

Board of Public Works and Safety

Agenda Item

Cover Sheet

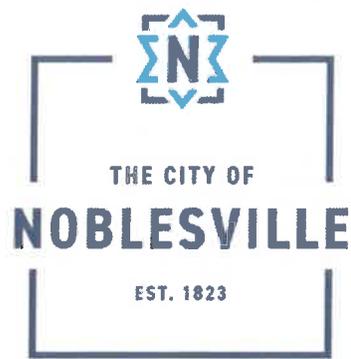
MEETING DATE: April 29, 2025

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

ITEM #: 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

Attached is a request from Ryan Shelton on behalf of Noblesville Creates to close Logan Street between State Road 19 and N 8th Street, as well as activate the north, east, and south alleys for the annual HATCH Fest on Saturday, June 14th 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.



RECEIVED
MAR 06 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: 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
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](#).

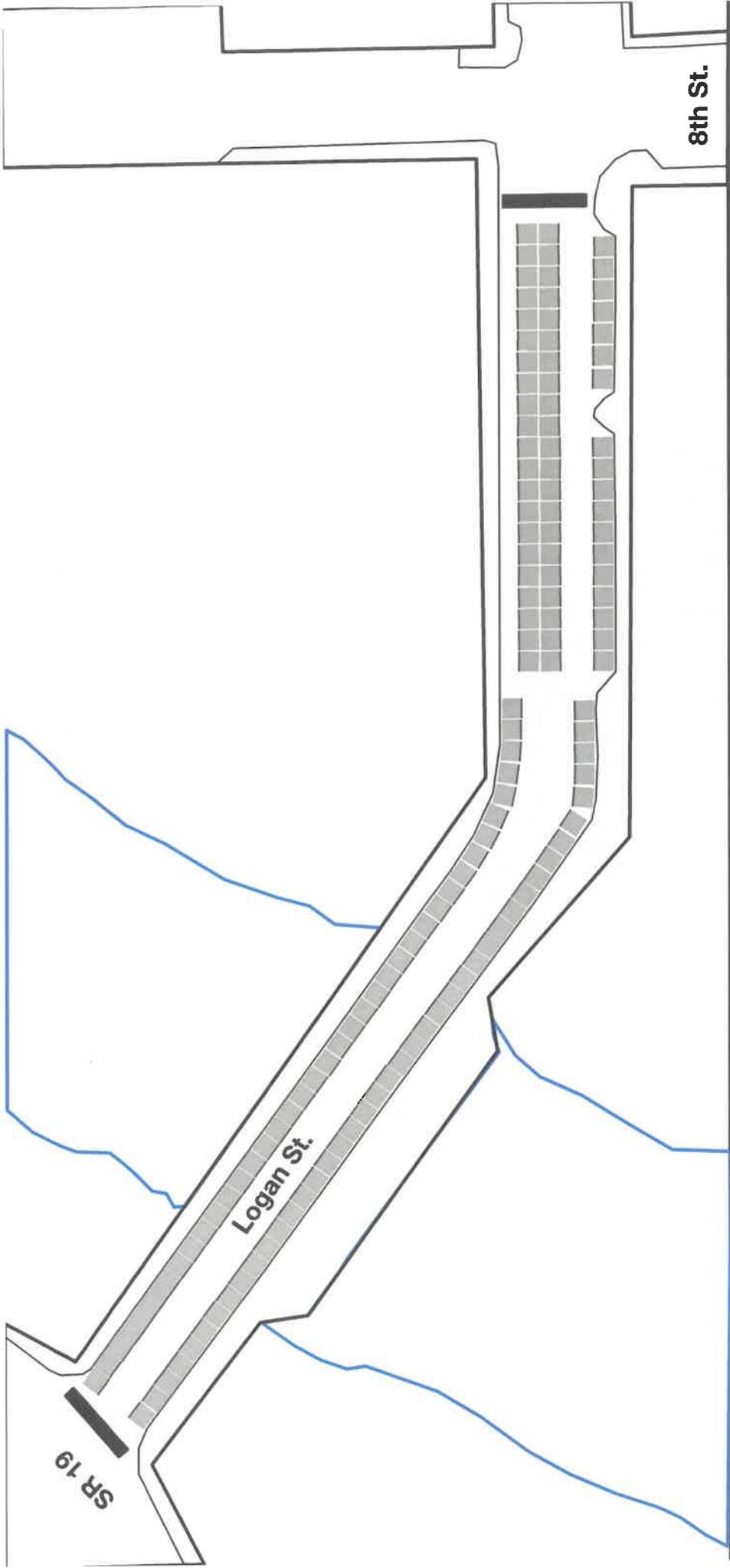
[Noblesville, IN](#)

HATCH Fest 2025



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

centerlines



8th St.

Logan St.

SR 19



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 |
|--------------------------------|------------------------------|



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).

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

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 | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability | X | | 36 SBA IB8700 | 01/01/2025 | 01/01/2026 | EACH OCCURRENCE | \$1,000,000 |
| | <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 |
| | | | | | | | MED EXP (Any one person) | \$10,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | 36 SBA IB8700 | 01/01/2025 | 01/01/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | |
| | | | | | | | BODILY INJURY (Per accident) | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | 36 SBA IB8700 | 01/01/2025 | 01/01/2026 | EACH OCCURRENCE | \$1,000,000 |
| | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | | AGGREGATE | \$1,000,000 |
| A | 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 | | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | |
| | | | | | | | 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

© 1988-2015 ACORD CORPORATION. All rights reserved.