

AGENDA

A MEETING OF THE BOARD OF PUBLIC WORKS & SAFETY OF THE CIVIL CITY OF NEW ALBANY, INDIANA, WILL BE HELD IN ROOM 100 AT NEW ALBANY CITY HALL ON TUESDAY, APRIL 23, 2024 AT 10:00 A.M.

CALL TO ORDER:

PLEDGE OF ALLEGIANCE:

BIDS:

NEW BUSINESS:

COMMUNICATIONS – PUBLIC:

UNFINISHED BUSINESS:

TABLED ITEMS:

COMMUNICATIONS – CITY OFFICIALS:

1. Krystina Jarboe re: Special Event Permits
 - City of New Albany: Bicentennial Park Summer Concert Series
 - Friday, June 14 – NA Parks: Juneteenth Celebration
2. Mickey Thompson for Miller Pipeline/CenterPoint re: new gas service at 2530 Broadway St.
3. Mickey Thompson for AT&T re: New conduit/fiber at 3300 Kamer Miller Rd.
4. Mickey Thompson for Duke Energy re: Replace a broken pole at 1020 Pearl St.

APPOINTMENTS:

CLAIMS:

APPROVAL OF MINUTES:

Regular Meeting Minutes for April 16, 2024

ADJOURN:

A MEETING OF THE BOARD OF PUBLIC WORKS & SAFETY OF THE CIVIL CITY OF NEW ALBANY, INDIANA, WILL BE HELD IN ROOM 100 AT NEW ALBANY CITY HALL ON TUESDAY, APRIL 16, 2024 AT 10:00 A.M.

PRESENT: Cheryl Cotner-Bailey, member, David Brewer, member and Mickey Thompson, president.

OTHERS PRESENT: Police Chief Bailey, Fire Chief Juliot, Phil Aldridge, David Rake, Sam Sher, Krystina Jarboe, Linda Moeller, Brad Ramsey, Jessica Campbell, David Hall, Tonya Fisher, Sean Payne, Councilman Dickey and Mindy Milburn

CALL TO ORDER:

Mr. Thompson called the meeting to order at 10:00 a.m.

PLEDGE OF ALLEGIANCE:

BIDS:

NEW BUSINESS:

1. **Micah Arnold, Arnold Painting re: Request to block off area around the back wall of Underground Station to paint**

Ms. Fisher stated that Arnold's Painting is asking for permission to paint back wall of Underground Station one color to cover the old mural. She explained that they will need to block off 30' from the back wall and 20' from the side wall. She stated that they will start work on April 26 to pressure wash which will require a week to dry, and then they would come back on May 1 to caulk and May 2 to paint.

Mrs. Cotner-Bailey asked if they have a plan for the generator and dumpsters

Ms. Fisher stated that she believes he plans to cover those with tarps.

Mrs. Cotner-Bailey asked that she makes sure that they coordinate with Sherri Baker before the work gets going

Mr. Thompson asked if anything was going to be done on the City Hall Side.

Ms. Fisher replied no.

Mr. Thompson stated that they need to make sure to cover all the decorative items.

Mrs. Cotner-Bailey asked if the Historic Preservation has to be involved in the color of paint or any other details.

Ms. Fisher showed the color to the board and stated that it is a dark olive which is within their guidelines, but she will check with them.

Mr. Thompson stated that they will need to maintain the ADA entrance ramp as well.

Mrs. Cotner-Bailey asked if anyone has coordinated with Andy Carter and his tenants.

Ms. Fisher stated that she talked with him yesterday and he said that the only thing he needed to know was the dates.

Mrs. Cotner-Bailey asked her to make sure the tenants are notified and to check with Mrs. Baker for when the dumpsters get emptied. She asked if he will provide his own cones to block the area off.

Mr. Brewer stated that he might need barricades.

Ms. Fisher stated that she will find out what he has and make sure he has what he needs.

Mrs. Cotner-Bailey moved to approve, **Mr. Brewer second, motion carries.**

COMMUNICATIONS – PUBLIC:

Todd Huffstutler, AllTerrain, requested permission to start three drainage projects that includes work at 1139 Griffin Street (curb and apron work), 2502 Stover Drive (curb and apron reconstruction, minor milling and resurfacing), and 1426 Slate Run Road (reconstruct the driveway to promote drainage). He stated that each location is a 2–3 day project.

Mrs. Conter-Bailey asked if he has any maps for the work.

Mr. Huffstutler stated that he doesn't have anything with him but it would be a standard 9:00 a.m. – 3:00 p.m. closure during business hours with flaggers. He added that if they need a formal Maintenance of Traffic plan that he could get that to him, but it should be fairly low impact.

Mrs. Cotner-Bailey asked if the homeowners have been notified at each site.

Mr. Huffstutler stated that they have.

Mrs. Cotner-Bailey asked if the Stover Drive area was recently paved.

Mr. Thompson replied yes. He asked if this is to address punch list items from the recent paving.

Mr. Huff replied yes.

MR. Thompson asked when he wants to start

Mr. Griffith and stover can start but he would like to start all three at the same time because he has the capability

Mrs. Cotner-Bailey asked what time school lets out

Mrs. Campbell stated 2:15 p.m.

Mrs. Cotner-Bailey stated that he would need to be wrapped up at that location by 2:00 p.m.

Mr. Huffstutler stated that he might start Slate Run the following week and the other two this week, but each project should be three days in and out.

Mrs. Cotner-Bailey moved to approve, **Mr. Brewer second, motion carries.**

UNFINISHED BUSINESS:

1. **Scott Richert, KPS Construction re: work at 3421 Grant Line Road for the new Jiffy Lube**

Mr. Thomson explained to the board that this is the permit they had on previous agendas that they had questions about the Maintenance of Traffic Plan on and Mr. Richert is here to answer any questions.

Mrs. Cotner-Bailey asked how he is affiliated with the project.

Mr. Richert stated that he is the project manager

Mr. Thomson asked when the work on the utility and driveway will start

Mr. Richert stated June 3 and added that they are expected to be in traffic for no more than five days.

Mr. Thompson asked if the project would be plated or open after hours.

Mr. Richert stated that they hadn't planned to but if the board needs them to, they can look at that. He explained that they don't know how far out in the road they will need to be but if they can stay in the right lane, they will plate it.

Mr. Thomson asked what Safety Co. planned for this lane shift if they don't know how far they will need to go out.

Mr. Richert explained that they believe they will be able to stay in the right lane so they planned for that.

Mr. Thomson stated that the size of the hole will influence the boards decision on this because it becomes a safety issue.

Mrs. Cotner-Bailey asked if they won't know the size until they start the work.

Mr. Richert stated that is correct.

Mrs. Cotner-Bailey explained that the previous request indicated June 24 as a start date and asked if June 3 was the correct date or a new date.

Mr. Richert stated that they would like to start June 3 but they could wait until June 24 if needed.

Mr. Brewer stated that they will know the first day how far out the hole will be and they can let Mr. Thompson know.

Mrs. Cotner-Bailey asked if the sidewalk will be closed during work and opened back up at night if they can plate it.

Mr. Richert replied yes.

Mr. Thomson asked if they are just tying in to the one utility.

Mr. Richert replied yes.

Mr. Thompson asked if they were going to have arrow boards on site because the map provide does look like it shows arrow boards but he isn't certain.

Mr. Richert stated that he believes that they will.

Mrs. Cotner-Bailey moved to approve the lane shift for June 3 between 8:00 a.m. – 4:00 p.m. for five days with the stipulation that they let Mr. Thompson know if the road will be able to be plated, Mr. second, motion carries.

TABLED ITEMS:

COMMUNICATIONS – CITY OFFICIALS:

1. Mickey Thompson re: Handicap removal at 1637 walnut street

Mr. Thompson stated that he received a letter from Mr. Clifford Hickerson requested the removal of the handicap spot on Walnut Street. He explained that Mr. Hickerson's grandmother had the space but she has passed away so it is no longer needed.

Mrs. Cotner-Bailey moved to approve, Mr. Brewre second, motion carries.

2. Mickey Thomson re: Paving Project Update

Mr. Thompson reported that they are continuing to work on punch list items and MAC notified the city that they plan to start back on decorative crosswalks this Thursday, weather permitting.

APPOINTMENTS:

CLAIMS:

APPROVAL OF MINUTES:

Mr. Brewer moved to approve the Regular Meeting Minutes for April 9, 2024, Mr. second, motion carries.

ADJOURN:

There being no further business before the board, the meeting adjourned at 10:41 a.m.

Mickey Thompson, President

Mindy Milburn, Deputy City Clerk



Special Event Permit Application

142 East Main Street, Suite 310

New Albany, IN 47150

812-948-5333

www.cityofnewalbany.com

Applicant and Host Organization Information

Host Organization – The Host Organization is legally and financially responsible for the overall permitting process, management and implementation of an event and its associated dynamics.

Host Organization Name: City of New Albany Parks and Recreation

Host Organization Event Representative – The event representative will be the main point of contact for all planning activities and day-of activities.

Event Representative and Title: Jena Fath - Special Events & Marketing Coordinator

Host Organization Website: www.cityofnewalbany.com/parks

Address: 2043 Silver Street

City: New Albany State: Indiana Zip Code: 47150

Work Phone: 812-949-5448 Cell Phone: 502-830-5735

Email: jfath@cityofnewalbany.com

Please list any additional person, professional event organizer or service contractor hired by the Host Organization that is authorized to make decisions on the Host Organization’s behalf for this event.

Name: _____

Name: _____

Company: _____

Company: _____

Email: _____

Email: _____

Phone Number : _____

Phone Number: _____

Why would you like to hold your event in New Albany?

Banner Permit:

Will you be filling out a banner permit? **Yes**

Please contact the City Clerk’s Office for more information regarding the City’s policy on banners and banner permits.

Event Specific Information

Event Name: Juneteenth Celebration

Is this an annual event? Yes

Anticipated Attendance – The estimated amount of people expected at event. 300-500

Anticipated Participants – If the proposed event has registered participants,
the estimated number expected. 0

Anticipated Number of Event Staff/Volunteers - 5

Event Description (including purpose, target audience and description):

The purpose of our Juneteenth Celebration is to celebrate the history of Juneteenth with our community. This event does not have a limited target audience as there is something for everyone to enjoy. There will be food and merchandise vendors, entertainment and family friendly activities.

Requested Venue:

Riverfront Amphitheater City Square Pearl St. (Where E. Spring St. &
 Bicentennial Park Other (Specify) _____

Type of Event:

Run/Walk Rally Parade Concert Wedding Ceremony/Photos
 Fair Picnic Other (Specify) Block/Street Celebration

Proposed Event Date: June 14 Day of the Week: Friday

Set-Up Begin Time*: 10:00am Set-Up End Time: 4:00pm

Event Begin Time: 4:00pm Event End Time: 8:00pm

Break-Down Begin Time: 8:00pm Break-Down End Time**: 10:00pm

Proposed Rain Date: N/A Day of the Week: N/A

* The **Set-Up Begin Time** is the time the venue reservation contract time begins and the earliest any event-related activity can happen in the venue/space.

The **Break-Down End Time is the time the venue reservation contract ends and the latest any event-related activity can happen in the venue/space.

Weather:

Is this event rain or shine? Yes

Description of inclement weather plan:

Storms/lightening or high winds cause cancellation.

Event Logistics:

Will normal operations of residents or businesses be affected by your event? **Yes**

If yes, please attach a copy of the notification letter to be approved by the Board of Public Works before being sent to the affected residents/businesses.

Is this event open to the public? **Yes**

Will you charge admission or participation fees? If so, what is the charge? What will the monies collected at this event go towards?

No

Site Plan/Route Map Information:

A site plan/route map must be submitted along with the completed application. Applications without site plans/route maps are incomplete and will be rejected and returned to the applicant.

Site Plan/Route Map criteria:

1. Directional orientation, indicated by arrows.
2. An outline of the entire event venue footprint, including labeling the street that are requested to be closed as a part of the event venue. If the event involves a route, please indicate the direction of travel with all the street closures and barricade placement clearly marked.
3. The location of all physical equipment and structures being placed within the event footprint including, but not limited to, stage(s), vendors, concessions, tents, portable restrooms, and fencing.
4. Location of event-based alcohol sales and the proposed consumption area. Provide what will be used to determine boundaries: fencing, enclosed tents, etc.
5. Generator locations, if used to power the event vendors or contract services.
6. Proposed placement of vehicles and/or trailers.
7. Entry and exit locations.
8. Location of accessible viewing area.
9. General parking and accessible parking areas.
10. All requests for reserving the amphitheater **MUST** have volunteers stationed on both sides of the railroad. Please indicate these volunteers on site plan/route map.

Have you attached a site plan/route map to your special event permit using these criteria? **Yes**

Road Closure Request:

Do you require a road closure? **Yes**

If yes, list the street or lane closures:

Closure Type (full or partial lane)	Street Name	Start Date	Start Time	End Date	End Time
Full	Pearl St (where E Spring St & Pearl St meet)	6-14-2024	10:00am	6-14-2024	10:30pm

Security and First Aid:

Will you have contracted security? No

Number of security personnel on-site for event: N/A

Please list the provider of contracted security:

Company: N/A

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where contracted security will be located.

Will you have a first aid kit on site? Yes

Will you have an on-site provider of primary first aid? No

Please list the provider of first aid:

Company: N/A

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where first aid kit(s) and/or provider of first aid will be located.

Will you request the New Albany safety/traffic control services? Yes

If yes, please explain your request: We will need to make sure barriers are placed at each

Food and Beverage:

Will there be concessions at your event? Yes

If yes, describe: Food Trucks

On attached map, please include where each concession will be located.

Please note all food vendors must obtain a license from the Floyd County Health Department.

Alcohol:

Will alcohol be served at your event? No

On attached map, please include where alcohol will be located.

*Please note, a representative from the Host Organization to attend the Board of Public Works meeting **at least 60 days** in advance to answer any questions regarding their event. Please attach the Special Events Liquor Permit obtained from the Indiana Alcohol & Tobacco Commission. For further permit information, contact the Indiana Alcohol & Tobacco Commission at (317) 232-2430 or www.in.gov/atc/.*

Fencing:

Will you have fencing? **No**

Please list the provider of fencing:

Company: N/A

Contact Name: _____

Email: _____

Phone Number: _____

Date and time fencing will be set up: _____

Date and time fencing will be taken down: _____

On attached map, please include where fencing will be located.

Restrooms:

Will you be requesting use of the amphitheater restrooms? **No**

(Amphitheater restrooms are closed due to winterization November 1st to March 1st each year.)

If yes, what time will you request the restrooms be open?

If yes, what time will you request the restrooms be closed?

If no, please list the provider of portable restrooms:

Company: N/A

Contact Name: _____

Email: _____

Phone Number: _____

Date and time portable restrooms will be dropped off: _____

Date and time portable restrooms will be picked up: _____

Total number of portable restrooms on site: _____

Will you have ADA portable restrooms on site?

On attached map, please include where the portable restrooms will be located.

Equipment and Decorations:

DO NOT put nails or staples into trees/structures or stake anything in the ground.

Will you use tents? **Yes**

What type of tents will be used? 10 ft x 10 ft pop up tent

What will be used to weigh tents down? Sand weights

Will other temporary structures be used? **No**

If yes, what other temporary structures will be used? _____

On attached map, please include where tents and temporary structures will be located.

Trash Plan:

How will trash be monitored during and after your event? How will trash be removed from premises after the event? will coordinate with street department for additional garbage.

Number of trash receptacles: _____

Number of recycling receptacles: _____

Please list the provider of trash services:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where trash cans will be located.

Entertainment Activities:

Will you have music? No

If yes, list the time(s) of music during the event:

If yes, what type of music/amplification?

On attached map, please include where the entertainment activities will be located.

Will you have inflatables? Yes

If yes, please list the inflatable provider:

Company: Astro Jump

Contact Name: Anne Marie

Email: astrolouemail@gmail.com

Phone Number: 502-955-9060

On attached map, please include where inflatables will be located.

Electric:

Will you use electricity? Yes

Will you use generators? Food Trucks may

Outdoor extension cords must be 3-prong UL listed extension cords.

On attached map, please include where the generators or other large electrical equipment will be located.

Describe electrical usage:

Electrical will be used for 2 bounce houses and potentially food truck vendors.

Affidavit of Application:

Everything that I have stated on this Special Event Permit Application is correct to the best of my knowledge. I have read, understand and agree to abide by the polices, rules and regulations listed on this and all applicable forms, including the City of New Albany ordinances, as they pertain to the requested usage. Applicant agrees and understands any significant damage to city property will be the sole responsibility of the applicant. By signing this application, the applicant agrees to follow all rules and regulations and city ordinances. The permit, if granted, is not transferrable and is revocable at any time at the absolute discretion of the New Albany Board of Public Works. All programs and facilities of the City of New Albany are open to all citizens regardless of race, sex, age, color, religion, national origin and abilities.

Name of Applicant (please print): Jena Fath - Special Events & Marketing Coordinator

Signature: _____

Date:

**Completed Special Event Permit Applications may be mailed or delivered in person to:
City of New Albany, ATTN: Krystina Jarboe
142 East Main Street, Suite 310
New Albany, IN 47150**

**Completed Special Event Permit Applications may also be emailed to Krystina Jarboe at:
kjarboe@cityofnewalbany.com**

Office Use Only

_____ Taken under advisement

_____ Approved

_____ Denied

Signed: _____
(Board of Works President)

Date: _____, 2024

Notes:

SAVE THE DATE

CELEBRATE JUNETEENTH

Freedom Day - Friday, June 14

BICENTENNIAL PARK 4PM-8PM



SAVE THE DATE

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SAVE THE DATE

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Freedom Day - Friday, June 14

BICENTENNIAL PARK 4PM-8PM



SAVE THE DATE

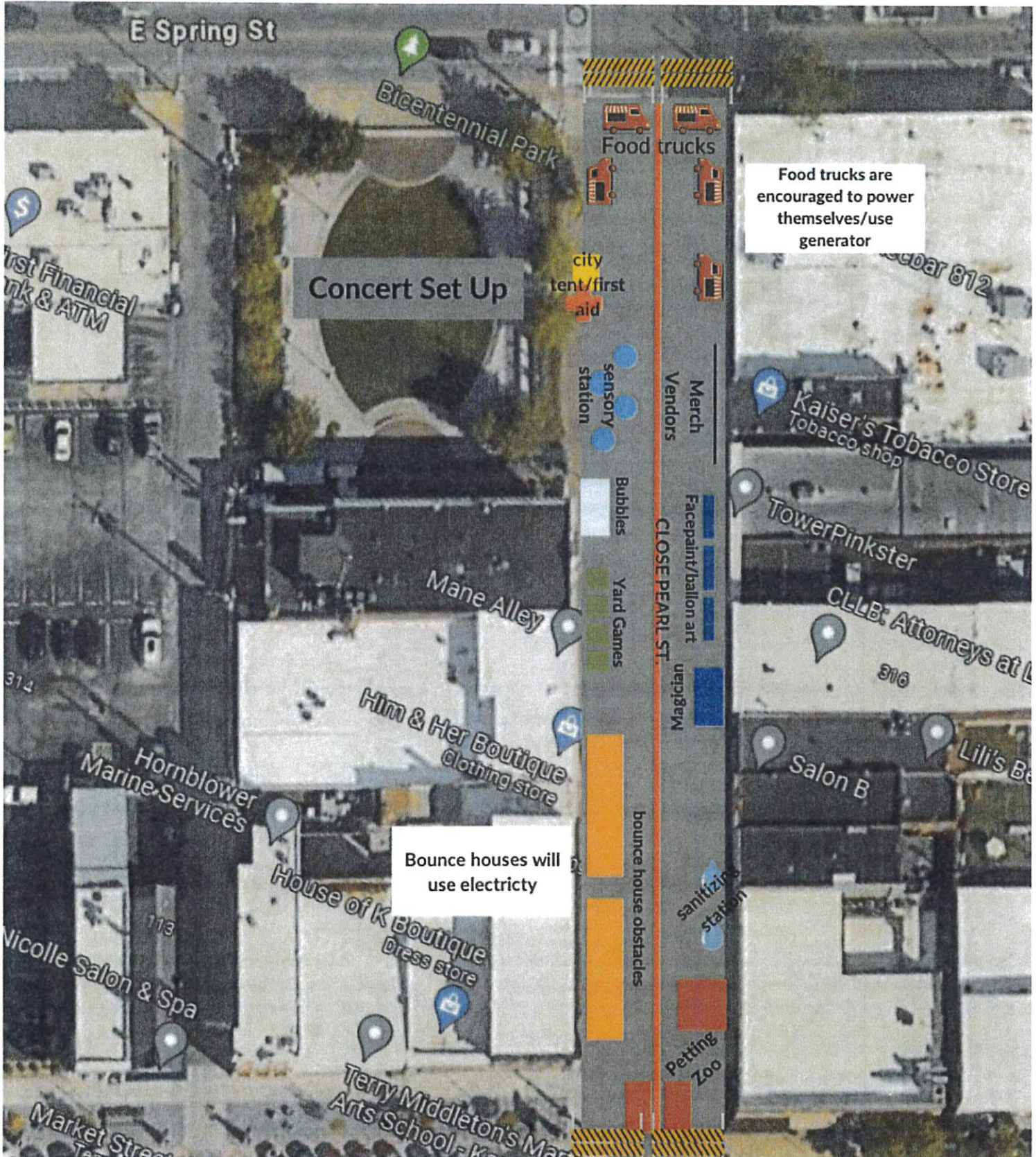
CELEBRATE JUNETEENTH

Freedom Day - Friday, June 14

BICENTENNIAL PARK 4PM-8PM



NA PARKS: JUNE TENTH CELEBRATION
FRI. JUNE 14TH





CITY OF NEW ALBANY TEMPORARY BANNER PERMIT APPLICATION AND INFORMATION

APPLICANT INFORMATION:

Business Name City of New Albany Parks and Recreation Date Submitted 4/12/2024
Business Address 2043 Silver Street
Contact Person Jenai Fath Telephone 502-830-5735

PROJECT INFORMATION:

Banner will display promotion of our Juneteenth event in conjunction with the summer concert series.

Address where banner will be displayed: E. B. Street + E. Spring Street

Banner Size: Width 3ft Length 30ft Sq. ft. 90
Dates Banner will be displayed: May 31 to June 14 Total days 14
Number of temporary banners this year 1

ADDITIONAL INFORMATION:

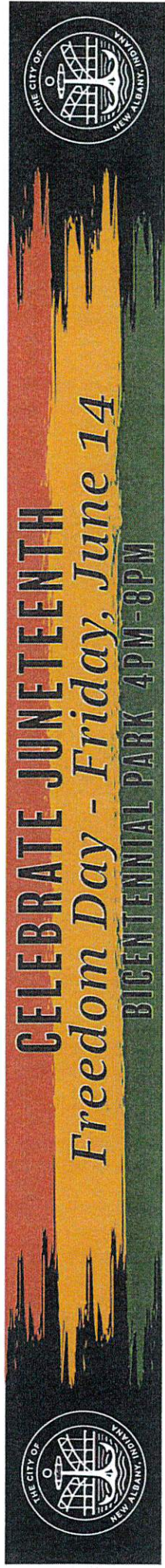
Please attach digital rendering of graphic when you submit your application.
Please review the City of New Albany's banner policy and requirements (attached) before submitting application.
If you have any questions or concerns please contact the City Clerk's office at 812-948-5336.
Applications will be reviewed and approved by the Board of Public Works and Safety. The board meets every Tuesday at 10:00 a.m. Contact the City Clerk's office to be added to their agenda

STAFF REVIEW:

Staff Signature _____ Date _____

NA PARKS:

BANNER PROOF





Special Event Permit Application

142 East Main Street, Suite 310
New Albany, IN 47150
812-948-5333

www.cityofnewalbany.com

Applicant and Host Organization Information

Host Organization – The Host Organization is legally and financially responsible for the overall permitting process, management and implementation of an event and its associated dynamics.

Host Organization Name: City of New Albany

Host Organization Event Representative – The event representative will be the main point of contact for all planning activities and day-of activities.

Event Representative and Title: Mike Hall

Host Organization Website: www.cityofnewalbany.com

Address: 142 E Main Street

City: New Albany State: IN Zip Code: 47150

Work Phone: 812-948-5333 Cell Phone: _____

Email: mhall@cityofnewalbany.com

Please list any additional person, professional event organizer or service contractor hired by the Host Organization that is authorized to make decisions on the Host Organization’s behalf for this event.

Name: _____

Name: _____

Company: _____

Company: _____

Email: _____

Email: _____

Phone Number : _____

Phone Number: _____

Why would you like to hold your event in New Albany?

Banner Permit:

Will you be filling out a banner permit?

Please contact the City Clerk’s Office for more information regarding the City’s policy on banners and banner permits.

Event Specific Information

Event Name: Bicentennial Park Summer Concert S

Is this an annual event?

Anticipated Attendance – The estimated amount of people expected at event. 1000

Anticipated Participants – If the proposed event has registered participants,
the estimated number expected. N/A

Anticipated Number of Event Staff/Volunteers - _____

Event Description (including purpose, target audience and description):

The Bicentennial Park Summer Concert Series occurs every Friday in the summer. These free concerts are open to music lovers of all ages.

Requested Venue:

Riverfront Amphitheater City Square
 Bicentennial Park Other (Specify) _____

Type of Event:

Run/Walk Rally Parade Concert Wedding Ceremony/Photos
 Fair Picnic Other (Specify) _____

Proposed Event Date: 5/31, 6/7, 6/14, 6/21, 6/28, 7/12, 7/19, 7/26 Day of the Week: Friday

Set-Up Begin Time*: Set-Up End Time:

Event Begin Time: Event End Time:

Break-Down Begin Time: Break-Down End Time**:

Proposed Rain Date: N/A Day of the Week: N/A

* The **Set-Up Begin Time** is the time the venue reservation contract time begins and the earliest any event-related activity can happen in the venue/space.

The **Break-Down End Time is the time the venue reservation contract ends and the latest any event-related activity can happen in the venue/space.

Weather:

Is this event rain or shine?

Description of inclement weather plan:

In the case of inclement weather the event will be canceled.

Event Logistics:

Will normal operations of residents or businesses be affected by your event?

If yes, please attach a copy of the notification letter to be approved by the Board of Public Works before being sent to the affected residents/businesses.

Is this event open to the public?

Will you charge admission or participation fees? If so, what is the charge? What will the monies collected at this event go towards?

Free event

Site Plan/Route Map Information:

A site plan/route map must be submitted along with the completed application. Applications without site plans/route maps are incomplete and will be rejected and returned to the applicant.

Site Plan/Route Map criteria:

1. Directional orientation, indicated by arrows.
2. An outline of the entire event venue footprint, including labeling the street that are requested to be closed as a part of the event venue. If the event involves a route, please indicate the direction of travel with all the street closures and barricade placement clearly marked.
3. The location of all physical equipment and structures being placed within the event footprint including, but not limited to, stage(s), vendors, concessions, tents, portable restrooms, and fencing.
4. Location of event-based alcohol sales and the proposed consumption area. Provide what will be used to determine boundaries: fencing, enclosed tents, etc.
5. Generator locations, if used to power the event vendors or contract services.
6. Proposed placement of vehicles and/or trailers.
7. Entry and exit locations.
8. Location of accessible viewing area.
9. General parking and accessible parking areas.
10. All requests for reserving the amphitheater **MUST** have volunteers stationed on both sides of the railroad. Please indicate these volunteers on site plan/route map.

Have you attached a site plan/route map to your special event permit using these criteria?

Road Closure Request:

Do you require a road closure?

If yes, list the street or lane closures:

Closure Type (full or partial lane)	Street Name	Start Date	Start Time	End Date	End Time
Partial	Spring Street		2:00pm		10:00pm

*** PLEASE BLOCK LEFT TURNING LANE ON STATE ST.**

Security and First Aid:

Will you have contracted security?

Number of security personnel on-site for event: _____

Please list the provider of contracted security:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where contracted security will be located.

Will you have a first aid kit on site?

Will you have an on-site provider of primary first aid?

Please list the provider of first aid:

Company: NAFD _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where first aid kit(s) and/or provider of first aid will be located.

Will you request the New Albany safety/traffic control services?

If yes, please explain your request: Partial street closure on Spring Street

Food and Beverage:

Will there be concessions at your event?

If yes, describe:

On attached map, please include where each concession will be located.

Please note all food vendors must obtain a license from the Floyd County Health Department.

Alcohol:

Will alcohol be served at your event?

On attached map, please include where alcohol will be located.

*Please note, a representative from the Host Organization to attend the Board of Public Works meeting **at least 60 days** in advance to answer any questions regarding their event. Please attach the Special Events Liquor Permit obtained from the Indiana Alcohol & Tobacco Commission. For further permit information, contact the Indiana Alcohol & Tobacco Commission at (317) 232-2430 or www.in.gov/atc/.*

Fencing:

Will you have fencing?

Please list the provider of fencing:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

Date and time fencing will be set up: _____

Date and time fencing will be taken down: _____

On attached map, please include where fencing will be located.

Restrooms:

Will you be requesting use of the amphitheater restrooms?

(Amphitheater restrooms are closed due to winterization November 1st to March 1st each year.)

If yes, what time will you request the restrooms be open?

If yes, what time will you request the restrooms be closed?

If no, please list the provider of portable restrooms:

Company: City portable restrooms

Contact Name: _____

Email: _____

Phone Number: _____

Date and time portable restrooms will be dropped off: _____

Date and time portable restrooms will be picked up: _____

Total number of portable restrooms on site: _____

Will you have ADA portable restrooms on site?

On attached map, please include where the portable restrooms will be located.

Equipment and Decorations:

DO NOT put nails or staples into trees/structures or stake anything in the ground.

Will you use tents?

What type of tents will be used?

What will be used to weigh tents down?

Will other temporary structures be used?

If yes, what other temporary structures will be used? _____

On attached map, please include where tents and temporary structures will be located.

Trash Plan:

How will trash be monitored during and after your event? How will trash be removed from premises after the event? **trash will be monitored before, during, and after the event. All trash will be _____ removed at end of the event.**

Number of trash receptacles: 8

Number of recycling receptacles: 4

Please list the provider of trash services:

Company: New Albany Street Department

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where trash cans will be located.

Entertainment Activities:

Will you have music?

If yes, list the time(s) of music during the event:

6:30pm to 9:30pm

If yes, what type of music/amplification?

On attached map, please include where the entertainment activities will be located.

Will you have inflatables?

If yes, please list the inflatable provider:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

On attached map, please include where inflatables will be located.

Electric:

Will you use electricity?

Will you use generators?

Outdoor extension cords must be 3-prong UL listed extension cords.

On attached map, please include where the generators or other large electrical equipment will be located.

Describe electrical usage:

Affidavit of Application:

Everything that I have stated on this Special Event Permit Application is correct to the best of my knowledge. I have read, understand and agree to abide by the polices, rules and regulations listed on this and all applicable forms, including the City of New Albany ordinances, as they pertain to the requested usage. Applicant agrees and understands any significant damage to city property will be the sole responsibility of the applicant. By signing this application, the applicant agrees to follow all rules and regulations and city ordinances. The permit, if granted, is not transferrable and is revocable at any time at the absolute discretion of the New Albany Board of Public Works. All programs and facilities of the City of New Albany are open to all citizens regardless of race, sex, age, color, religion, national origin and abilities.

Name of Applicant (please print): Mike Hall

Signature: _____

Date:

Completed Special Event Permit Applications may be mailed or delivered in person to:

**City of New Albany, ATTN: Krystina Jarboe
142 East Main Street, Suite 310
New Albany, IN 47150**

Completed Special Event Permit Applications may also be emailed to Krystina Jarboe at:

kjarboe@cityofnewalbany.com

Office Use Only

_____ Taken under advisement

_____ Approved

_____ Denied

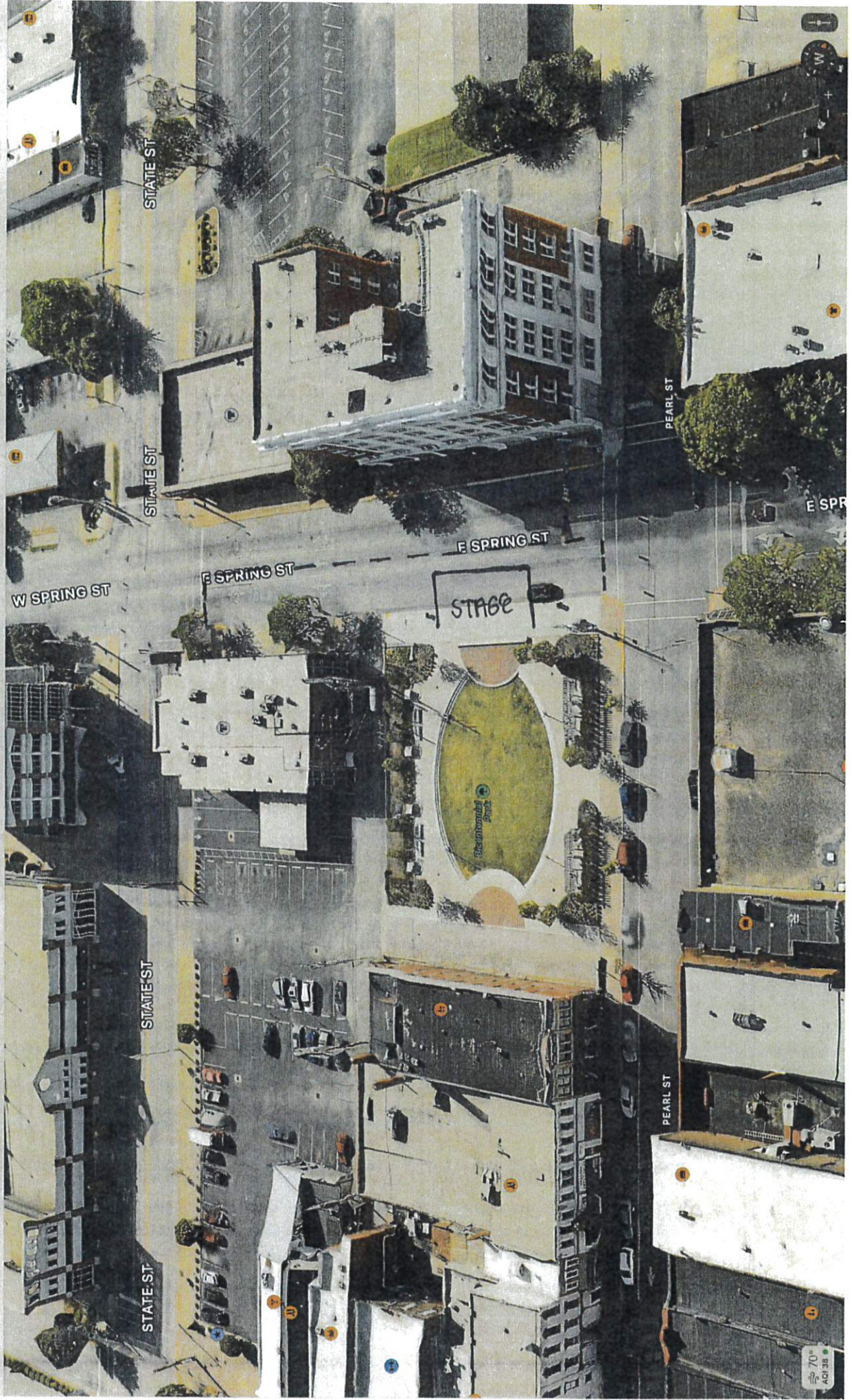
Signed: _____
(Board of Works President)

Date: _____, 2024

Notes:

CITY OF NEW ALBANY
BICEN. PARK SUMMER CONCERT SERIES
5/31, 6/7, 6/14, 6/21, 6/28, 7/5, 7/12, 7/19, 7/26

New Albany - Floyd County



21166



BOARD OF PUBLIC WORKS AND SAFETY
 NEW ALBANY CITY HALL
 142 EAST MAIN STREET, SUITE 200
 NEW ALBANY, IN. 47150

NAPWPermits@cityofnewalbany.com

	Date Office Use Only
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APPLICATION - ENCROACHMENT PERMIT

PERMIT NUMBER: _____

1. ENCROACHMENT LOCATION INFORMATION

Address or Location of Encroachment: 2530 Broadway Street

Subdivision or Development Name: _____

2. CONTRACTOR/UTILITY APPLICANT INFORMATION

Contractor/Utility name: Miller Pipeline/Center Point Energy Contact Name: Sarah Frazier

Address: 8850 Crawfordsville Rd City: Indianapolis State: IN Zip: 46234

Phone: 317-671-0909 Email: blanketpermits@millerpipeline.com

Subcontractor name: _____ Phone: _____

3. OWNER INFORMATION

Property owner's name: _____ Phone: _____

Email: _____

4. ENCROACHMENT INFORMATION

a. Please describe proposed work: install gas line

- b. Location of Work: Street Alley Sidewalk City Right-of-Way Easement
- c. Type Cut Bore Trench Aerial Other _____
(explain)
- d. Type of Construction Water Gas Electric Telephone CATV Fiber Optic
 Sewer Stormwater Other _____
(explain)
- e. New Construction Existing Construction Sidewalk Construction Street Trees
- f. Surface Type Concrete Asphalt Brick/Paver Gravel/Dirt/Grass
 Other (explain): _____

g. Total width of traffic portion of street or road affected by permit (in feet): 4feet Length (in feet): 4feet

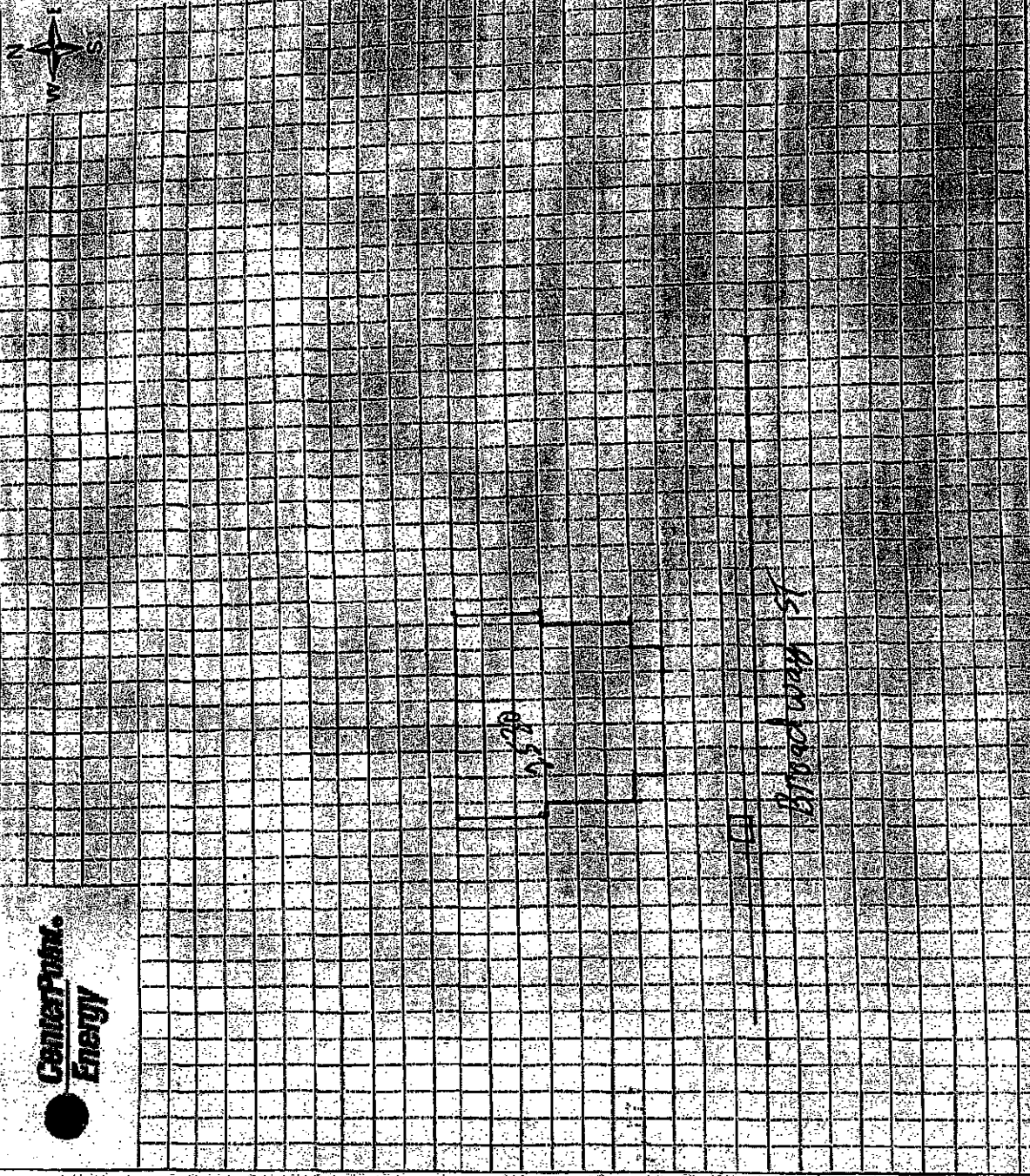
h. Number of Traffic Lanes 0 Road Closed? Yes* No If yes, duration: _____

Estimated Project Start Date: 4-22-2024 Estimated Project Completion: 4-22-2024

*May require Board of Works Approval

Township: New Albany

Repair Service EMERGENCY Repair completed



Excavation is 16' ON S E W of centerline of Blood way and

275' ON S E W of centerline of Jaycee Dr

ROW Method(s): Bore Tap Pit Trench Cut

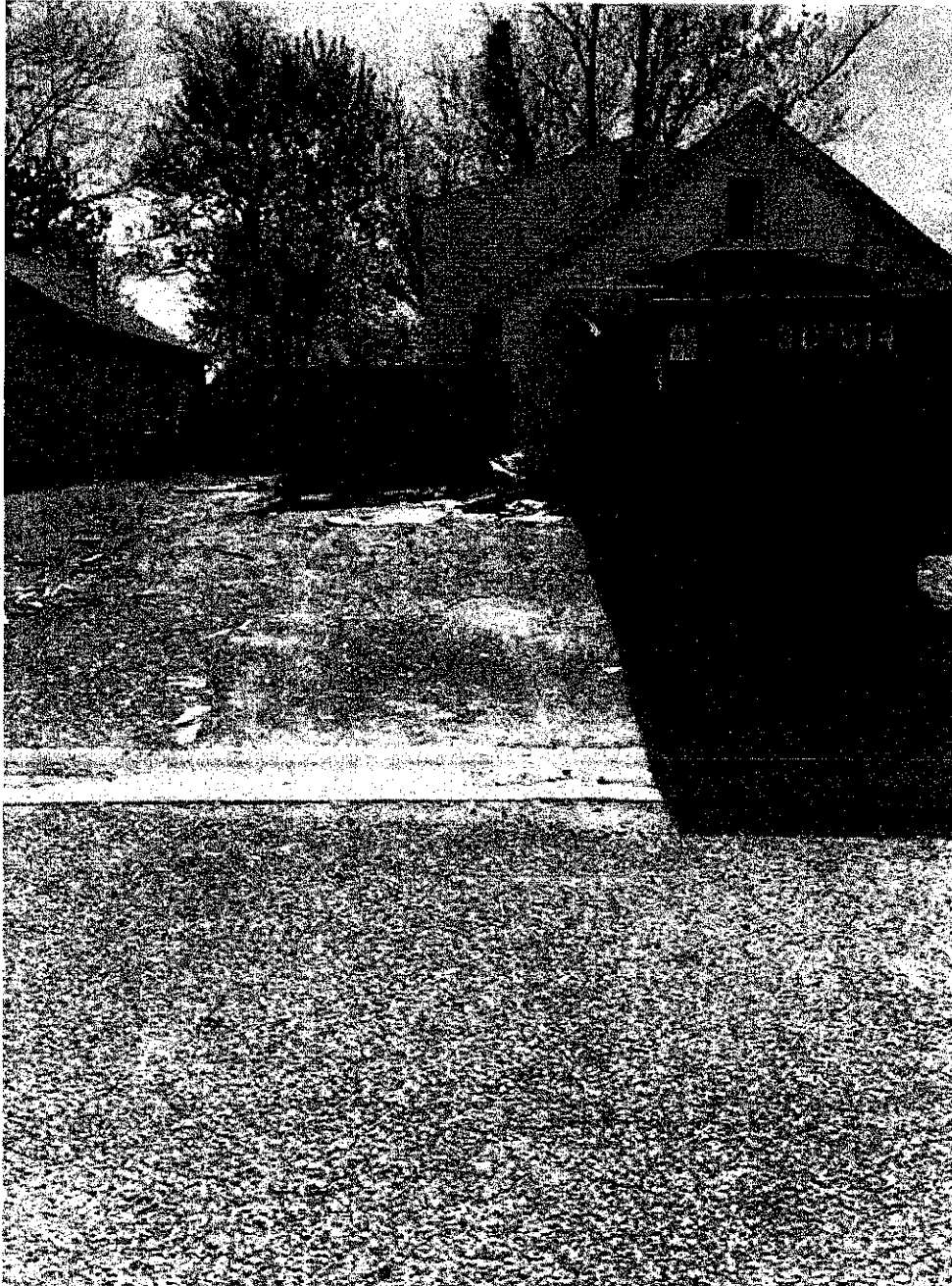
ROW Area(s): Street Sidewalk Alley Other

Lane Closure: Yes No

Road Closure: Yes No

Heavy Equipment: Yes No

From: Mickey Thompson mthompson@cityofnewalbany.com
Subject: 2530 Broadway St.
Date: April 18, 2024 at 10:52 AM
To: Mickey Thompson mthompson@cityofnewalbany.com



Sent from my iPhone



BOARD OF PUBLIC WORKS AND SAFETY
 NEW ALBANY CITY HALL
 142 EAST MAIN STREET, SUITE 200
 NEW ALBANY, IN. 47150

NAPWPermits@cityofnewalbany.com

	Date Office Use Only
--	-------------------------

APPLICATION - ENCROACHMENT PERMIT

PERMIT NUMBER: _____

1. ENCROACHMENT LOCATION INFORMATION

Address or Location of Encroachment: 3300 KAMER MILLER RD

Subdivision or Development Name: _____

2. CONTRACTOR/UTILITY APPLICANT INFORMATION

Contractor/Utility name: AT&T Contact Name: KIMBERLY BARKES

Address: 420 7TH ST City: COLUMBUS State: IN Zip: 47201

Phone: 812-390-2595 Email: KB1395@ATT.COM

Subcontractor name: BOI-Broadband of Indiana Phone: 270-302-6770

3. OWNER INFORMATION

Property owner's name: _____ Phone: _____

Email: _____

4. ENCROACHMENT INFORMATION

a. Please describe proposed work: BORE 125' OF 1-4" CONDUIT W/FIBER INSIDE. 4'X4' CONCRETE

CUT AND RESTORE.

b. Location of Work: Street Alley Sidewalk City Right-of-Way Easement

c. Type Cut Bore Trench Aerial Other (explain) _____

d. Type of Construction Water Gas Electric Telephone CATV Fiber Optic
 Sewer Stormwater Other (explain) _____

e. New Construction Existing Construction Sidewalk Construction Street Trees

f. Surface Type Concrete Asphalt Brick/Paver Gravel/Dirt/Grass
 Other (explain): _____

g. Total width of traffic portion of street or road affected by permit (In feet): 0 Length (In feet): 0

h. Number of Traffic Lanes 0 Road Closed? Yes* No If yes, duration: _____

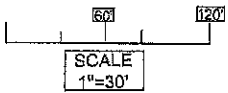
Estimated Project Start Date: 04/22/2024 Estimated Project Completion: 12/31/2024

*May require Board of Works Approval

INDIANA
 NEW ALBANY
 A02QMX2
 FLOYD COUNTY PERMIT



LEGEND	
[Symbol]	RAW
[Symbol]	EDGE OF PAVEMENT
[Symbol]	BACK OF CURB
[Symbol]	CENTER LINE
[Symbol]	UTILITY EASEMENT
[Symbol]	RAILROAD ROW
[Symbol]	PROPERTY LINE
[Symbol]	NEW POLE
[Symbol]	POLE
[Symbol]	MANHOLE
[Symbol]	MANHOLE
[Symbol]	PEDESTAL
[Symbol]	SDRE PIT
[Symbol]	PPP
[Symbol]	EXT. MANHOLE
[Symbol]	EXT. MANHOLE
[Symbol]	EXT. PEDESTAL
[Symbol]	BURIED FIBER WITH CONDUIT IN ROW
[Symbol]	BURIED FIBER WITH CONDUIT IN USE
[Symbol]	4" STEEL PIPE
[Symbol]	AERIAL WIRE
[Symbol]	NEW STRAND
[Symbol]	NEW ANCHOR
[Symbol]	REMOVE ANCHOR
[Symbol]	EXT. ANCHOR
[Symbol]	REMOVE PEDESTAL
[Symbol]	REMOVE MANHOLE
[Symbol]	DITCH

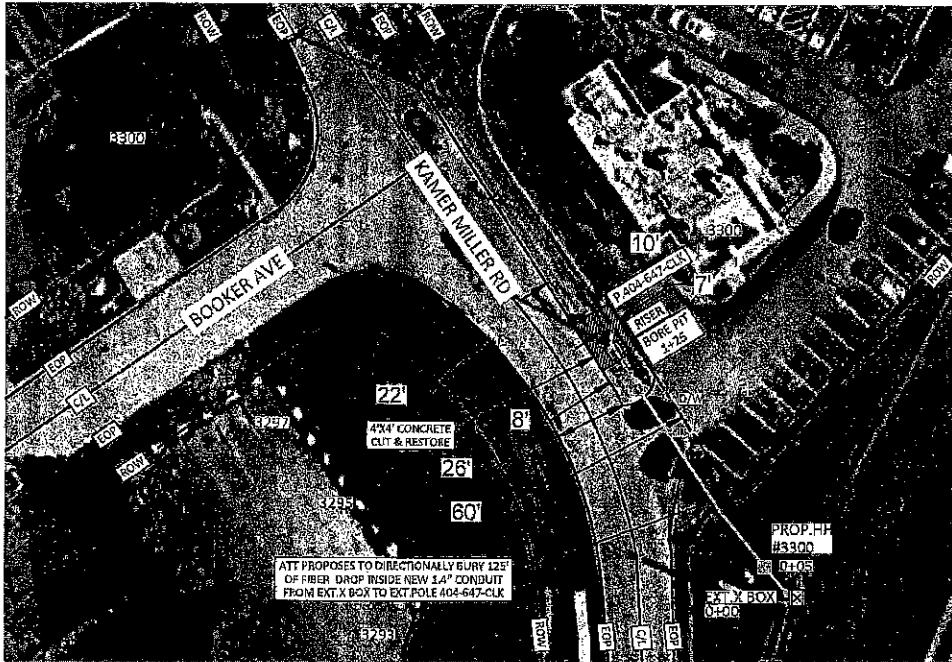


INDIANA
NEW ALBANY
A02QMX2
FLOYD COUNTY PERMIT

ATT CABLE AND CONDUIT TO
BE DIRECTIONALLY BORED
AND PLACED AT MINIMUM
DEPTH OF 24"



LEGEND	
---	AW
---	EDGE OF PAVEMENT
---	BACK OF CURB
---	CENTER LINE
---	LUTILITY EASEMENT
---	RAILROAD ROW
---	PROPERTY LINE
●	NEW POLE
⊗	POLE
⊗	HANDHOLE
⊗	MANHOLE
⊗	PEDESTAL
⊗	POLE PIT
⊗	PPP
⊗	EXT. HANDHOLE
⊗	EXT. MANHOLE
⊗	EXT. PEDESTAL
---	BURIED FIBER WITH CONDUIT IN ROW
---	BURIED FIBER WITH CONDUIT IN USE
---	4" STEEL PIPE
---	AERIAL FIBER
---	NEW STRAND
---	NEW ANCHOR
---	REMOVE ANCHOR
---	EXT. ANCHOR
---	REMOVE PEDESTAL
---	REMOVE HANDHOLE
---	DITCH



From: Mickey Thompson mthompson@cityofnewalbany.com
Subject: 3300 Kamer Miller Rd.
Date: April 18, 2024 at 10:19 AM
To: Mickey Thompson mthompson@cityofnewalbany.com



Sent from my iPhone



BOARD OF PUBLIC WORKS AND SAFETY
 NEW ALBANY CITY HALL
 142 EAST MAIN STREET, SUITE 200
 NEW ALBANY, IN. 47150

NAPWPermits@cityofnewalbany.com

	Date Office Use Only
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APPLICATION - ENCROACHMENT PERMIT

PERMIT NUMBER: _____

1. ENCROACHMENT LOCATION INFORMATION

Address or Location of Encroachment: 1020 PEARL ST New Albany

Subdivision or Development Name: _____

2. CONTRACTOR/UTILITY APPLICANT INFORMATION

Contractor/Utility name: Duke Energy Contact Name: Rachel Schroeder

Address: 1212 Eastern Blvd City: Clarksville State: IN Zip: 47129

Phone: 812-914-0417 Email: Rachel.Schroeder@Duke-Energy.com

Subcontractor name: _____ Phone: _____

3. OWNER INFORMATION

Property owner's name: _____ Phone: _____

Email: _____

4. ENCROACHMENT INFORMATION

a. Please describe proposed work: Duke 30C7 pole 401-794 was hit and Duke is installing/removing 30C7 Duke

- b. Location of Work: Street Alley Sidewalk City Right-of-Way Easement
- c. Type Cut Bore Trench Aerial Other (explain) _____
- d. Type of Construction Water Gas Electric Telephone CATV Fiber Optic
- Sewer Stormwater Other (explain) _____
- e. New Construction Existing Construction Sidewalk Construction Street Trees
- f. Surface Type Concrete Asphalt Brick/Paver Gravel/Dirt/Grass
- Other (explain): _____

g. Total width of traffic portion of street or road affected by permit (in feet): _____ Length (in feet): _____

h. Number of Traffic Lanes _____ Road Closed? Yes* No If yes, duration: n/a

Estimated Project Start Date: 5-1-24 Estimated Project Completion: 7-1-24

*May require Board of Works Approval

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UBIP:



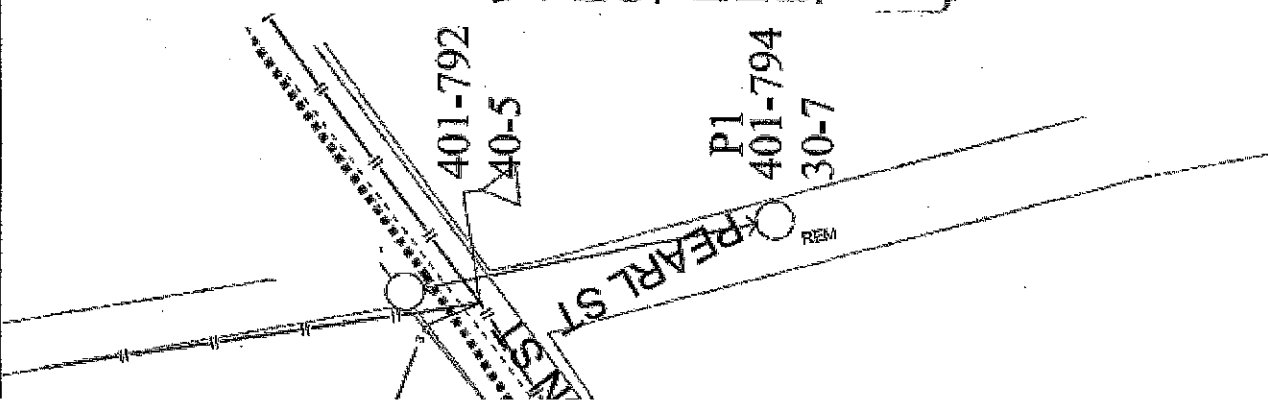
2:
2:
2:
2:

Safety Reminders / Adverse Conditions



Work Zone General Comments: Doubl

REMEMBER: Work zone area conditions may have changed for this job! Everyone is responsible for verifying the above safety information is correct prior to any work being performed each day.



WO 53242123
 1020 PEARL ST
 NEW ALBANY, IN 47150
 COUNTY FLOYD
 TOWNSHIP NEW ALBANY
 PROJECT CODE IPOLCM
 PROJECT SCOPE
 DUKE TO I/R 30C7 DUKE POLE 401-794
 TRANSFER SPAN GUY

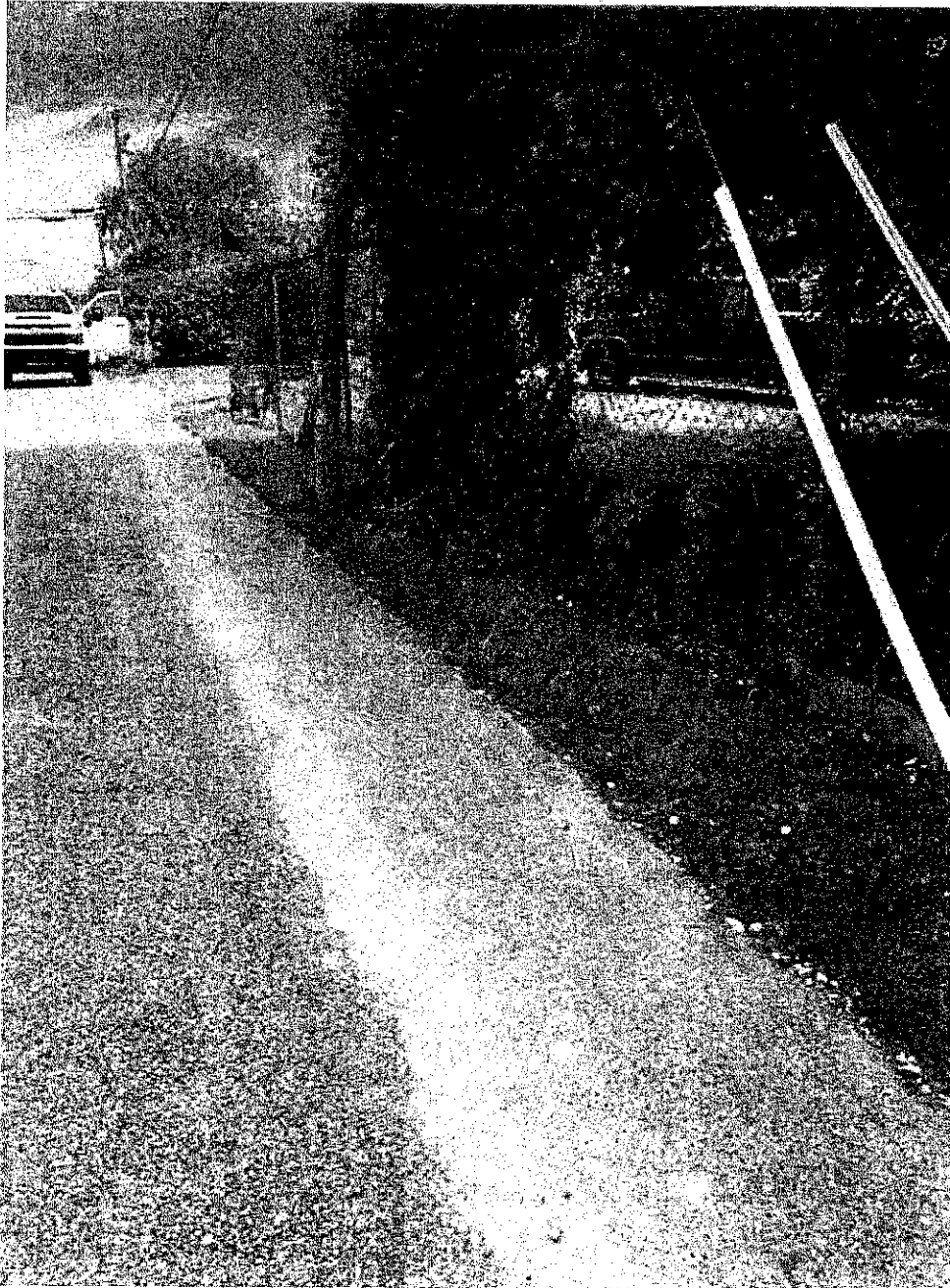
I/R sgl down guy

Work Order Number: 53242123
 Customer/Contact
 Contact Phone: 1020 PEARL
 Job Site Address: NEW ALB
 City: FLOYD
 County: IN 47150
 State, Zip: Rachel St
 Designer: 765-827-2

Circle ID
 Primary Voltage
 Permit Required
 Permit Type No.
 Permit Type No. 1
 Permit Type No. 2
 Permit Type No. 3
 Revision Date

DUKE ENERGY
 Sheet
 Scale:

From: Mickey Thompson mthompson@cityofnewalbany.com
Subject: 1020 Pearl St. (Alley)
Date: April 18, 2024 at 11:39 AM
To: Mickey Thompson mthompson@cityofnewalbany.com



Sent from my iPhone