



# Board of Public Works and Safety

## Agenda Item

### Cover Sheet

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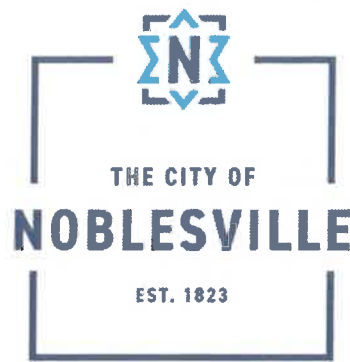
**MEETING DATE:** April 29, 2025

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

**ITEM #:** 6

**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 street closure and alley activation for the annual HATCH Fest

**DATE:** April 29, 2025

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Attached is a request from Ryan Shelton on behalf of Noblesville Creates to close Logan Street between State Road 19 and N 8<sup>th</sup> Street, as well as activate the north, east, and south alleys for the annual HATCH Fest on Saturday, June 14<sup>th</sup> from 9:00am to 7:00pm. This event is combined with the St. Michael's Strawberry Festival and SERVE Noblesville's F.U.N. Fest. There will be activities, performances and music in the alleys with themes celebrating Juneteenth, Technology and Heritage. Vendors will also have tents and tables on the Courthouse lawn, in the alleys, and Logan Street.

The committee recommends the Board of Public Works approve this street closure and alley activation request.

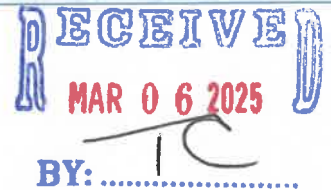


Stefanie Lascoux

ENCOR-0038-2025

**From:** Sent on Behalf of Street Department <no-reply@egovnotices.com>  
**Sent:** Thursday, March 6, 2025 10:27 AM  
**To:** Street Department  
**Subject:** Special Event Encroachment Permit Submitted - Receipt #2025-BTC2JT

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.



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](mailto: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:** Logan Street between State Road 19 and 8th Street

## APPLICANT CONTACT INFORMATION

**Organization Name:** Noblesville Creates  
**Contact Name:** Ryan Shelton  
**Address:** 107 S. 8th Street, Noblesville, IN 46060  
**Phone Number:** 317-900-1272  
**Email:** [rshelton@noblesvillecreates.org](mailto:rshelton@noblesvillecreates.org)  
**Non-Profit:** Yes

## EVENT LOGISTICS

**Event Name:** HATCH Fest  
**Type of Event:** Other  
**If other, please explain:** Make Faire  
**What is the purpose of the event?:** To provide space for makers of original wares to sell their items. This arts festival includes music and the Strawberry Festival, in addition to vendors, for

downtown patrons.

**Event Requirements (Click All That Apply):** Event Barricades

**Event Starting Date & Time:** 06/10/2025 at 11:00:00 AM

**Event Ending Date & Time:** 06/10/2025 at 05:00:00 PM

**Setup Date & Time:** 06/10/2025 at 09:00:00 AM

**Tear Down Date & Time:** 06/10/2025 at 07:00:00 PM

**Total number of anticipated participants (including volunteers, spectators, runners, etc):**  
3,000

**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::** Each vendor will have a 10' by 10' tent with tables, chairs, and wares for their booth.

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

[Noblesville, IN](#)

# HATCH Fest 2025

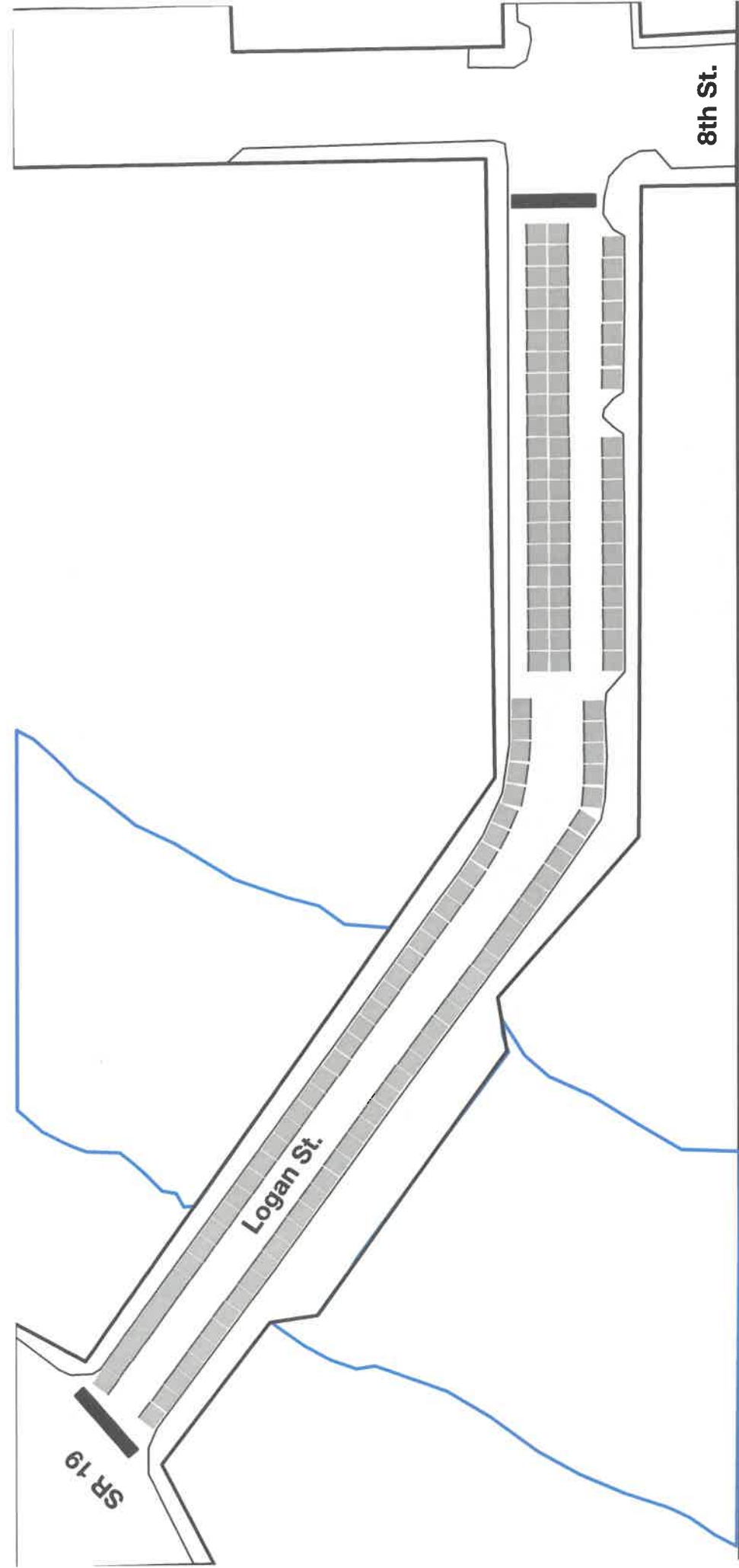


3/6/2025, 10:46:12 AM

centerlines

1:1,200

0 0.01 0.02 0.03 0.04 0.06 mi  
0 0.02 0.04 0.09 km





THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

February 7, 2025

City of Noblesville  
16 S 10TH ST  
NOBLESVILLE IN 46060

## Account Information:

Policy Holder Details :	NICKEL PLATE ARTS INC
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## Contact Us

### Need Help?

Chat online or call us at  
(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,  
Your Hartford Service Team





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/07/2025

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 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).

<b>PRODUCER</b> SHEPHERD INSURANCE LLC/PHS 36212003 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	<b>CONTACT</b> <b>NAME:</b>		
	<b>PHONE</b> (866) 467-8730 <b>(A/C, No, Ext):</b>	<b>FAX</b> <b>(A/C, No):</b>	
	<b>E-MAIL</b> <b>ADDRESS:</b>		
<b>INSURED</b> NICKEL PLATE ARTS INC 107 S 8TH ST NOBLESVILLE IN 46060-2608	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC#</b>
	<b>INSURER A :</b> Twin City Fire Insurance Company		29459
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY	X		36 SBA IB8700	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person)	\$10,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	\$2,000,000	
							PRODUCTS - COMP/OP AGG	\$2,000,000	
A	AUTOMOBILE LIABILITY			36 SBA IB8700	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)		
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTOS						<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/>						<input type="checkbox"/>		
	<input type="checkbox"/>						<input type="checkbox"/>		
A	UMBRELLA LIAB EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR CLAIMS-MADE	36 SBA IB8700	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000		
		AGGREGATE				\$1,000,000			
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input type="checkbox"/> N/A		36 SBA IB8700	01/01/2025	01/01/2026	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		
							E.L. DISEASE - POLICY LIMIT		
A	EMPLOYMENT PRACTICES LIABILITY			36 SBA IB8700	01/01/2025	01/01/2026	Each Claim Limit	\$10,000	
							Aggregate Limit	\$10,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

**CERTIFICATE HOLDER****CANCELLATION**City of Noblesville  
16 S 10TH ST  
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

*Susan L. Castaneda*

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