



January 14, 2015

Katie Yount
Harrisonburg Downtown Renaissance
212 S Main St.
Harrisonburg VA 22801

Dear Ms. Kirk:

On behalf of Eastern Mennonite University, I am requesting closure of Park Road during our Commencement Exercises on April 26, 2015. This closure is requested to help minimize disruption of commencement exercises by passing vehicles. This will also enhance safety of the many pedestrians in the area.

We propose to close Park Road beginning at Mt. Clinton Pike and continuing northward to Parkwood Drive. The duration of closure would be from 12:45 P.M. until 3:00 P.M. We will staff each barricade in order to provide emergency access if needed. Signage will be provided alerting travelers on Chicago Avenue of the closure of Park Road. The traffic from north Park View will be able to use Parkwood Drive to access Virginia Avenue.

We feel that this closure will improve the quality and safety of the commencement experience for all involved. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Stella G. Knicely".

Stella G. Knicely
Adm. Secretary, Physical Plant

cc: James Baker, Director of Public Works
320 East Mosby Rd., Harrisonburg VA 22801
Daryl Bert, V.P. for Finance, EMU
Loren Swartzendruber, President, EMU

Special Event Application

Please review the entire application to ensure the information is completed correctly. Once all documentation has been received, the application will be reviewed and the applicant will be contacted about the status of the event. Event organizers may be requested to meet with City representatives and others to review event plans, layout and logistics.



Special events must be approved by Harrisonburg City Council (except for private events using the Turner Pavilion and Park). Therefore, this application must be submitted at least 60 calendar days prior to the scheduled event. Special events may be denied if required time lines are not strictly adhered to or if there are inadequate safety measures, street closing conflicts or other logistical concerns.

Submit completed application and supporting documents to:
Katie Yount, Director of Events, 212 South Main Street, Harrisonburg, VA 22801 or katie.yount@harrisonburgva.gov.

EVENT TITLE: EASTERN MENNONITE UNIVERSITY COMMENCEMENT CEREMONY

Contact Information

Organization/Applicant Name: Eastern Mennonite University
Contact Name: C. Eldon Kurtz
Daytime Phone: 540-432-4392 Cell Phone: 540-578-3627
(*Required for day-of event)
E-mail Address: kurtze@emu.edu
Mailing Address: 1200 Park Rd., Harrisonburg VA 22802

Event Summary

Date of Event: April 26, 2015
Location: Front lawn of EMU along Park Road
Event Hours: Set-up Time: 12:45 p.m. Event Time: 1:00 p.m. Clean-up Time: 3:00 p.m.
Type of Event (fundraiser, run/walk, etc): _____
Is this an annual event? Yes No # of years event has been held: _____
Description of Event (activities, benefitting cause, etc): _____
Size of Event: Participants: 300-400 Spectators: 3,000
Will the event affect the flow of traffic on a public street within the City of Harrisonburg? Yes No
Will food or merchandise be sold? Yes No All vendors except those selling unprocessed food products must have a current business license. Contact the Commissioner of Revenue at 540-432-7704 for details. The collection of applicable taxes will be the responsibility of the individual vendor.
Will alcohol be served: Yes No If yes, attach copy of ABC License (unless private event).
Will a security firm be present? Yes No If yes, complete and attach section 2.

Request for Resources (check all that apply)

- City Street Closings** – Complete & Attach Sect. 1
- Public Works Support at Event** – Please check this box if you are requesting city street closings.
- Police Support at Event** – Complete & Attach Sect. 2
- Turner Pavilion & Park Rental** – Complete & Attach Sect. 3
- City Park Reservation** – If the event involves the use of a city park, the applicant must obtain advance approval from the Department of Parks & Recreation before submitting an application. For availability, call 540-433-9168.
- Host an Event in Court Square** – If the event involves the use of the Courthouse Grounds, the applicant must obtain advance approval from Rockingham County before submitting an application. For availability, call 540-564-3008.
- Refuse & Garbage Removal** – Questions can be directed to Harsit Patel at 540-434-5928.
- Flusher/Sweeper** (i.e. parades require street sweeper after event)
- Permit for Tents/Structures** – Any tent greater than 900 square feet or accommodating more than 50 people requires a building permit and inspection. Tents greater than 400 sq. ft. require an inspection by the Fire Department. Building permit applications are available at www.harrisonburgva.gov/community-development. The permit application should be filed with the Community Development office at least 10 days in advance of the event. Questions about the permit process can be directed to Wayne Lilly, Ron Schuett or Mike Williams at 540-432-7700.
- Fire/EMS Support** – For additional information or questions, contact Deputy Chief Ian Bennett at 540-432-7703.
- Fireworks Permit** – Any type of fireworks display requires a permit through the Fire Department. To apply for a fireworks permit, contact Deputy Fire Chief Ian Bennett at 540-432-7703.
- Water and/or Electricity** – *Water hook-ups are only available in the Turner Pavilion & Park area

Required Documents (The following documents must be attached to application)

- A Certificate of Insurance (COI) providing evidence of liability insurance of a minimum of \$1,000,000 and property damage of \$100,000. The addendum must include this exact wording: **“The City of Harrisonburg, 345 South Main St, Harrisonburg, VA 22801, is hereby named as additional insured.”** If using the Turner Pavilion & Park, addition wording must include **“Harrisonburg Downtown Renaissance, 212 S. Main St., Harrisonburg, VA 22801, is hereby named as additional insured.”**
 - The Endorsement from the Insurance Company showing the City is an Additional Insured is also required. The insurance company must have a minimum financial rating from the A.M. Best Company of an “A” or better.
 - If your organization has employees, you must also provide evidence of Workers Compensation insurance with statutory limits that meet state requirements.
 - If alcohol will be served, the City requires a Liquor Liability endorsement be added to the insured’s policy. This endorsement can be added to the Certificate of Insurance along with the other insurance requirements.
 - The COI and Endorsement must be obtained and sent to the the City Purchasing Office at Purchasing@harrisonburgva.gov at least 5 days before the event.

An option for quote and coverage can be obtained through the Tenant User Liability Insurance Program. Call Pat Hilliard, Purchasing Agent, at 540-432-7794 for more information.
- Map with requested street closures and/or parking lots highlighted
- Diagram of event, including location of activities
- ABC License - If alcohol will be served, events must obtain a VA ABC license (unless it is a private event). Contact VA Department of Alcoholic Beverage Control for more information: (p) 804-213-4400

Section 1. Street Closings / Parking Lots

Attach a map with requested street closures and/or parking lots highlighted.

Time streets will be closed by: 12:45 p.m.

Time streets will reopen: 3:00 p.m.

In addition to the map, list in detail what street closures are needed for the event:

Park Road beginning at Mt. Clinton Pike and continuing northward to Parkwood Drive

Are parking lots needed for the event? Yes No

If yes, list them below and include the times that parking lots should be cleared:

Will your event involve the use of a parking and/or shuttle plan Yes No

If yes, please describe below:

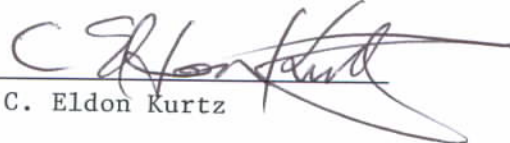
For Office Use Only: Requested equipment, personnel and type of support needed from Public Works.

*For the City to approve a road closure, the following must be considered: resident/business impact, detour routes, signage and notification, set up of barricades and directional signage, and traffic control and safety. Please note that there may be a cost to your organization for these services.

CERTIFICATION AND ACKNOWLEDGMENT OF APPLICANT

The undersigned certifies that he or she is familiar with the guidelines for planning an event in the City of Harrisonburg and the same will be enforced and honored by the sponsoring organization. The undersigned further certifies that the information furnished in this application is true and correct to the best of the undersigned knowledge and information.

The undersigned acknowledges that use of city resources to host an event in the City of Harrisonburg is contingent upon approval of this application by the city staff and Harrisonburg City Council.

Signature of Applicant: 
 C. Eldon Kurtz

Date: 01/14/15

For Office Use Only:

Date received _____

Department Review

Commissioner of Revenue	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Community Development	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Dept. of Public Transportation	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Downtown Parking Services	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Fire Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Harrisonburg Downtown Renaissance	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Police Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Public Works	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Purchasing Agent	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____

Comments:



Commencement Ceremony will be held here

Street we would like closed for EMU Commencement Ceremony



EASTMEN-01

FAMOS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/14/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Campbell Insurance 801 Main Street, Suite 400 Lynchburg, VA 24504	CONTACT NAME: Frieda K. Amos PHONE (A/C, No, Ext): (434) 847-5541 FAX (A/C, No): E-MAIL ADDRESS: FAmos@campbellins.com														
INSURED Eastern Mennonite University 1200 Park Road Harrisonburg, VA 22802-2404	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Selective Ins Co. Of Southeast</td> <td style="text-align: center;">39926</td> </tr> <tr> <td>INSURER B : Accident Fund National Ins. Co</td> <td style="text-align: center;">12305</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Selective Ins Co. Of Southeast	39926	INSURER B : Accident Fund National Ins. Co	12305	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		S2128752	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			S2128752	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			S2128752	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV6066813	07/01/2014	07/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The City of Harrisonburg is an Additional Insured on General Liability.

CERTIFICATE HOLDER**CANCELLATION**

City of Harrisonburg
 345 South Main Street
 Harrisonburg, VA 22801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Frieda K. Amos