

Attached you will find a request from Kelly McVey with the Indiana Peony Festival to celebrate our state flower. The annual Noblesville Flower Market will be held on the last Thursday of each month from June through November from 5pm to 8pm, with set up beginning at 3pm in the east pedestrian alley. The dates for this market will be on June 27th, July 25th, Aug 22nd, Sept 26th, Oct 24th, and Nov 28th. Vendors will have tents and tables set up in the alley.

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



ENCR-0116-2024

RECEIVED
FEB 07 2024
BY: TC

Application- Special Event Encroachment Permit

1. ENCROACHMENT LOCATION INFORMATION

Address or Location of Special Event: East Alley Downtown Noblesville

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 Penny Festival Contact Name: Kelly McCoy

Address: 7101 Oakview Circle City: Noblesville State: IN Zip: 46062

Phone: 317-905-9555 Email: ipfkcody@gmail.com Non-Profit: Yes No

3. EVENT LOGISTICS

Name of Event: Noblesville Flower Market

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)

To continue the floral presence downtown

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

Requested date/time for event:

Starting Date: Last Thursday of month - June through November Ending Date: _____ Start Time: 5 pm End Time: 8 pm

Set-up Date/Time: 3 pm Tear Down Date/Time: 8:30 pm

Total number of anticipated participants (including volunteers, spectators, runners, etc): 10 vendors - 150 people at different times

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 & 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

June 27	Sept 26
July 25	Oct 24
Aug. 22	Nov 28

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

Kelly McJoy
SIGNATURE OF APPLICANT

Kelly McJoy Indiana Peony Festival
NAME OF APPLICANT (PRINTED)

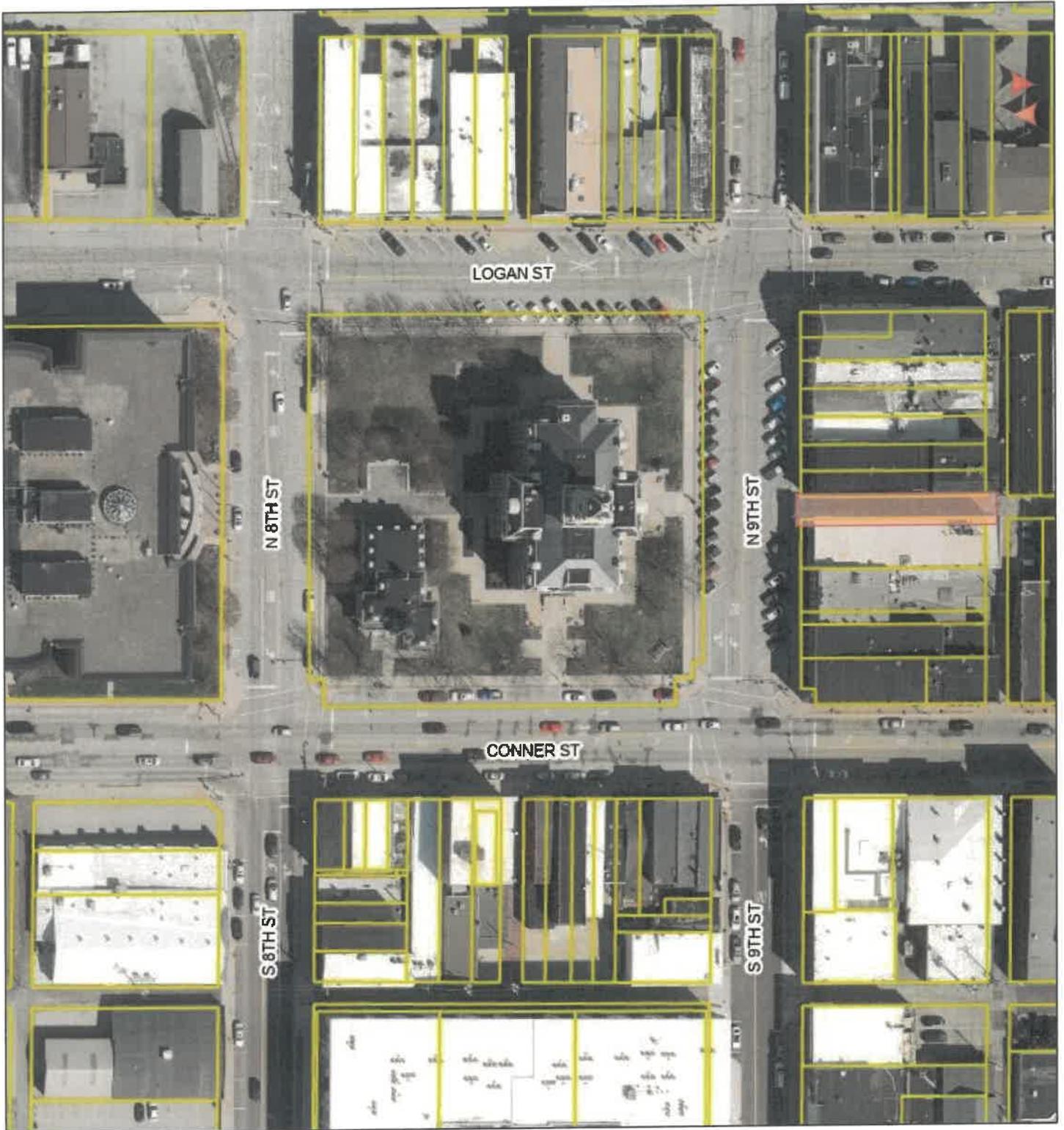
SUBSCRIBED AND SWORN to me, a Notary Public in and for said County and State, this _____
Day of _____, 20_____.

My Commission Expires:

Printed: _____

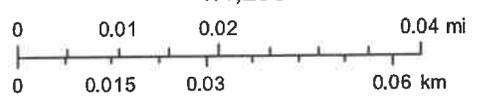
NOTARY PUBLIC
A resident of _____ County, IN.

Noblesville Flower Market



2/9/2024, 8:15:58 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	
INSURED Indiana Peony Festival Inc 7161 Oakview Circle Noblesville IN 46062	INSURER A: ERIE INS CO NAIC # 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 SUBR INSD 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:		Q61-0151002	12/01/2023	12/01/2024	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 \$
	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) \$ \$
	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	Y/N	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)

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