



AGENDA

Parks Commission

Wednesday

July 5, 2023

9:30 AM

| Village Hall | 21 W. Washington Street |

This is a public meeting and all are welcome to attend.
In-person meetings are held in Council Chambers at Village Hall.

Commission: Anne deConingh, Greta Weber, Brian Drum, Tod White, Jeff Opperman

Agenda Items

1. Approval of minutes: June 7, 2023
2. Park event application(s):
 - a. SIDEWALK SALE – CHAGRIN FALLS MERCHANTS ASSOCIATION
3. Riverside Park:
 - a. Irrigation installation and hydroseeding
 - b. Coyote figures for Canada goose problem
4. River Run Park:
 - a. CAA improvements to the ballpark; donation policy issue
 - b. Proposed sail shade installation over two park benches
5. Parks Strategic Plan
6. Miscellaneous
7. Adjournment

Next Meeting: Thursday, August 2, 2023

**Village of Chagrin Falls
Parks Commission
June 7, 2023**

The meeting was convened in the Village Hall Council Chambers at 8:30am.

Members present: Anne de Coningh, Brian Drum, Jeff Opperman, Greta Weber
Administration: John Brockway, Rob Jamieson
In the audience: Kate Humphrey

MINUTES

Anne made a motion to approve the May 3 meeting minutes. Brian seconded. The minutes were approved.

Regarding recurring park event applications, Rob Jamieson will consider permanent approval; will discuss at the next meeting.

PARK EVENT APPLICATION 2023-07/4 July 4th Celebration – Chagrin Falls Historical Society-Triangle Park. Anne made a motion to approve and Greta seconded. The application was unanimously approved and recommended to Council.

RIVERSIDE PARK: Two artificial coyotes have been purchased to address the Canada geese problem; John has a fox, too.

Black metal picnic tables have been purchased to replace current wooden ones in most but not all areas. The old ones can be sold on the www.usa.gov website.

RIVER RUN PARK:

Kate Humphrey brought up posting some kind of shade in gravel over picnic tables. However, this would be pretty far down on the priority list, with the installation of artificial turf in the Bark Park ahead of it.

Update on baseball issues; Council is discussing donation policy.

STRATEGIC PLAN:

Brian will send out a Google doc with tentative parks survey questions. All members should take the next month to think about additions for the survey and submit online. The survey can ultimately be posted on the Village Block Club and Chagrin Falls Village government websites to which residents can respond.

The meeting was adjourned at 9:15 am.

Next Meeting: July 5, 2023 at 9:30am in Village Hall Council Chambers.

Respectfully submitted,
Anne Wombwell de Coningh, Chair
Greta Weber, Secretary



PARK EVENT APPLICATION

[11/2020]

Village of Chagrin Falls

21 West Washington St

Chagrin Falls, OH 44022

440-247-5050

ORGANIZATION _____

EVENT NAME _____

EVENT DATE _____

Attached is an **application for a Park Event** in the Village of Chagrin Falls.

Upon receipt of the completed application, it will be presented to the Parks Commission for review.

GENERAL INFORMATION

1. **APPLICATION:** A sponsoring group or person interested in planning an event in a Village Park shall complete an application to be approved by the Parks Commission and Village Council at a public meeting.
2. **INSURANCE:** The sponsoring group or person will be required to provide a certificate of insurance showing general liability coverage of \$1,000,000 during the event and naming the Village of Chagrin Falls as additionally insured.
3. **INFORMATION:** The application shall include all needed information and the Council, Police Chief, Fire Marshal or the Chief Administrator may set terms and conditions regarding these subjects:
 - type and name of event and proposed activity
 - estimate of attendance
 - day(s) and times of event
 - map showing set-up of event
 - electrical requirements and plans
 - plans for parking and traffic control
 - proposed advertising and directional signage
 - plans for waste collection and cleanup
 - noise to be generated, including music
 - fire prevention, emergency calling and access
 - rest room facilities
4. **DEPOSIT:** A minimum deposit of \$500 must be submitted before the event to cover the cost of any possible damage to the Village park resulting from the event. The deposit will be returned once it is established that no damage has occurred. If the cost of any damage repair exceeds the minimum deposit, the sponsoring group or person will be held responsible for the additional required expense. Excessive use of utilities, electricity and/or water, will be charged as necessary at the discretion of the Village.
5. **DAMAGE:** Vehicles are prohibited from driving on the grass in all Village parks without the express consent of the Village Administration. Damage to the parks, including tire ruts, will be charged at cost to the sponsoring group or person. No event activity should attach to, lean against or cause damage to any Village trees. The Village Shade Tree Commission will have authority in permitting activities near trees.
6. **UTILITIES:** Applicant will use electrical connections as prescribed by the Chagrin Falls Service Department and water connections as prescribed by the Chagrin Falls Utilities Department.
7. **SAFETY:** So as not to disrupt underground utilities, nothing may be inserted into the ground in the park grass, landscape beds or surrounding areas unless express consent is granted (i.e. tent stakes, signs, etc.). Alcohol is not permitted in Village parks.

2-STEP APPROVAL PROCESS

PARKS COMMISSION REVIEW

Event applications are reviewed by the Parks Commission on the **1st Wednesday monthly**.

Upon review, they vote to disapprove or approve and recommend to Council for final consideration.

COUNCIL CONSIDERATION

Event applications are considered by Council for final approval at the meeting held on the **2nd Monday monthly**.

PARK EVENT APPLICATION

[COMPLETED BY SPONSORING ORGANIZATION OR PERSON]

CONTACT INFORMATION

SPONSORING ORGANIZATION

ORGANIZATION	
STREET	
CITY, STATE, ZIP	

CONTACT PERSON

NAME	
EMAIL	
PHONE	

EVENT INFORMATION

VILLAGE PARK

- 1 – Riverside (Downtown) 4 – Bell Street Other _____
 2 – Triangle 5 – Franklin
 3 – River Run (Solon Rd.) 6 – Founders Field

WHO

ATTENDANCE ESTIMATE	
---------------------	--

WHAT

EVENT NAME	
EVENT ACTIVITIES (describe)	

WHEN

DATE(S)	
TIME(S)	

OTHER

WILL ANY FUNDS BE RAISED?	
IF SO, HOW WILL THEY BE USED?	

EVENT LOGISTICS & PLANS

ELECTRICAL REQUIREMENTS

SET-UP PLANS

- ❖ Describe the items being set-up in the park (i.e. tents, chairs, signs)
- ❖ So as not to disrupt underground utilities, nothing may be inserted into the ground without prior permission.
- ❖ Vehicles are prohibited from driving on the grass without the express consent of the Village Administration.

PARKING & TRAFFIC PLANS

- ❖ How will you handle parking needs and traffic?

PUBLIC RESTROOM PLAN

- ❖ Required for events 100+ | 4 hours+ | serving food + beverage

WASTE COLLECTION & CLEAN-UP PLAN

- ❖ If your event will generate waste, provide a detailed clean-up plan

TYPE OF NOISE BE GENERATED

_____None _____Description _____

WILL YOU USE SIGNAGE?

_____No _____Yes (advertising or directional)_____

CERTIFICATE OF INSURANCE

_____No _____Yes (attached) _____

WILL OTHER VENDORS OR CONCESSIONAIRES BE PRESENT?

_____No _____Yes (describe) _____

IF AVAILABLE, PROVIDE A MAP OR LAYOUT SHOWING EVENT SET-UP AND SIGNAGE

_____No _____Yes (attached)

AGREEMENT & SIGNATURE

I have read and understand the rules for the use of the Village parks and facilities. On behalf of myself and my organization, I acknowledge permission to use the Village parks and facilities in accordance with all rules and regulations of the Village of Chagrin Falls. In consideration of the permission and privilege granted to me and my organization hereunder, I do hereby specifically agree on behalf of myself and by organization that we will indemnify, save, and hold harmless the Village of Chagrin Falls from any and all losses, claims, actions, or proceedings of every kind and character which may be presented or initiated to recover money, property, or damages for any injures to persons, or injurious results, or any damages to property suffered which arise from our use of the Village parks and facilities. I agree to make this information available to all other members of my organization as necessary.

_____ **PRINTED NAME**

_____ **SIGNATURE**

_____ **DATE**

FOR OFFICE USE ONLY

EVENT # _____

_____ **INSURANCE**

_____ **DEPOSIT**

_____ **APPLICATION RECEIVED**

_____ **NEXT PARKS MEETING** _____ **DATE APPROVED**

_____ **NEXT COUNCIL MEETING** _____ **DATE APPROVED**



VILLAGE OF CHAGRIN FALLS

CERTIFICATE OF LIABILITY INSURANCE EXPLAINED

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 11/11/2021
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 have ADDITIONAL INSURED provisions or 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 ABC Insurance Brokers, Inc. 123 Main Street Anytown, OH 12345 1		CONTACT NAME: Bob Johnson PHONE (A/C No., Ext): (222) 222-2222 FAX (A/C No.): (333) 333-3333 E-MAIL ADDRESS: bob@abcinsurance.com		
INSURED John Smith 123 Main Street Anytown, OH 12345 2		INSURER(S) AFFORDING COVERAGE INSURER A: XYZ Insurance Company 3 NAIC # 12345 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		
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 SUBR INSD 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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		XYZ12345 4 5	01/01/2021 12/31/2021 6 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 7 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				
Additional Insured: Village of Chagrin Falls 8 Event Name: _____ Event Dates: _____				
CERTIFICATE HOLDER		CANCELLATION		
BBB Organization 9 123 Main Street Anytown, OH 12345		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		
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(1) PRODUCER
Your insurance agent

(2) INSURED
Your name and address

(3) INSURANCE CARRIER

(4) POLICY #

(5) CERTIFICATE #

(6) EFFECTIVE DATES
Coverage term

(7) LIABILITY INSURANCE LIMITS
Limits (max) purchased for each coverage

(8) ADDITIONAL INSURED
Required by the Village of Chagrin Falls

(9) CERTIFICATE HOLDER
Name and address of entity or person requesting a certificate

What is a Certificate of Insurance?

A document detailing the type of insurance coverage, the dates and limits of coverage.

What is an Additional Insured?

An additional Insured is a person or entity, other than the named insured, that is also provided insurance under the policy.