

# Application- Special Event Encroachment Permit

## 1. ENCROACHMENT LOCATION INFORMATION

Address or Location of Special Event: \_\_\_\_\_

**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: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Non-Profit: Yes  No

## 3. EVENT LOGISTICS

Name of Event: \_\_\_\_\_

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)

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

Requested date/time for event:

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Set-up Date/Time: \_\_\_\_\_ Tear Down Date/Time: \_\_\_\_\_

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? 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: \_\_\_\_\_

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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
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.