



Board of Public Works and Safety

Agenda Item

Cover Sheet

MEETING DATE: April 29, 2025

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

ITEM #: 3

INITIATED BY: René Gulley

- ☒ Information Attached
- ☐ 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 Indiana Peony Festival 2025

DATE: April 29, 2025

Attached you will find a request from Kelly McVey with the Indiana Peony Festival. This year's event will be held on Saturday, May 17th from 10:00AM to 4:00PM. Set up will begin at 6:00AM and the roads will reopen at 4:30PM. Please see the attached map for the extended road closures, as several streets are requested to be closed from south of Seminary Park to the downtown square. Vendors, including food and alcohol, will line the streets within these closures. There will be trash carts and port-o-lets placed in various locations within the mapped area, but the locations are not yet decided. Additionally, the Indiana Peony Festival will be providing shuttles and are still discussing the drop off locations, but parking spaces will be reserved once more information is provided. The residents effected by the closure will be notified.

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



Stefanie Lascoux

ENCUR-0094-2025

From: Sent on Behalf of Street Department <no-reply@egovnotices.com>
Sent: Thursday, February 13, 2025 12:30 PM
To: Street Department
Subject: Special Event Encroachment Permit Submitted - Receipt #2025-UVHH8B

EXTERNAL EMAIL - This email was sent by a person from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.



RECEIVED
FEB 13 2025
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 Special Event Encroachment Permit. You will be contacted following a review of this application.

**This is required as part of the permit application.* Please email nsd@noblesville.in.gov with a map detailing the location of event (site map), and an event agenda or planned activities. If your event contains a program of various locations, your proposed route must also be attached.*

Confirmation: I agree to the terms and conditions listed above.

ENCROACHMENT LOCATION INFORMATION

Address or Special Event Location: Along 10th Street from Maple to Mulberry and along Maple to 9th

APPLICANT CONTACT INFORMATION

Organization Name: Indina Peony Festival
Contact Name: Kelly McVey
Address: 7161 Oakview Circle, Noblesville, IN 46062
Phone Number: 317-903-9555
Email: ipfkelly@gmail.com
Non-Profit: Yes

EVENT LOGISTICS

Event Name: Indiana Peony Festival
Type of Event: Cultural
If other, please explain:
What is the purpose of the event?: To celebrate the state flower

Event Requirements (Click All That Apply): Traffic Control/Security; EMS Presence; Event Barricades; Trash Pickup; Park Facilities

Event Starting Date & Time: 05/17/2025 at 10:00:00 AM

Event Ending Date & Time: 05/17/2025 at 04:00:00 PM

Setup Date & Time: 05/17/2025 at 06:00:00 AM

Tear Down Date & Time: 05/17/2025 at 04:30:00 PM

Total number of anticipated participants (including volunteers, spectators, runners, etc):
35000

Is this a first time event for you or the sponsoring organization at this location?: No

Do you plan to erect temporary structures such as stages, tents, booths, tables, bounce houses, etc for this event?: Yes

***If yes, please describe::** Approx 150 tents throughout the event

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

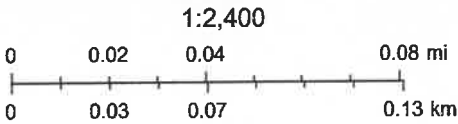
[Noblesville, IN](#)

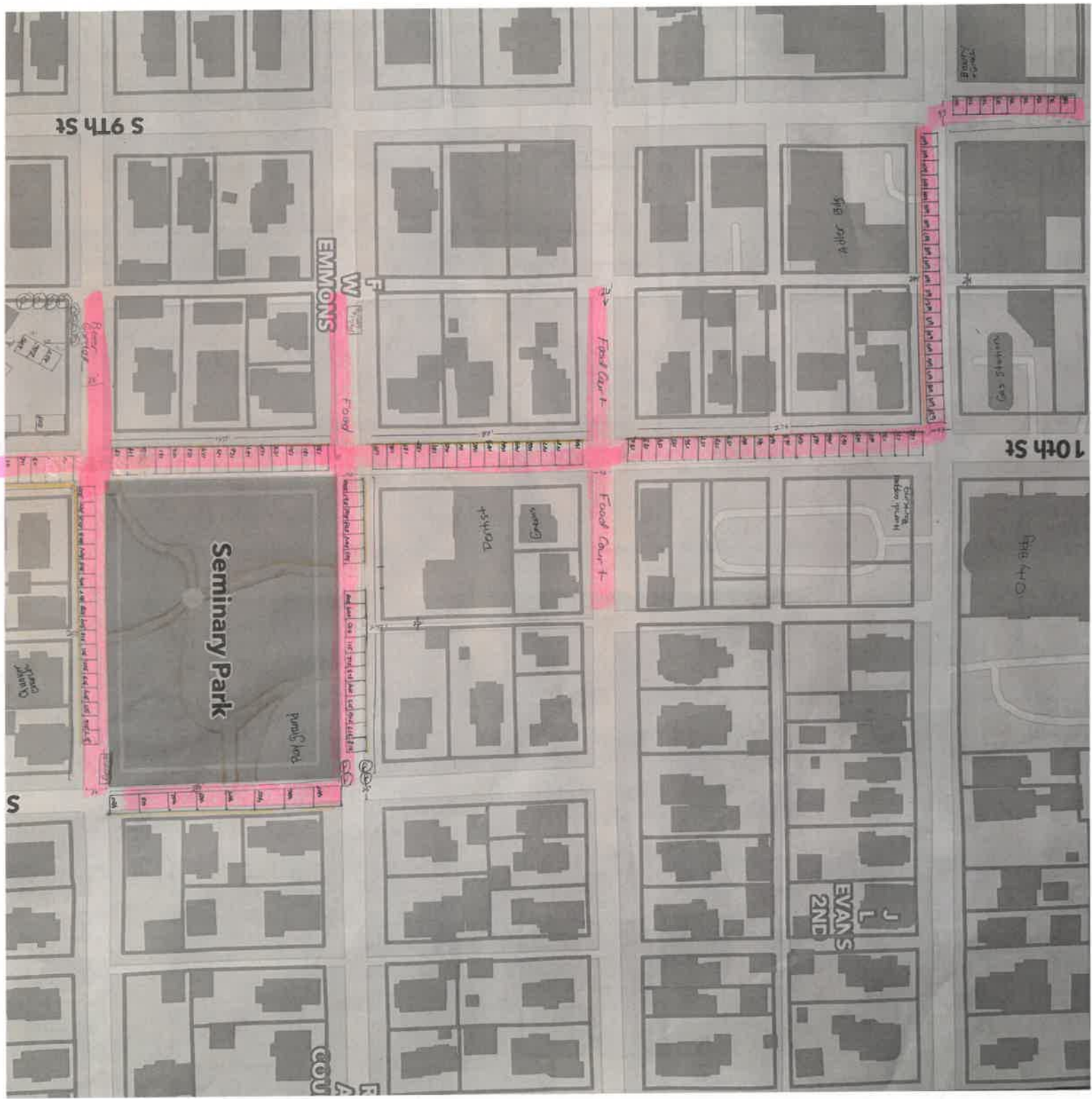
Indiana Peony Festival



4/2/2025, 11:07:41 AM

centerlines







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/17/2025

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: INSURER(S) AFFORDING COVERAGE INSURER A : ERIE INS CO INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 26263	
INSURED Indiana Peony Festival Inc 7161 Oakview Circle Noblesville IN 46062			

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:	Y	Q61-0151002	12/01/2024	12/01/2025	EACH OCCURRENCE \$ 1000000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000					
	MED EXP (Any one person) \$ 5000					
	PERSONAL & ADV INJURY \$ 1000000					
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					GENERAL AGGREGATE \$ 2000000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					PRODUCTS - COMP/OP AGG \$ 2000000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
						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**CANCELLATION**

City Of Noblesville 16 South 10th Street Noblesville IN 46060	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

Fax: Email:

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