

## **AGENDA**

**A MEETING OF THE BOARD OF PUBLIC WORKS & SAFETY OF THE CIVIL CITY OF NEW ALBANY, INDIANA, WILL BE HELD IN 100 AT NEW ALBANY CITY HALL ON TUESDAY, FEBRUARY 10, 2026 AT 10:00 A.M.**

### **CALL TO ORDER:**

### **PLEDGE OF ALLEGIANCE:**

### **BIDS:**

### **NEW BUSINESS:**

1. Wayne Holt, Miller Pipeline for CenterPoint Energy re: Encroachment permit to install new gas service to 640 Durgee Rd
2. Todd Donahue, Duke re: Encroachment permit to relocate a pole from the backyard of 602 W. Spring St. to the ROW along W. 6th St, and to bore under Kenzig Rd. near their substation
3. Pat Hauersperger, Dave O'Mara Contractors for IAWC re: Encroachment permits replace a 2" water service at 37 W. 5th St., emergency repair near 1531 Sunset Dr., retire a water service at 73 E. 13th St., repair a water main near 1214 E. Oak St., replace a water service to 215 E. Spring St., replace valve near Bank and Culbertson, install a new service to 1707 State St., repair a valve box near 800 State St., emergency repair to 2233 Green Valley Rd., emergency repair near intersection of Red Bud and Redwood Dr., emergency repair to 3406 Jaffrey Dr., and replace a water valve near 1012 Cliffwood Ct.

### **COMMUNICATIONS – PUBLIC:**

### **UNFINISHED BUSINESS:**

1. Mickey Thompson re: Signage regarding overnight parking in city parking lots

### **TABLED ITEMS:**

### **COMMUNICATIONS – CITY OFFICIALS:**

1. Krystina Jarboe re: Special Event Permits
  - Friday, April 3 – St. Mary's: Living Stations of the Cross
  - Saturday, May 16 – Open Doors: 5k
2. Trent Baker re: Joint Resolution and Quitclaim Deed for 310 Mosier Avenue
3. Vicki Glotzbach re: Dumpster permit extension for Audra Bassett at 417 E. 11<sup>th</sup> St.
4. Mickey Thompson for Temple and Temple re: Encroachment permit to install the Fire Service tap and Sanitary Sewer tap for 706 W. Main St

### **APPOINTMENTS:**

### **CLAIMS:**

### **APPROVAL OF MINUTES:**

Regular Meeting Minutes for February 3, 2026

### **ADJOURN:**

#### **Board of Public Works & Safety Members**

Michael Thompson; President; Appointing Authority: Mayor; Term Expires: 12/31/2027  
David Brewer; Vice President; Appointing Authority: Mayor; Term Expires: 12/31/2027  
Cheryl Cotner-Bailey; Member; Appointing Authority: Mayor; Term Expires: 12/31/2027

**A MEETING OF THE BOARD OF PUBLIC WORKS & SAFETY OF THE CIVIL CITY OF NEW ALBANY, INDIANA, WAS HELD IN ROOM 100 AT NEW ALBANY CITY HALL ON TUESDAY, FEBRUARY 3, 2026 AT 10:00 A.M.**

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

**OTHERS PRESENT:** Fire Chief Juliot, Police Chief Bailey, Phil Aldridge, David Heeke, Brad Ramsey, Wendy Bym, Alicia Meredith, Ryan Hensley, Larry Summers and Vicki Glotzbach

**CALL TO ORDER:**

**Mr. Thompson** called the meeting to order at 10:04 a.m.

**PLEDGE OF ALLEGIANCE:**

**BIDS:**

**NEW BUSINESS:**

**COMMUNICATIONS – PUBLIC:**

**Mr. Brian Gullion, AT&T,** explained that they have three manholes, with a possible fourth, to get into for splicing. He stated that this is for a diversified circuit going from Jeffersonville to 201 West Spring Street.

**Mr. Thompson** explained that they are splicing into the manholes, not installing, adding the last two pages are the maintenance of traffic plan. He asked what their timeline looks like.

**Mr. Gullion** stated that their due date is the February 18.

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

**UNFINISHED BUSINESS:**

**TABLED ITEMS:**

**COMMUNICATIONS – CITY OFFICIALS:**

**1. Vicki Glotzbach re: Removal of residential parking at 616 East Main Street**

**Mrs. Glotzbach** requested approval for the removal of a residential parking space at 616 East Main Street. She explained that the resident was sent a renewal letter in March of 2024 and her office never received a response or payment. She added that a resident in that block came into her office and inquired about the spot because it was never being used.

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

**2. Vicki Glotzbach re: Handicapped parking spot request for 612 East Main Street**

**Mrs. Glotzbach** stated that her office received a handicapped parking spot request for 612 East Main Street that didn't make the agenda but she provided copies of the request to the board for review. She explained that the resident does have parking in the back, but traffic division did a site visit and agreed that the back parking is an obstacle because of distance and additional stairs.

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

**3. Mickey Thompson re: Signage regarding overnight parking in city parking lots**

Mr. Thompson stated that he has not been able to get with legal to get the language approved and asked that it remain on the agenda for next week.

**4. Larry Summers re: 2025 Paving Project Update**

Mr. Summers stated that he has nothing to report due to weather.

**APPOINTMENTS:**

**CLAIMS:**

**APPROVAL OF MINUTES:**

Mr. Brewer moved to approve the Regular Meeting Minutes for January 27, 2026, Mrs. Cotner-Bailey second, motion carries.

**ADJOURN:**

**There being no further business before the board, the meeting adjourned at 10:19 a.m.**

\_\_\_\_\_  
Mickey Thompson, President

\_\_\_\_\_  
Vicki Glotzbach, City Clerk



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: 640 DURGEE RD NEW ALBANY

Subdivision or Development Name: \_\_\_\_\_

**2. CONTRACTOR/UTILITY APPLICANT INFORMATION**

Contractor/Utility name: MILLER PIPELINE/ CENTER PO Contact Name: SARAH FRAZIER

Address: 880 Crawfordsville Rd City: Indianapolis State: IN Zip: 46234

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

Subcontractor name: CASE Phone: 812-343-3331

**3. OWNER INFORMATION**

Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**4. ENCROACHMENT INFORMATION**

a. Please describe proposed work: Install gas line -will open dig road to to utility in way excavation dimension 4 feet deep x 4 feet wide x 4 feet length

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): 4 Length (In feet): 4

h. Number of Traffic Lanes 1 Road Closed?  Yes\*  No If yes, duration: 8 hours

\*May require Board of Works Approval

Estimated Project Start Date: 1/29/2026 Estimated Project Completion: 1/29/2026

SAP #: 119880779

Submitted by: Wayne Holt Phone #: 602-262-0119

Address: 640 Durgess Rd

Date permit needed by: 1-29-26 (allow 5+ business days)

City: New Albany

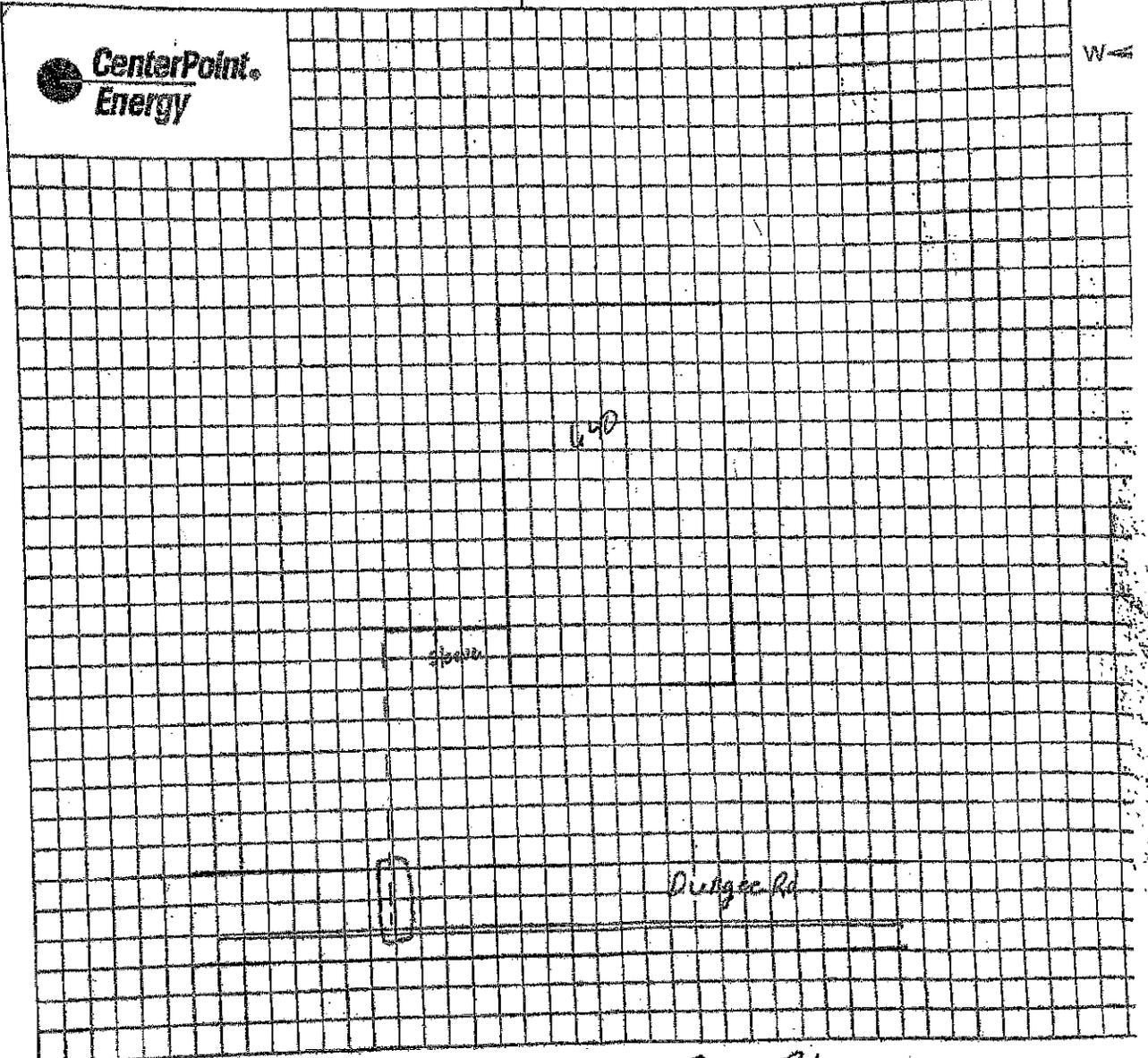
Permit Type:  City  County  INDOT (MOT Page #12)

County: Floyd

Project:  New Service  Retire Service  Replac

Township: New Albany

Repair Service  EMERGENCY Repair complete



Excavation is 5'  N  S  E  W of centerline of Durgess Rd  
109'  N  S  E  W of centerline of driveway @ 640 Durgess Rd

ROW Method(s):  Bore  Tap Pit  Trench  Cut  
 ROW Area(s):  Street  Sidewalk  Alley  Other  
 ROW Surface(s):  Asphalt  Concrete  Gravel  Grass  
 Excavation dimensions: 4' D x 4' W x 4' L  
 Service Length: 450' Bore Length: 20' (if applicable)

Lane Closure:  Yes  No  
 Road Closure:  Yes  No  
 Heavy Equipment:  Yes  No  
 Notes: will be open digging Road Do To Utilities in Road way

**From:** Mickey Thompson [mthompson@cityofnewalbany.com](mailto:mthompson@cityofnewalbany.com)  
**Subject:** 640 Durgess Rd.  
**Date:** January 29, 2026 at 11:57 AM  
**To:** Mickey Thompson [mthompson@cityofnewalbany.com](mailto: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: 602 W SPRING ST

Subdivision or Development Name: \_\_\_\_\_

### 2. CONTRACTOR/UTILITY APPLICANT INFORMATION

Contractor/Utility name: Duke Energy Contact Name: Todd Donahue

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

Phone: 812-914-2417 Email: Todd.Donahue@duke-energy.com

Subcontractor name: \_\_\_\_\_ Phone: \_\_\_\_\_

### 3. OWNER INFORMATION

Property owner's name: MARYJANE SHEPHERD Phone: 812-704-2617

Email: MARYJANELOVESELVIS@YAHOO.COM

### 4. ENCROACHMENT INFORMATION

a. Please describe proposed work: Duke to replace pole. Relocate pole outside of fenced area

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

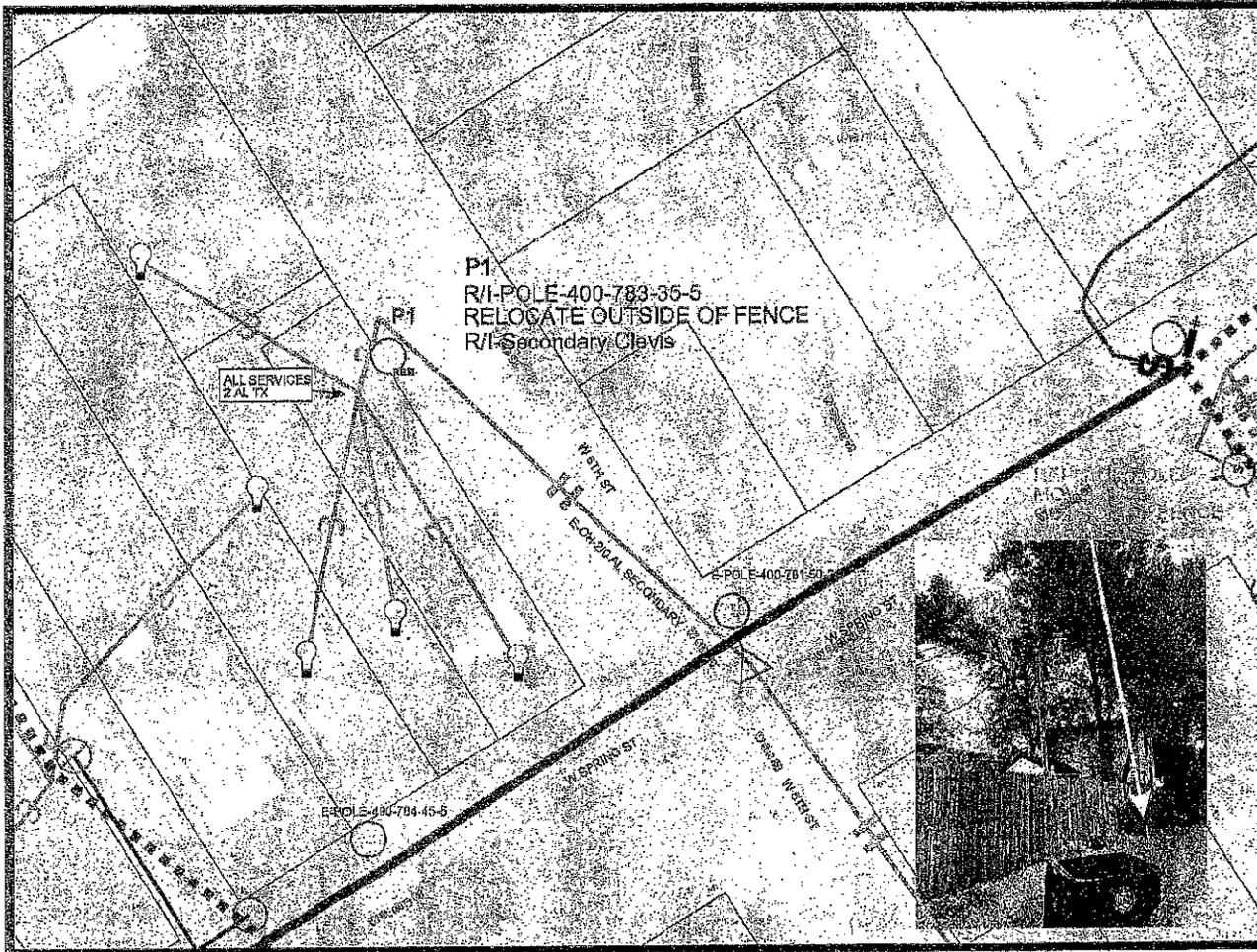
f. Surface Type  Concrete  Asphalt  Brick/Paver  Gravel/Dirt/Grass  
 Other (explain): \_\_\_\_\_

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: \_\_\_\_\_

\*May require Board of Works Approval

Estimated Project Start Date: Week of ~3/9/2026 Estimated Project Completion: Week of ~3/9/2026 (0.5 day)



**DUKE ENERGY**  
 1 inch = 25 ft

**Scope Of Work**  
 REPLACE POLE, MOVE POLE  
 OUTSIDE OF FENCE

**Construction Notes**  
 FLOYD COUNTY  
 NEW ALBANY TOWNSHIP

Date: 1/26/26 Page 1/1

Work Order Number: 59783321  
 Job Plan Number: RESRELQNBLL  
 Job Site Address: 602 W SPRING ST, NEW ALBANY, IN, 47150-3544, USA

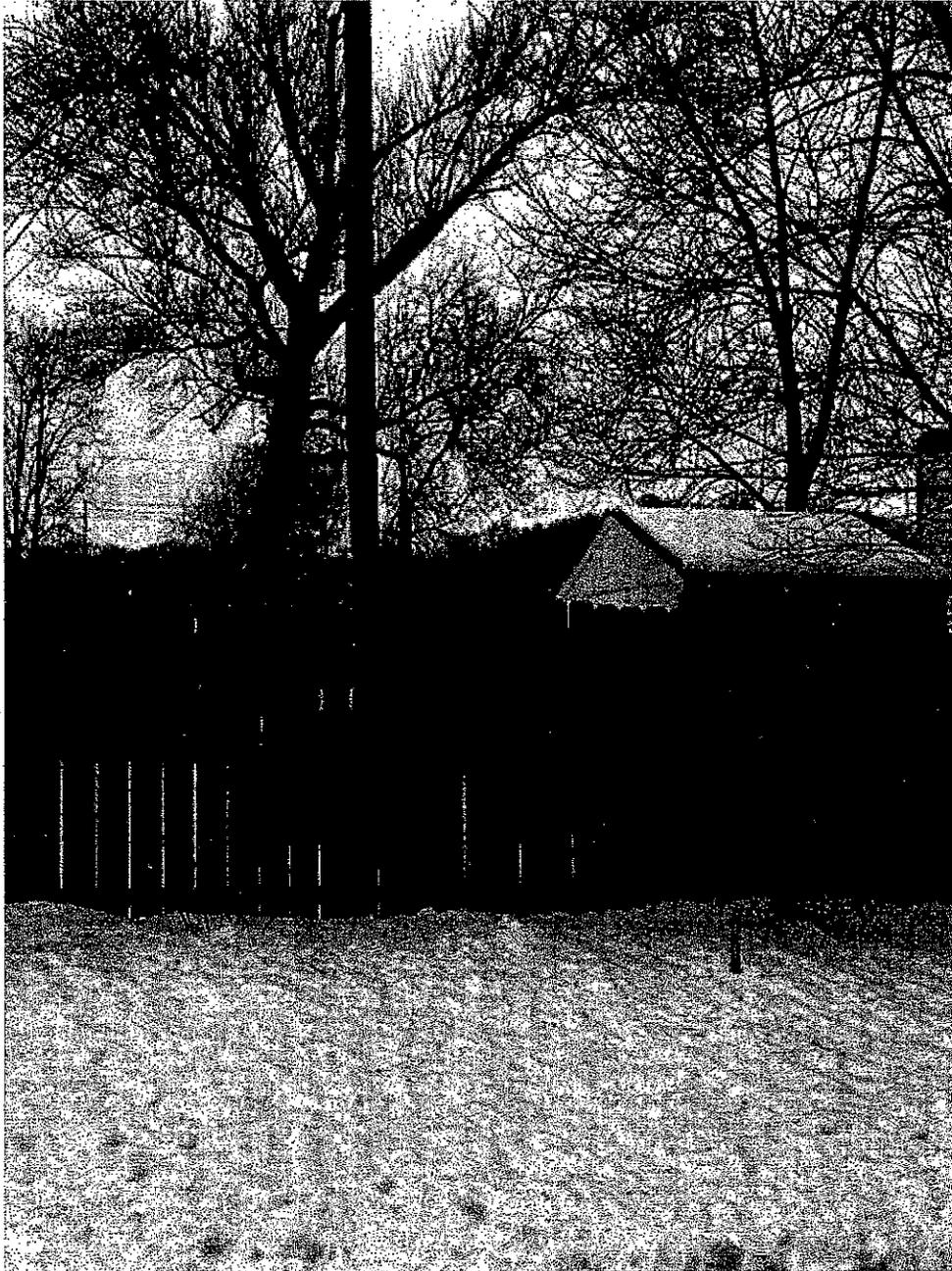
Designer: Todd Donahue  
 Designer Phone: 812-514-2417  
 Customer Name: [REDACTED]  
 Contractor Phone: [REDACTED]

Circuit Id: NEW ALBANY 138 (269) 1430  
 Primary Voltage: 13.8/0.0 KV

Upstream Protective Device: 60 STD TAP RUSE POLE # 401-117, SUBSTATION

Permits: NEW ALBANY CITY PERMIT

**From:** Mickey Thompson [mthompson@cityofnewalbany.com](mailto:mthompson@cityofnewalbany.com)   
**Subject:** 602 W. Spring St. (W. 6th St. side)  
**Date:** February 2, 2026 at 11:55 AM  
**To:** Mickey Thompson [mthompson@cityofnewalbany.com](mailto: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: Approx. 308 ft. southwest of the intersection of Paoli Pike & Kenzig Rd.

Subdivision or Development Name: \_\_\_\_\_

### 2. CONTRACTOR/UTILITY APPLICANT INFORMATION

Contractor/Utility name: Duke Energy Contact Name: Paige Summers

Address: 1000 E. Main St. City: Plainfield State: IN Zip: 46168

Phone: 317-838-1115 Email: paige.summers@duke-energy.com

Subcontractor name: \_\_\_\_\_ Phone: \_\_\_\_\_

### 3. OWNER INFORMATION

Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 4. ENCROACHMENT INFORMATION

a. Please describe proposed work: Boring new UG line from new riser poles to existing manholes (WO# 58444706)

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 1 Road Closed?  Yes\*  No If yes, duration: \_\_\_\_\_

\*May require Board of Works Approval

Estimated Project Start Date: 01/12/2026 Estimated Project Completion: 02/27/2026



# OH/UG EQUIPMENT

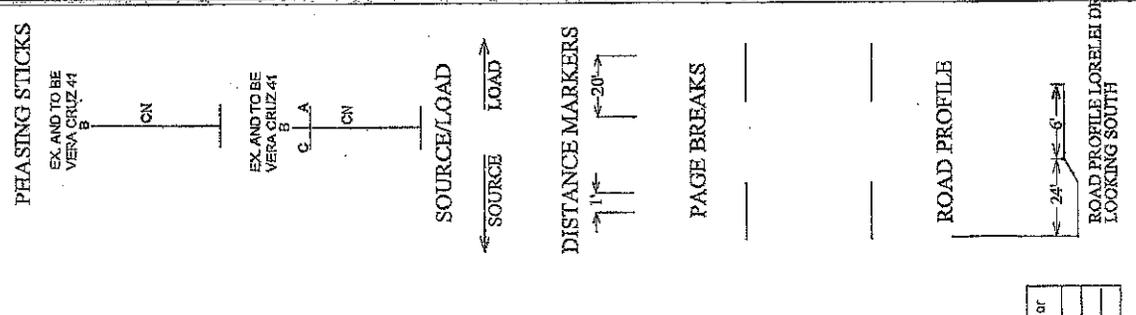
# OH/UG LINE STYLES

# MISC.

- PROPOSED POLE
- EXISTING POLE
- REMOVE POLE
- REPLACE POLE
- PROPOSED SINGLE PHASE OH TRANSFORMER
- EXISTING SINGLE PHASE OH TRANSFORMER
- REMOVE SINGLE PHASE OH TRANSFORMER
- PROPOSED THREE PHASE OH TRANSFORMER
- EXISTING THREE PHASE OH TRANSFORMER
- REMOVE THREE PHASE OH TRANSFORMER
- PROPOSED FUSE
- EXISTING FUSE
- REMOVE FUSE
- REMOVE SOLID BAR
- INSTALL SOLID BAR
- PROPOSED ANCHOR & GUY
- EXISTING ANCHOR & GUY
- REMOVE ANCHOR & GUY
- PROPOSED SPAN GUY
- EXISTING SPAN GUY
- REMOVE SPAN GUY
- EXISTING FOREIGN OWNED POLE
- REMOVE FOREIGN OWNED POLE
- PROPOSED FOREIGN OWNED POLE
- REPLACE FOREIGN OWNED POLE
- EXISTING COMM NODE
- PROPOSED COMM NODE
- PROPOSED SWITCH
- EXISTING SWITCH
- REMOVE SWITCH
- PROPOSED SWITCH NUMBER
- EXISTING SWITCH NUMBER
- PROPOSED ARRESTER
- EXISTING ARRESTER
- REMOVE ARRESTER

- PROPOSED RECLOSER
- EXISTING RECLOSER
- REMOVE RECLOSER
- PROPOSED SINGLE PHASE UG TRANSFORMER
- EXISTING SINGLE PHASE UG TRANSFORMER
- REMOVE SINGLE PHASE UG TRANSFORMER
- PROPOSED THREE PHASE UG TRANSFORMER
- EXISTING THREE PHASE UG TRANSFORMER
- REMOVE THREE PHASE UG TRANSFORMER
- PROPOSED UG PULL BOX
- REMOVE UG PULL BOX
- EXISTING UG PULL BOX
- PROPOSED PEDESTAL
- REMOVE PEDESTAL
- EXISTING PEDESTAL
- EXISTING ELBOW
- PROPOSED CAPACITOR
- EXISTING CAPACITOR
- REMOVE CAPACITOR
- PROPOSED REGULATOR
- EXISTING REGULATOR
- REMOVE REGULATOR
- PROPOSED STEP TRANSFORMER 10
- EXISTING STEP TRANSFORMER 10
- REMOVE STEP TRANSFORMER 10
- PROPOSED AREA LIGHT
- EXISTING AREA LIGHT
- REMOVE AREA LIGHT
- PROPOSED STREET LIGHT
- EXISTING STREET LIGHT
- REMOVE STREET LIGHT
- TREE TRIMMING SYMBOL

- PROPOSED SINGLE PHASE OH PRIMARY
- PROPOSED TWO PHASE OH PRIMARY
- PROPOSED THREE PHASE OH PRIMARY
- EXISTING SINGLE PHASE OH PRIMARY
- EXISTING TWO PHASE OH PRIMARY
- EXISTING THREE PHASE OH PRIMARY
- REMOVE SINGLE PHASE OH PRIMARY
- REMOVE TWO PHASE OH PRIMARY
- REMOVE THREE PHASE OH PRIMARY
- PROPOSED SINGLE PHASE OH SECONDARY
- PROPOSED THREE PHASE OH SECONDARY
- EXISTING SINGLE PHASE OH SECONDARY
- EXISTING THREE PHASE OH SECONDARY
- REMOVE SINGLE PHASE OH SECONDARY
- REMOVE THREE PHASE OH SECONDARY
- EXISTING THREE WIRE OH SERVICE
- PROPOSED SINGLE PHASE UG PRIMARY
- PROPOSED THREE PHASE UG PRIMARY
- EXISTING SINGLE PHASE UG PRIMARY
- EXISTING THREE PHASE UG PRIMARY
- ABANDON SINGLE PHASE UG PRIMARY
- ABANDON THREE PHASE UG PRIMARY
- PROPOSED SINGLE PHASE UG SECONDARY
- PROPOSED THREE PHASE UG SECONDARY
- EXISTING SINGLE PHASE UG SECONDARY
- EXISTING THREE PHASE UG SECONDARY
- ABANDON SINGLE PHASE UG SECONDARY
- ABANDON THREE PHASE UG SECONDARY
- PROPOSED CONDUIT
- REMOVE CONDUIT
- REPLACE CONDUIT
- INACTIVE CONDUIT
- EXISTING CONDUIT
- ABANDON CONDUIT
- BUILDING OUTLINE
- PROPERTY LINE
- WATER
- TWO LANE ROAD
- RAILROAD
- RIGHT OF WAY LINE



GRANT RD (R/W 50') ROAD WITH RIGHT OF WAY NOTE



DIKE FACILITIES CIRCLED IN BLUE  
REQUIRE AN ADDITIONAL EASEMENT

Position of By-Pass Switch	Normally Operate The Switch	Normally Closed Point or Point for Load Swaps
Position of Jumper Switch		
Position of Viper		





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 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: 37 W 57<sup>th</sup> ST, New Albany

Subdivision or Development Name: \_\_\_\_\_

### 2. CONTRACTOR/UTILITY APPLICANT INFORMATION

Contractor/Utility name: INDIANA AMERICAN WATER Contact Name: PAT HAUSERSPERGER

Address: 1505 RESEARCH DRIVE City: JEFFERSONVILLE State: IN Zip: 47265

Phone: 812-592-7307 Email: PATH@DAVEOMARA.COM

Subcontractor name: DAVE O'MARA CONTRACTORS Phone: 812-346-4135

### 3. OWNER INFORMATION

Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 4. ENCROACHMENT INFORMATION

a. Please describe proposed work: INAWC - Replace 2" WATER service

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): 8' Length (in feet): 9'

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

Estimated Project Start Date: 12-13-25 Estimated Project Completion: 12-13-25  
 \*May require Board of Works Approval



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Date  
Office Use Only

## APPLICATION - ENCROACHMENT PERMIT

PERMIT NUMBER: \_\_\_\_\_

### 1. ENCROACHMENT LOCATION INFORMATION

Address or Location of Encroachment: 1531 SUNSET DR. NEW ALBANY

Subdivision or Development Name: \_\_\_\_\_

### 2. CONTRACTOR/UTILITY APPLICANT INFORMATION

Contractor/Utility name: INDIANA AMERICAN WATER Contact Name: PAT HAUERSPERGER

Address: 1505 RESEARCH DRIVE City: JEFFERSONVILLE State: IN Zip: 47265

Phone: 812-592-7307 Email: PATH@DAVEOMARA.COM

Subcontractor name: DAVE O'MARA CONTRACTORS Phone: 812-346-4135

### 3. OWNER INFORMATION

Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 4. ENCROACHMENT INFORMATION

a. Please describe proposed work: INAC - EMERGENCY 6" WATER MAIN BREAK

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): 7' Length (in feet): 4'

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

Estimated Project Start Date: 1-19-26 Estimated Project Completion: 1-19-26

\*May require Board of Works Approval



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Date  
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**APPLICATION - ENCROACHMENT PERMIT**

PERMIT NUMBER: \_\_\_\_\_

**1. ENCROACHMENT LOCATION INFORMATION**

Address or Location of Encroachment: 73 E. 13<sup>th</sup> ST. New Albany

Subdivision or Development Name: \_\_\_\_\_

**2. CONTRACTOR/UTILITY APPLICANT INFORMATION**

Contractor/Utility name: INDIANA AMERICAN WATER Contact Name: PAT HAUERSPERGER

Address: 1505 RESEARCH DRIVE City: JEFFERSONVILLE State: IN Zip: 47265

Phone: 812-592-7307 Email: PATH@DAVEOMARA.COM

Subcontractor name: DAVE O'MARA CONTRACTORS Phone: 812-346-4135

**3. OWNER INFORMATION**

Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**4. ENCROACHMENT INFORMATION**

a. Please describe proposed work: INAWC - RETIRE WATER SERVICE

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): 10' Length (in feet): 6'

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

\*May require Board of Works Approval

Estimated Project Start Date: 12-3-25 Estimated Project Completion: 12-3-25



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Date  
Office Use Only

**APPLICATION - ENCROACHMENT PERMIT**

PERMIT NUMBER: \_\_\_\_\_

**1. ENCROACHMENT LOCATION INFORMATION**

Address or Location of Encroachment: 1214 E. OAK ST. New Albany

Subdivision or Development Name: \_\_\_\_\_

**2. CONTRACTOR/UTILITY APPLICANT INFORMATION**

Contractor/Utility name: INDIANA AMERICAN WATER Contact Name: PAT HAUERSPERGER

Address: 1505 RESEARCH DRIVE City: JEFFERSONVILLE State: IN Zip: 47265

Phone: 812-592-7307 Email: PATH@DAVEOMARA.COM

Subcontractor name: DAVE O'MARA CONTRACTORS Phone: 812-346-4135

**3. OWNER INFORMATION**

Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**4. ENCROACHMENT INFORMATION**

a. Please describe proposed work: INAWC - REPAIR WATER MAIN

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): 4' Length (in feet): 8'

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

\*May require Board of Works Approval

Estimated Project Start Date: 12.8.25 Estimated Project Completion: 12.8.25



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: 215 E Spring St. New Albany

Subdivision or Development Name: \_\_\_\_\_

**2. CONTRACTOR/UTILITY APPLICANT INFORMATION**

Contractor/Utility name: INDIANA AMERICAN WATER Contact Name: PAT HAUERSPERGER

Address: 1505 RESEARCH DRIVE City: JEFFERSONVILLE State: IN Zip: 47265

Phone: 812-592-7307 Email: PATH@DAVEOMARA.COM

Subcontractor name: DAVE O'MARA CONTRACTORS Phone: 812-346-4135

**3. OWNER INFORMATION**

Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**4. ENCROACHMENT INFORMATION**

a. Please describe proposed work: TNAWC - REPLACE WATER SERVICE

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): 6' x 4' sidewalk Length (in feet): 6' curb

h. Number of Traffic Lanes \_\_\_\_\_ Road Closed?  Yes\*  No if yes, duration: \_\_\_\_\_

Estimated Project Start Date: 1-16-26 Estimated Project Completion: 1-16-26

\*May require Board of Works Approval



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**APPLICATION - ENCROACHMENT PERMIT**

PERMIT NUMBER: \_\_\_\_\_

**1. ENCROACHMENT LOCATION INFORMATION**

Address or Location of Encroachment: BANK ST. & CALVERTSON AVE. NEW ALBANY

Subdivision or Development Name: \_\_\_\_\_

**2. CONTRACTOR/UTILITY APPLICANT INFORMATION**

Contractor/Utility name: INDIANA AMERICAN WATER Contact Name: PAT HAUSERSPERGER

Address: 1505 RESEARCH DRIVE City: JEFFERSONVILLE State: IN Zip: 47265

Phone: 812-592-7307 Email: PATH@DAVEOMARA.COM

Subcontractor name: DAVE O'MARA CONTRACTORS Phone: 812-346-4135

**3. OWNER INFORMATION**

Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**4. ENCROACHMENT INFORMATION**

a. Please describe proposed work: IAWAC REPLACE 4" VALVE

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): 7' x 8' ASPHALT Length (in feet): 9' curb

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

\*May require Board of Works Approval

Estimated Project Start Date: 1-13-26 Estimated Project Completion: 1-13-26



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**APPLICATION - ENCROACHMENT PERMIT**

PERMIT NUMBER: \_\_\_\_\_

**1. ENCROACHMENT LOCATION INFORMATION**

Address or Location of Encroachment: 1702 STATE ST, NEW ALBANY

Subdivision or Development Name: \_\_\_\_\_

**2. CONTRACTOR/UTILITY APPLICANT INFORMATION**

Contractor/Utility name: INDIANA AMERICAN WATER Contact Name: PAT HAUERSPERGER

Address: 1505 RESEARCH DRIVE City: JEFFERSONVILLE State: IN Zip: 47265

Phone: 812-592-7307 Email: PATH@DAVEOMARA.COM

Subcontractor name: DAVE O'MARA CONTRACTORS Phone: 812-346-4135

**3. OWNER INFORMATION**

Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**4. ENCROACHMENT INFORMATION**

a. Please describe proposed work: INAWC - INSTALL A NEW WATER SERVICE

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): 6' Length (in feet): 6'

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

Estimated Project Start Date: 12.5.25 Estimated Project Completion: 12.5.25

\*May require Board of Works Approval



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 NEW ALBANY CITY HALL  
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 NEW ALBANY, IN. 47150  
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	Date Office Use Only
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## APPLICATION - ENCROACHMENT PERMIT

PERMIT NUMBER: \_\_\_\_\_

### 1. ENCROACHMENT LOCATION INFORMATION

Address or Location of Encroachment: 800 STATE ST. New Albany

Subdivision or Development Name: \_\_\_\_\_

### 2. CONTRACTOR/UTILITY APPLICANT INFORMATION

Contractor/Utility name: INDIANA AMERICAN WATER Contact Name: PAT HAUERSPERGER

Address: 1505 RESEARCH DRIVE City: JEFFERSONVILLE State: IN Zip: 47265

Phone: 812-592-7307 Email: PATH@DAVEOMARA.COM

Subcontractor name: DAVE O'MARA CONTRACTORS Phone: 812-346-4135

### 3. OWNER INFORMATION

Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 4. ENCROACHMENT INFORMATION

a. Please describe proposed work: Repair Valve box

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): 3' Length (in feet): 3'

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

\*May require Board of Works Approval

Estimated Project Start Date: 12.23.25 Estimated Project Completion: 12.23.25



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**APPLICATION - ENCROACHMENT PERMIT**

PERMIT NUMBER: \_\_\_\_\_

**1. ENCROACHMENT LOCATION INFORMATION**

Address or Location of Encroachment: 2233 Green Valley Rd. New Albany

Subdivision or Development Name: \_\_\_\_\_

**2. CONTRACTOR/UTILITY APPLICANT INFORMATION**

Contractor/Utility name: INDIANA AMERICAN WATER Contact Name: PAT HAUERSPERGER

Address: 1505 RESEARCH DRIVE City: JEFFERSONVILLE State: IN Zip: 47265

Phone: 812-592-7307 Email: PATH@DAVEOMARA.COM

Subcontractor name: DAVE O'MARA CONTRACTORS Phone: 812-346-4135

**3. OWNER INFORMATION**

Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**4. ENCROACHMENT INFORMATION**

a. Please describe proposed work: Emergency 2" service LEAK - INAWC

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

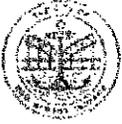
f. Surface Type  Concrete  Asphalt  Brick/Paver  Gravel/Dirt/Grass  
 Other (explain): \_\_\_\_\_

g. Total width of traffic portion of street or road affected by permit (in feet): 4' Length (in feet): 6'

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

Estimated Project Start Date: 12.22.26 Estimated Project Completion: 12.22.25

\*May require Board of Works Approval



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 NEW ALBANY CITY HALL  
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**APPLICATION - ENCROACHMENT PERMIT**

PERMIT NUMBER: \_\_\_\_\_

**1. ENCROACHMENT LOCATION INFORMATION**

Address or Location of Encroachment: Redbud Dr. & Redwood Dr. New Albany

Subdivision or Development Name: \_\_\_\_\_

**2. CONTRACTOR/UTILITY APPLICANT INFORMATION**

Contractor/Utility name: INDIANA AMERICAN WATER Contact Name: PAT HAUERSPERGER

Address: 1505 RESEARCH DRIVE City: JEFFERSONVILLE State: IN Zip: 47265

Phone: 812-592-7307 Email: PATH@DAVEOMARA.COM

Subcontractor name: DAVE O'MARA CONTRACTORS Phone: 812-346-4135

**3. OWNER INFORMATION**

Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**4. ENCROACHMENT INFORMATION**

a. Please describe proposed work: INACWC - Emergency WATER main LEAK

- 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): 11' Length (in feet): 12'

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

Estimated Project Start Date: 12.6.25 Estimated Project Completion: 12.6.25

\*May require Board of Works Approval



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**APPLICATION - ENCROACHMENT PERMIT**

PERMIT NUMBER: \_\_\_\_\_

**1. ENCROACHMENT LOCATION INFORMATION**

Address or Location of Encroachment: 3406 JAFFREY DR. NEW ALBANY

Subdivision or Development Name: \_\_\_\_\_

**2. CONTRACTOR/UTILITY APPLICANT INFORMATION**

Contractor/Utility name: INDIANA AMERICAN WATER Contact Name: PAT HAUERSPERGER

Address: 1505 RESEARCH DRIVE City: JEFFERSONVILLE State: IN Zip: 47265

Phone: 812-592-7307 Email: PATH@DAVEOMARA.COM

Subcontractor name: DAVE O'MARA CONTRACTORS Phone: 812-346-4135

**3. OWNER INFORMATION**

Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**4. ENCROACHMENT INFORMATION**

a. Please describe proposed work: TIAWC - EMERGENCY WATER LEAK

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): 4' Length (in feet): 8'

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

Estimated Project Start Date: 1-7-26 Estimated Project Completion: 1-7-26  
 \*May require Board of Works Approval



BOARD OF PUBLIC WORKS AND SAFETY  
 NEW ALBANY CITY HALL  
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 NEW ALBANY, IN. 47150

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**APPLICATION - ENCROACHMENT PERMIT**

PERMIT NUMBER: \_\_\_\_\_

**1. ENCROACHMENT LOCATION INFORMATION**

Address or Location of Encroachment: 1012 CLIFFWOOD DR. NEW ALBANY

Subdivision or Development Name: \_\_\_\_\_

**2. CONTRACTOR/UTILITY APPLICANT INFORMATION**

Contractor/Utility name: INDIANA AMERICAN WATER Contact Name: PAT HAUERSPERGER

Address: 1505 RESEARCH DRIVE City: JEFFERSONVILLE State: IN Zip: 47265

Phone: 812-592-7307 Email: PATH@DAVEOMARA.COM

Subcontractor name: DAVE O'MARA CONTRACTORS Phone: 812-346-4135

**3. OWNER INFORMATION**

Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**4. ENCROACHMENT INFORMATION**

a. Please describe proposed work: TRAWC: REPLACE WATER VALVE

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): 4 1/2' Length (in feet): 6

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

\*May require Board of Works Approval

Estimated Project Start Date: 1-21-26 Estimated Project Completion: 1-21-26



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: Living Stations of the Cross

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: Sandra Velazquez - Communication Coordinator

Host Organization Website: WWW.Stmarysna.org

Address: 415 E. 8th Street

City: N. A. State: IN Zip Code: 47150

Work Phone: 812 944 0417 Cell Phone: 812 704 8030

Email: Sandra@stmarysna.org

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?

We want to hold it on our Church property

Banner Permit:

Will you be filling out a banner permit? Yes  No

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: Living Way of the Cross

Will this event be marketed as a family friendly event?  Yes  No (if yes, please attach flyer)

Will this event be marketed as a gun-free/weapon-free event?  Yes  No (if yes, please attach flyer)

Is this an annual event?  Yes  No

If yes, how many years has this event been happening? 10+ years

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

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

Anticipated Number of Event Staff/Volunteers - 50

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

A reenactment of when Jesus was crucified.

Requested Venue:

Riverfront Amphitheater  
 Bicentennial Park

City Square  
 Other (Specify) 415 E. 9th Street

Type of Event:

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

Proposed Event Date: Fri, April 3

Day of the Week: Friday

Set-Up Begin Time\*: 5:00 AM/PM

Set-Up End Time: 5:45 AM/PM

Event Begin Time: 6:00 AM/PM

Event End Time: 8:00 AM/PM

Break-Down Begin Time: 8 AM/PM

Break-Down End Time\*\*: 9:00 AM/PM

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  No

Description of inclement weather plan:

If downpour we will hold it inside our gym.

**Event Logistics:**

Will normal operations of residents or businesses be affected by your event? \_\_\_\_\_ Yes  No

*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 \_\_\_\_\_ No

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!

**Comprehensive Map Information:**

**Purpose:** details the layout of the requested area and gives City officials a clear idea of layout.

A comprehensive map must be provided with the special event permit application.

Each comprehensive map must include:

1. An outline of the entire requested event area.
2. Label street(s) requested for closure and mark locations of barricades. If the event involves a route, please indicate the direction of travel and have barricade placement clearly marked.
3. Location of all physical equipment and structures being placed within the event site (i.e. staging, tents, portable restrooms, production equipment, tables, chairs, fencing, vendors, etc.).
4. Location of generators or other electrical equipment (if applicable).
5. Location of food, beverage, or alcohol area (if applicable). It is required by the State of Indiana for premises that are not part of an approved designated outdoor refreshment area (DORA) must be well-defined with a fence, rope, or other similar enclosure that reasonably deters ingress and egress.
6. Trash and recycling receptacles.
7. Entry and exit locations.
8. Location of accessible viewing area.
9. Requested 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 \_\_\_\_\_ No

**Road Closure Request:**

Do you require a road closure?  Yes \_\_\_\_\_ No

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	8 <sup>th</sup> Street between Elm + Spring	04/03/26	5:00pm	04/03/26	9:00pm

**Security and First Aid:**

Will you have contracted security? \_\_\_\_\_ Yes  No

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

Please list the provider of contracted security:

Company: \_\_\_\_\_

Contact Name: N/A

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Will you have a first aid kit on site?  Yes \_\_\_\_\_ No

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

Please list the provider of first aid:

Company: \_\_\_\_\_

Contact Name: N/A

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  No

If yes, please explain your request: \_\_\_\_\_

**Food and Beverage:**

Will there be concessions at your event? \_\_\_\_\_ Yes  No

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? \_\_\_\_\_ Yes  No

If yes, is alcohol going to be served within the DORA? \_\_\_\_\_ Yes \_\_\_\_\_ No

If alcohol will be served outside of DORA, what will alcohol floor plan be enclosed with? \_\_\_\_\_

*On attached map include a well-defined area 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.*

**Fencing:**

Will you have fencing? \_\_\_\_\_ Yes  No

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? \_\_\_\_\_ Yes  No

*(Amphitheater restrooms are closed due to winterization November 1<sup>st</sup> to March 1<sup>st</sup> each year.)*

If yes, what time will you request the restrooms be open? \_\_\_\_\_ AM/PM

If yes, what time will you request the restrooms be closed? \_\_\_\_\_ AM/PM

If no, please list the provider of portable restrooms:

Company: \_\_\_\_\_

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? \_\_\_\_\_ Yes \_\_\_\_\_ No

*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  No

What type of tents will be used? \_\_\_\_\_

What will be used to weigh tents down? \_\_\_\_\_

Will other temporary structures be used? \_\_\_\_\_ Yes  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?

N/A

Number of trash receptacles:

N/A

Number of recycling receptacles:

N/A

Please list the provider of trash services:

Company:

Contact Name:

Email:

Phone Number:

N/A

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

Entertainment Activities:

Will you have music? Yes  No

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

If yes, what type of music/amplification?

N/A

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

Will you have inflatables? Yes  No

If yes, please list the inflatable provider:

Company:

Contact Name:

Email:

Phone Number:

N/A

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

Electric:

Will you use electricity? Yes  No

Will you use generators? Yes  No

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

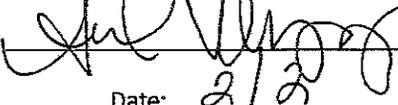
On attached map, please include where the generators or other large electrical equipment will be located.

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): Sandra Velazquez

Signature: 

Date: 2/2, 2026

**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](mailto:kjarboe@cityofnewalbany.com)**

**Office Use Only**

Taken under advisement

Approved

Denied

Signed: \_\_\_\_\_  
(Board of Works President)

Date: \_\_\_\_\_, 2026

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spring Street

Bigger parking lot

St. Mary's Pastoral Center  
(Former School Building)

**Close Eighth Street**

St. Mary's Church

Parish Office

Parking lot

Annunciation Center  
(Old Convent)

Elm Street



**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: Open Door Youth Services

**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: Augie Jones, Communications Manager

Host Organization Website: www.opendooryouthservices.com

Address: 2524 Corydon Pike STE 108

City: New Albany State: Indiana Zip Code: 47150

Work Phone: (812) 948 - 5481 Cell Phone: (812) 946 - 0095

Email: augie.jones@floydcounty.in.gov

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: Alisha Farnsley-Hess

Name: Leah Pezzarossi

Company: Open Door Youth Services

Company: Open Door Youth Services

Email: afarnsley@floydcounty.in.gov

Email: lpezzarossi@floydcounty.in.gov

Phone Number : (812) 948 - 5481

Phone Number: (812) 948 - 5481

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

Open Door Youth Services is located in New Albany, IN and has been serving youth in the community for over forty years. Holding the event in New Albany will continue to build awareness for our programs.

**Banner Permit:**

Will you be filling out a banner permit? \_\_\_\_\_ Yes  No

*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:** Vince Klein "Run Like a Super Hero" Memorial 5k

Will this event be marketed as a family friendly event?  Yes  No *(if yes, please attach flyer)*

Will this event be marketed as a gun-free/weapon-free event?  Yes  No *(if yes, please attach flyer)*

Is this an annual event?  Yes  No

If yes, how many years has this event been happening? 8

**Anticipated Attendance** – The estimated amount of people expected at event. 50 - 100

**Anticipated Participants** – If the proposed event has registered participants,

the estimated number expected. 50 - 100

**Anticipated Number of Event Staff/Volunteers** - 10

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

The annual Vince Klein Memorial 5k was established to honor Vince Klein and acknowledge his ongoing support for Open Door. The event is a standard 5k run/walk and families are encouraged to attend. Open Door hopes to target new and ongoing supporters, and anyone who would like to help us honor and celebrate the life of Vince Klein.

**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: May 16, 2026 Day of the Week: Saturday

Set-Up Begin Time\*: 7  AM  PM Set-Up End Time: 9  AM  PM

Event Begin Time: 10  AM  PM Event End Time: 12 AM  PM

Break-Down Begin Time: 12 AM  PM Break-Down End Time\*\*: 1 AM  PM

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  No

Description of inclement weather plan:

If lightning or high winds are present, the event will be cancelled.

**Event Logistics:**

Will normal operations of residents or businesses be affected by your event? \_\_\_\_\_ Yes  No

*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 \_\_\_\_\_ No

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

Admissions will be charged at this event. \$15 \$35 will be charged per participant. All proceeds and donations will go directly to Open Door Youth Services.

**Comprehensive Map Information:**

**Purpose:** details the layout of the requested area and gives City officials a clear idea of layout.

A comprehensive map must be provided with the special event permit application.

Each comprehensive map must include:

1. An outline of the entire requested event area.
2. Label street(s) requested for closure and mark locations of barricades. If the event involves a route, please indicate the direction of travel and have barricade placement clearly marked.
3. Location of all physical equipment and structures being placed within the event site (i.e. staging, tents, portable restrooms, production equipment, tables, chairs, fencing, vendors, etc.).
4. Location of generators or other electrical equipment (if applicable).
5. Location of food, beverage, or alcohol area (if applicable). It is required by the State of Indiana for premises that are not part of an approved designated outdoor refreshment area (DORA) must be well-defined with a fence, rope, or other similar enclosure that reasonably deters ingress and egress.
6. Trash and recycling receptacles.
7. Entry and exit locations.
8. Location of accessible viewing area.
9. Requested 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 \_\_\_\_\_ No

**Road Closure Request:**

Do you require a road closure? \_\_\_\_\_ Yes  No

If yes, list the street or lane closures:

Closure Type (full or partial lane)	Street Name	Start Date	Start Time	End Date	End Time

**Security and First Aid:**

Will you have contracted security? \_\_\_\_\_ Yes  No

Number of security personnel on-site for event: 0

Please list the provider of contracted security:

Company: n/a

Contact Name: n/a

Email: n/a

Phone Number: n/a

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

Will you have a first aid kit on site?  Yes \_\_\_\_\_ No

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

Please list the provider of first aid:

Company: Open Door Youth Services

Contact Name: Alisha Farnsley-Hess

Email: afarnsley@floydcounty.in.gov

Phone Number: (812) 948 - 5481

*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  No

If yes, please explain your request: \_\_\_\_\_

**Food and Beverage:**

Will there be concessions at your event? \_\_\_\_\_ Yes  No

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? \_\_\_\_\_ Yes  No

If yes, is alcohol going to be served within the DORA? \_\_\_\_\_ Yes \_\_\_\_\_ No

If alcohol will be served outside of DORA, what will alcohol floor plan be enclosed with? \_\_\_\_\_

*On attached map include a well-defined area 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.*

**Fencing:**

Will you have fencing? \_\_\_\_\_ Yes  No

Please list the provider of fencing:

Company: n/a

Contact Name: n/a

Email: n/a

Phone Number: n/a

Date and time fencing will be set up: n/a

Date and time fencing will be taken down: n/a

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

**Restrooms:**

Will you be requesting use of the amphitheater restrooms?  Yes \_\_\_\_\_ No

*(Amphitheater restrooms are closed due to winterization November 1<sup>st</sup> to March 1<sup>st</sup> each year.)*

If yes, what time will you request the restrooms be open? 7  AM  PM

If yes, what time will you request the restrooms be closed? 1 AM  PM

If no, please list the provider of portable restrooms:

Company: n/a

Contact Name: n/a

Email: n/a

Phone Number: n/a

Date and time portable restrooms will be dropped off: n/a

Date and time portable restrooms will be picked up: n/a

Total number of portable restrooms on site: n/a

Will you have ADA portable restrooms on site? \_\_\_\_\_ Yes \_\_\_\_\_ No

*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 \_\_\_\_\_ No

What type of tents will be used? 1 Small Portable Tent 10x10 POP-UP @ START/FINISH LINE FOR TIME KEEPER VOLUNTEERS

What will be used to weigh tents down? Sand Bags

Will other temporary structures be used? \_\_\_\_\_ Yes  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?

DURING + AFTER

Open Door will take all trash collected ^ event and will dispose of off site.

3 TRASH BIN LOCATIONS (SEE MAP): REGISTRATION AREA, START/FINISH LINE, & ON RACE ROUTE.

Number of trash receptacles: 3

Number of recycling receptacles: 1 (REGISTRATION AREA)

Please list the provider of trash services:

Company: n/a

Contact Name: n/a

Email: n/a

Phone Number: n/a

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

**Entertainment Activities:**

Will you have music?  Yes  No

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

Music will be playing for the entire event and will be paused for announcements.

If yes, what type of music/amplification?

Music will be family appropriate. Music will be played through a portable speaker system.

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

Will you have inflatables?  Yes  No

If yes, please list the inflatable provider:

Company: n/a

Contact Name: n/a

Email: n/a

Phone Number: n/a

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

**Electric:**

Will you use electricity?  Yes  No

Will you use generators?  Yes  No

*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:

Electricity will be needed to power portable speakers on amphitheatre stage.

**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): Augie Jones

Signature: Augie Jones

Date: January 28, 2026

**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: \_\_\_\_\_, 2026

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**RUN LIKE A  
SUPER HERO**  
MEMORIAL  
**5K**

**SATURDAY  
MAY 16TH  
AT 10 AM**



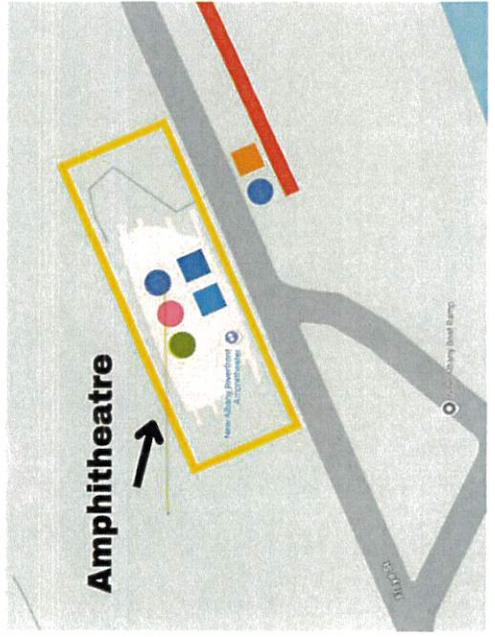
**5K RUN / WALK**  
SUPPORTING  
**OPENDOOR**  
YOUTH SERVICES

 **NEW ALBANY  
AMPITHEATRE**



## Vince Klein Memorial 5K - May 10, 2025

-  Race Route
-  Trash Cans
-  REGISTRATION/SIGN-IN AREA
-  Tent (For Time Keeper volunteers)
-  First Aid Kit & Provider
-  Recycling Can
-  Portable Tables
-  Portable Chairs
-  Race Directions



# Vince Klein Memorial 5K - May 10, 2025



Public Parking



Volunteer Stations  
(RAILROAD VOLUNTEERS)



Race Viewing Area



Restrooms

STATE OF INDIANA

BEFORE THE NEW ALBANY REDEVELOPMENT COMMISSION

RESOLUTION NO. \_\_\_\_\_-2026

\* \* \* \* \*

BEFORE THE BOARD OF PUBLIC WORKS AND SAFETY FOR THE CITY OF NEW ALBANY, INDIANA

RESOLUTION NO. BOW-01-2026

**A JOINT RESOLUTION EFFECTING THE EXCHANGE OF REAL PROPERTY**

WHEREAS, the City of New Albany through the Board of Works and Safety ("BOW") owns a certain property commonly referred to as 310 Mosier Avenue, New Albany, Indiana with the Parcel Numbers of **22-05-03-401-343.000-008** and Legal description as Follows:

**P 94 PRT LTS 10-11-12 / PRT VACATED ALLEY 10' / PRT LTS. 1,2,3 BLK.12 #22**

WHEREAS, the New Albany Redevelopment Commission ("NARC") focuses upon many projects for the betterment of the City of New Albany but specifically Redevelopment and Development of sites;

WHEREAS, Indiana Code 31-1-11-8 permits the transfer or exchange of property between governmental entity upon terms and conditions agreed upon by the entities as evidence by the adoption of substantially identical resolutions of each entity.

WHEREAS, the BOW is desirous of transferring to the NARC for redevelopment of the property mentioned above and the NARC is desirous of accepting said property.

NOW, THEREFORE, be it Jointly Resolved by the BOW and the NARC as follows:

1. Transfer/Exchange of Property. It is agreed that upon adoption by the BOW and the NARC, the real estate shall transfer as outlined herein. The Presidents of each entity are authorized to sign any and all documents necessary to effectuate the transfer of the property.

IN WITNESS WHEREOF, this Board of Works and Safety, Indiana, has approved and adopted this Joint Resolution by majority vote of its members at a properly noticed and convened meeting held this \_\_\_\_\_ day of February, 2026.

**BOARD OF PUBLIC WORKS AND  
SAFETY OF THE CITY OF NEW  
ALBANY, INDIANA**

By: \_\_\_\_\_  
Michael Thompson, President

*Attested by:*

\_\_\_\_\_  
Vicki Glotzbach, New Albany City Clerk

IN WITNESS WHEREOF, this New Albany Redevelopment Commission, has approved and adopted this Joint Resolution by majority vote of its members at a properly noticed and convened meeting held this \_\_\_\_\_ day February, 2026.

**NEW ALBANY REDEVELOPMENT  
COMMISSION**

By: \_\_\_\_\_  
Terry Middletown, President

*Attested by:*

\_\_\_\_\_  
Daniel Guess, Secretary

State Id No. **22-05-03-401-343.000-008**  
310 Mosier Avenue New Albany, IN 47150

### **QUITCLAIM DEED**

THIS INDENTURE WITNESSETH, this deed is made this \_\_\_\_\_ day of February, 2026, by and between **Civil City of New Albany, Indiana, through the Board of Works and Safety**, whose mailing address is 142 E. Main St, New Albany, IN 47150, Grantors; and **New Albany Redevelopment Commission**, whose tax mailing address is 142 E. Main St., Ste 212, New Albany, Indiana 47150, Grantee;

WITNESSETH: That for NO CONSIDERATION and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Grantor conveys and quitclaims a fee simple estate to the Grantee, in and to the following described real property, together with all improvements, located in Floyd County, Indiana, being more particularly described as follows (the "Property"):

**P 94 PRT LTS 10-11-12 / PRT VACATED ALLEY 10' / PRT LTS. 1,2,3 BLK.12 #22**

Subject to all easements and/or restrictions of public record which may apply to the above-described real estate.

IN TESTIMONY WHEREOF, witness the signature of **Mickey Thompson, President of the Board of Public Works and Safety of the City of New Albany, Indiana**, Grantors.

GRANTORS:

\_\_\_\_\_  
Mickey Thompson, President

State of Indiana        )  
                                  )  
County of                )

This deed was acknowledged before me, a notary public, this \_\_\_\_\_ day of February, 2026 by **Mickey Thompson, President of Board of Public Works and Safety of the City of New Albany, Indiana, Grantor.**

My commission expires:

\_\_\_\_\_  
Notary Public, State at Large, Indiana

County of Residence:

Name Printed: \_\_\_\_\_

**Certification:** I affirm, under the penalties of perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Shane L Gibson

**Pursuant to I.C. 32-21-2-3(b), the mailing address for the Grantees' property tax statements is:** is 142 E. Main St, New Albany, IN 47150

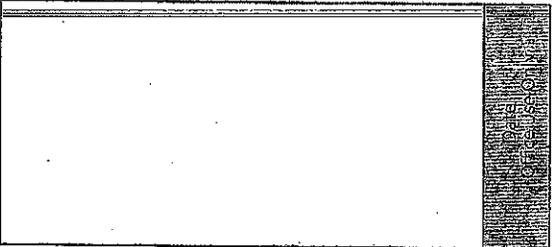
**This instrument was prepared without title examination or other legal services based solely on information provided by Grantor, by:** Shane L. Gibson, Corporate Counsel for the City of New Albany located at 142 E. Main St, New Albany, Indiana 47150



BOARD OF PUBLIC WORKS AND SAFETY

NEW ALBANY CITY HALL  
142 EAST MAIN STREET, SUITE 200  
NEW ALBANY, IN. 47150

NAPWPermits@cityofnewalbany.com



APPLICATION - ENCROACHMENT PERMIT

PERMIT NUMBER: \_\_\_\_\_

1. ENCROACHMENT LOCATION INFORMATION

Address or Location of Encroachment: 706 West Main Street

Subdivision or Development Name: \_\_\_\_\_

2. CONTRACTOR/UTILITY/APPLICANT INFORMATION

Contractor/Utility name: Temple and Temple Exc. and pay Contact Name: Danny Walker

Address: 1367 South state road 60 City: Salem State: in Zip: 47167

Phone: 812-620-7890 Email: dannyw@templeandtemple.com

Subcontractor name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. OWNER INFORMATION

Property owner's name: Mike Bryant (Servpro) Phone: 502-956-3523

Email: \_\_\_\_\_

4. ENCROACHMENT INFORMATION

a. Please describe proposed work: fire service tap for new building

- 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): 5' Length (in feet): 10'

h. Number of Traffic Lanes 1 Road Closed?  Yes\*  No If yes, duration: \_\_\_\_\_

Estimated Project Start Date: 2/9/2024 Estimated Project Completion: 2/13/2024

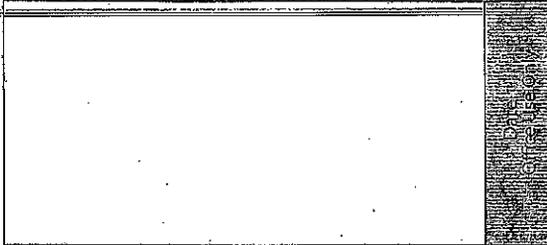
\*May require Board of Works Approval



BOARD OF PUBLIC WORKS AND SAFETY

NEW ALBANY CITY HALL  
142 EAST MAIN STREET, SUITE 200  
NEW ALBANY, IN. 47150

NAPWPermits@cityofnewalbany.com



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Phone: 812-620-7890 Email: dannyw@templeandtemple.com

Subcontractor name: \_\_\_\_\_ Phone: \_\_\_\_\_

OWNER INFORMATION

Property owner's name: Mike Bryant (Servpro) Phone: 502-956-3523

Email: \_\_\_\_\_

ENCROACHMENT INFORMATION

a. Please describe proposed work: sanitary tap for new building

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): 5 Length (in feet): 5

h. Number of Traffic Lanes 1 Road Closed?  Yes\*  No If yes, duration: \_\_\_\_\_

Estimated Project Start Date: 2/02/2026 Estimated Project Completion: 2/05/2026

\*May require Board of Works Approval