

**Martinsville Board of
Works & Safety
Meeting Agenda
Monday, August 11,
2025
6:30 PM - Council
Chambers**

THE CITY OF
Martinsville
INDIANA



Call to Order

Roll Call

Consideration of the Minutes

Documents:

[JULY 28, 2025, BOARD OF WORKS AND SAFETY MEETING MINUTES.PDF](#)

New Business

A. Opening of Bids for the Construction of Performers' Restroom and Storage Space at The Venue

B. Consideration of Claims - Owner Occupied Grant Program - ARa

Documents:

[CLAIMS - OWNER OCCUPIED GRANT.PDF](#)

C. Consideration of Special Event/Street Closing Application - Fallen Riders Ride

Documents:

[SPECIAL EVENT-STREET CLOSING APPLICATION - FALLEN RIDERS RIDE.PDF](#)

Sewer Adjustment Applications

Documents:

[SEWER ADJUSTMENT APPLICATIONS FOR AUGUST 11, 2025.PDF](#)

Next Regular Meeting

The next regular meeting of the Board of Works and Safety will be on Monday, August 25, 2025, at 6:30 PM in the Council Chambers (Room 202), City Hall, 59 S. Jefferson St, Martinsville, IN.

Adjournment

Any individual who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a public meeting, program, service, or activity of the City of Martinsville, IN contact Ben Merida, ADA Coordinator, 995 Rogers Road, Martinsville, IN 46151, 765-342-6012, as soon as possible, but no later than 48 hours before the scheduled event.

**MARTINSVILLE BOARD OF WORKS & SAFETY
MARTINSVILLE INDIANA
MORGAN COUNTY, INDIANA
MONDAY JULY 28, 2025**

CALL TO ORDER

Mayor Costin called the meeting to order.

ROLL CALL

Kenny Costin, Mayor - Present
Kelly Bray, Board Member - Present
John Lillywhite, Board Member - Present
Ben Merida, Clerk Treasurer - Present
Dale Coffey, Attorney - Present

MINUTES

Mayor Costin presented the Minutes from the Board of Works meeting of Monday, July 14, 2025. A motion to approve the minutes as presented was made by John Lillywhite. The motion was seconded by Kelly Bray. The motion passed 3-0.

NEW BUSINESS

Consideration of the Recommendation for the Awarding of the Bid for Sidewalks and Curbs - City Superintendent Mac Dunn presented the recommendation of awarding the project to Wallace Construction for the amount of \$1,379,791.19 to the board. A motion to approve the project was made by Kelly Bray. The motion was seconded by John Lillywhite. The motion passed 3-0.

Consideration of Marking Certain Intersections as No Parking/Yellow Striped - City Superintendent Mac Dunn and City Attorney Dale Coffey presented the request to the board. The request is to put a crosswalk in at the intersection of Main Street and West Harrison Street. A motion to approve the request as presented was made by John Lillywhite. The motion was seconded by Kelly Bray. The motion passed 3-0.

Consideration of Agreement for Services – 120 Water - City Superintendent Mac Dunn presented the agreement to the board for their consideration. The agreement is for 120 Water for their annual agreement in the amount of \$20,744. A motion to approve the agreement as presented was made by John Lillywhite. The motion was seconded by Kelly Bray. The motion passed 3-0.

Consideration of Sending Tort Claim to Insurance Carrier - City Attorney Dale Coffey presented the tort claim to the board for their consideration. A motion to forward the tort claim to the insurance carrier was made by John Lillywhite. The motion was seconded by Kelly Bray. The motion passed 3-0.

**MARTINSVILLE BOARD OF WORKS & SAFETY
MARTINSVILLE INDIANA
MORGAN COUNTY, INDIANA
MONDAY JULY 28, 2025**

Consideration of Agreement for Services – V3 Companies - Executive Assistant Mack Porter presented the agreement to the board for their consideration. The agreement is for V3 Companies to update plat information for the upcoming park. The amount of the agreement is \$1,250.00. A motion to approve the agreement as presented was made by Kelly Bray. The motion was seconded by John Lillywhite. The motion passed 3-0.

Consideration of Agreement for Purchase - Calgon - City Superintendent Mac Dunn presented the agreement to the board for their consideration. The agreement is for replacement filters for the water utility. The amount of the agreement is \$155,200 of which IDEM will repay the city. A motion to approve the agreement as presented was made by Kelly Bray. The motion was seconded by John Lillywhite. The motion passed 3-0.

SEWER ADJUSTMENT APPLICATIONS

- 289 West Sumner Avenue - \$489.81
- 939 East Jackson Street - \$64.81
- 490 East Highland Street - \$661.00
- 659 East Highland Street - \$274.74
- 1350 Ash Court - \$76.56

A motion to approve the adjustments as submitted made by John Lillywhite. The motion was seconded by Kelly Bray. The motion passed 3-0.

ADJOURNMENT

There being no further business, Mayor Costin declared the meeting adjourned.

Name		Signature
Kelly Bray, Member	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
John Lillywhite, Member	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Kenny Costin, Mayor	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
ATTEST		
Name	Signature	Date
Benjamin K. Merida, Clerk-Treasurer		



748 Franklin Street
Columbus, IN 47201
FAX: 812-376-8857 INTERNET: carrie@ARaCities.org
812-376-9949

to : Ben Merida
Office of the Clerk Treasurer

from : Carrie Riley

date : July 31, 2025

subj : Martinsville OOR
Grant Number: OOR-23107

The total of the invoices and claims submitted for payment for administration and construction is \$75,650.00 . I will request \$69,650.00 from CDBG and \$6,000 from local funds.

Claims

<u>Contractor</u>	<u>Amount of Claim(s)</u>	<u>CDBG Amount</u>	<u>Local funds</u>
ARa	\$40,000.00	\$40,000.00	\$0.00
Neal's Custom Exterior	\$35,650.00	\$29,650.00	\$6,000.00
TOTALS	\$75,650.00	\$69,650.00	\$6,000.00

Please call when the drawdown arrives in the city. The city must disburse the grant funds within 5 days of receipt. The city cannot have an excess of \$5,000 of grant funds on hand for more than 5 days. Please send me copies of the checks and any ACH deposits.

If you have any questions or if I can provide any further assistance, please call. Thank you.

DRAW REQUEST

Agency:	Indiana Office of Community and Rural Affairs (OCRA)
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Claim/Draw No.:	1
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Invoice Date:	7/29/2025
Invoice Amount:	\$ 69,650.00

Name of Grantee:	Martinsville
Grant Number:	OOR-23-107

Grantee Address					
Street:	59 S. Jefferson St			EIN:	35-6001104
City/Town:	Martinsville			Program Name:	CDBG OOR
State:	IN	Zip Code:	46151	Grant Administrator:	ARa

Date of Service	Activity Code	Budget Category	Approved Budget	Expense Amount	Total Expenses to Date	Balance
						\$ 350,000.00
7/21/2025	14A	Construction	\$ 291,860.00	\$ 29,650.00	\$ 29,650.00	\$ 320,350.00
7/29/2025	14A	Professional Fees	\$ 43,140.00	\$ 30,000.00	\$ 30,000.00	\$ 290,350.00
7/29/2025	21E	ER	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 285,350.00
7/29/2025	21A	Administration	\$ 10,000.00	\$ 5,000.00	\$ 5,000.00	\$ 280,350.00
		Total Amount:	\$ 350,000.00	\$ 69,650.00	\$ 69,650.00	\$ 280,350.00

I certify and approve this claim.

Signature of Grantee:	Title:	Date:
	Mayor	



Invoice for Services

Administrative Resources association

748 Franklin St., Columbus, IN 47201
(812) 376-9949 FAX (812) 376-8857

C1736

To: Ben Merida
Clerk Treasurer
59 S Jefferson Street
Martinsville, IN 46151

Date: July 29, 2025

Re: OOR-23-106 dated March 12, 2025
between the City of Martinsville and
ARa

Service Provided:

Program level services performed by ARa for the City of Martinsville pursuant to the above referenced agreement:

\$5,000.00	"\$5,000.00 shall be due and payable to ARa when Tier One Environmental Review is submitted in eGMS"
\$5,000.00	"\$5,000.00 shall be due and payable to ARa Grant Administration Services Contract is signed with Client" - <i>Program Administration</i>
\$10,000.00	"\$10,000.00 shall be due and payable to ARa when the Grant Administration Services Contract is signed with Client" - <i>professional services</i>
\$20,000.00	"\$20,000.00 shall be due and payable to ARa after Release of Funds is achieved"
\$40,000.00	Total Amount Due

Please mail payment to: **Administrative Resources association**
748 Franklin St.
Columbus, IN 47201

I hereby certify that the foregoing is just and correct, and that the amount claimed is legally due after allowing all just credits, and that no part of the same has been paid.

Tobi Herron

Tobi Herron
Executive Director,
Administrative Resources association

2224 N State Rd 3
New Castle, IN 47362 US
765-529-6087
info@nealscustomexterior.com



INVOICE # 5420
DATE 07/21/2025
DUE DATE 07/31/2025
TERMS 10 days

BILL TO
CITY OF MARTINSVILLE
59 SOUTH JEFFERSON
STREET
MARTINSVILLE, IN 46151

SHIP TO
CITY OF MARTINSVILLE
59 SOUTH JEFFERSON
STREET
MARTINSVILLE, IN 46151

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

JOB NAME
1389 JOSEPHINE ST, MARTINSVILLE

ACTIVITY	QTY	RATE	AMOUNT
ROOFING HOUSE - ROOFED HOUSE USING OWENS CORNING DURATION DIMENSIONAL SHINGLES WITH A LIMITED LIFETIME WARRANTY COLOR: ESTATE GRAY; COMPLETED: 7/8/25	1	8,285.00	8,285.00
GUTTERS INSTALLED 6" CONTINUOUS ALUMINUM GUTTERS & 3X4" DOWNSPOUTS WITH 3 FT EXTENSIONS COLOR: WHITE; COMPLETED: 7/9/25	1	1,780.00	1,780.00
ROOM/HOUSE REMODEL (INTERIOR) INSTALLED A 97% FURNACE COMPLETED: 7/16/25 SHEILA LATHAM, 1389 JOSEPHINE STREET, MARTINSVILLE	1	6,000.00	6,000.00

SUBTOTAL 16,065.00
TAX 0.00
TOTAL 16,065.00
BALANCE DUE **\$16,065.00**

Handwritten notes:
2 6,000 local
10,065 DRBG

18% interest per annum will be added to all accounts that are 30 days past due
\$50.00 Fee on Returned Checks
We Accept Visa, MasterCard & Discover
Thank you for your business and have a great day!

Owner Occupied Housing Inspection Certification Form

Property Address:	<u>1389 Josephine St. Martinsville, IN</u>	Award Recipient:	<u>City of Martinsville</u>
Property Owner:	<u>Sheila Latham</u>	Award Number:	<u>OOR-23-107</u>
Contractor Name:	<u>Neal's Custom Exterior</u>	Contractor Address:	<u>2224 N. State Road 3 New Castle, IN 47362</u>
Contractor Email:	<u>info@nealscustomexterior.com</u>	Contractor Phone #:	<u>765-529-6087</u>

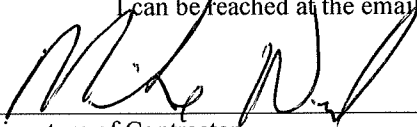
Contractor's Statement:

I certify, under the penalty of perjury, that I have satisfactorily completed the necessary work, according to the construction contract, to justify this request.

The one-year labor warranty is in effect until: **07/25/2026**

I have provided the applicable manufacturer warranty information to the homeowner.

I can be reached at the email address and phone number listed above during the warranty period.



Signature of Contractor

7/25/25

Date

Inspector's Statement:

I have made a physical inspection of this property. I certify that the work items corrected at a minimum meet the stricter of the local rehabilitation standards or the Indiana State Building Code.



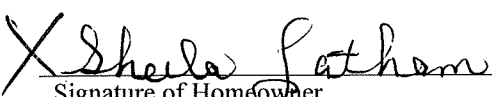
Signature of Inspector

7-25-25

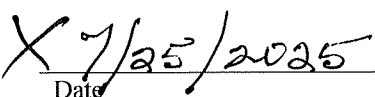
Date

Property Owner's Statement:

I certify, under penalty of perjury, that all work items have been completed in accordance with the contract and understand that final payment will be disbursed to the contractor.



Signature of Homeowner



Date

2224 N State Rd 3
New Castle, IN 47362 US
765-529-6087
info@nealscustomexterior.com



INVOICE # 5419
DATE 07/21/2025
DUE DATE 07/31/2025
TERMS 10 days

BILL TO
CITY OF MARTINSVILLE
59 SOUTH JEFFERSON
STREET
MARTINSVILLE, IN 46151

SHIP TO
CITY OF MARTINSVILLE
59 SOUTH JEFFERSON
STREET
MARTINSVILLE, IN 46151

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

JOB NAME
39 DUO DRIVE, MARTINSVILLE

ACTIVITY	QTY	RATE	AMOUNT
ROOFING HOUSE - ROOFED USING OWENS CORNING DURATION DIMENSIONAL SHINGLES WITH A LIMITED LIFETIME WARRANTY COLOR: DRIFTWOOD; COMPLETED: 7/8/25	1	11,885.00	11,885.00
ROOM/HOUSE REMODEL (INTERIOR) INSTALLED NEW CENTRAL AIR CONDITIONING, LINESET, PAD AND THERMOSTAT COMPLETED: 7/11/25 JOAN KOMINSKI, 39 DUO DRIVE, MARTINSVILLE	1	7,700.00	7,700.00

SUBTOTAL 19,585.00
TAX 0.00
TOTAL 19,585.00
BALANCE DUE **\$19,585.00**

COBG

18% interest per annum will be added to all accounts that are 30 days past due
\$50.00 Fee on Returned Checks
We Accept Visa, MasterCard & Discover
Thank you for your business and have a great day!

Owner Occupied Housing Inspection Certification Form

Property Address:	<u>39 Duo Dr. Martinsville, IN</u>	Award Recipient:	<u>City of Martinsville</u>
Property Owner:	<u>Joan Kominski</u>	Award Number:	<u>OOR-23-107</u>
Contractor Name:	<u>Neal's Custom Exterior</u>	Contractor Address:	<u>2224 N. State Road 3 New Castle, IN 47362</u>
Contractor Email:	<u>info@nealscustomexterior.com</u>	Contractor Phone #:	<u>765-529-6087</u>


Contractor's Statement:

I certify, under the penalty of perjury, that I have satisfactorily completed the necessary work, according to the construction contract, to justify this request.

The one-year labor warranty is in effect until: **07/25/2026**

I have provided the applicable manufacturer warranty information to the homeowner.

I can be reached at the email address and phone number listed above during the warranty period.



Signature of Contractor

7/25/25
Date

Inspector's Statement:

I have made a physical inspection of this property. I certify that the work items corrected at a minimum meet the stricter of the local rehabilitation standards or the Indiana State Building Code.



Signature of Inspector

7-25-25
Date

Property Owner's Statement:

I certify, under penalty of perjury, that all work items have been completed in accordance with the contract and understand that final payment will be disbursed to the contractor.

X 

Signature of Homeowner

X 7-2-25
Date

Mack Porter

From: noreply@civicplus.com
Sent: Friday, August 1, 2025 3:18 PM
To: Mack Porter
Subject: Online Form Submittal: Special Event / Street Closing Application



Special Event / Street Closing Application

Note:

It will be the responsibility of the organization to provide personnel at **every** blocked intersection to ensure that no vehicles enter or cross the designated route during the time of the closure. It will be the responsibility of the event organizer to notify all residents and businesses in the affected area of the closures. Failure to do so may result in future requests being declined.

This form must be submitted not less than 45 days in advance of the event.

Terms & Conditions

1. Applications must be received not less than forty-five (45) days in advance of the event date to allow time for processing and presentation to the Board of Works for consideration.
2. The organization shall be responsible for providing:
 - a. A representative to be present at the Board of Works meeting when the application is presented for consideration
 - b. Someone at every blocked intersection to provide traffic control.
 - c. Any stages; reviewing stands; chairs; sound projection equipment; podiums; flags; decorations; portable restrooms; etc. - should any of these be required.
3. The city will have barricades placed near the intersections.
 - a. It will be the organization's responsibility to set the barricades to block the intersection not more than one hour in advance of the event start time.
 - b. Barricades are to be pulled by the organization and returned to the curbs as soon as the last runner/unit passes the intersection.
4. The organization will be responsible for notifying all residents/businesses along the route not less than forty-eight (48) hours in advance of the event.

5. When "No Parking" is required, the city will have no parking signs posted not less than three days in advance of the event.
 - a. The city will be responsible for removing the no parking signs.
 - b. Failure to comply with these Terms and Conditions may result in future requests being declined.

Name of Event	FALLEN RIDERS RIDE: TO STOP VETERAN SUICIDE
Sponsoring Organization	AMERICAN LEGION RIDERS POST 103 MOORESVILLE
Organizer's Address	350 E Main St
City	MOORESVILLE
State	IN
Zip Code	46158
Dates and Times of Event	9/20/2025 1:00 PM - 9/20/2025 8:00 PM
Location of Event / Route	SPENCER, BEDFORD, NASHVILLE, THEN TO GROGGY GOAT TAPROOM MARTINSVILLE. REQUESTING THE CLOSURE OF JEFFERSON ST FROM THE PIKE STREET INTERSECTION TO MORGAN ST INTERSECTION FOR BIKE PARKING.
Primary Contact Person	Colin McCormick
Telephone	3175339829
Email Address	colinmccor1@gmail.com
Confirm Email	colinmccor1@gmail.com
Secondary Contact Person	Miguel Ongay
Telephone	3173399853
Email Address	fireteacher610@aol.com
Confirm Email	fireteacher610@aol.com
Event Description	Partial Proceeds benefit Stop Soldier Suicide Suicide is a complex problem that disproportionately impacts the military community. Stop Soldier Suicide is the only national nonprofit focused solely on solving the issue of suicide among

U.S. veterans and service members. Their team is focused on care and research that is specific to reducing veteran and service member suicide. Their vision is a nation where veterans and service members have no greater risk for suicide than any other American and to reduce the military suicide rate by 40% no later than 2030.

Stop Soldier Suicide was a cause that Emily highly supported and is why we have chosen this charity for our ride.

City Services Requested SPENCER, BEDFORD,NASHVILLE, THEN TO GROGGY GOAT TAPROOM MARTINSVILLE. REQUESTING THE CLOSURE OF JEFFERSON ST FROM THE PIKE STREET INTERSECTION TO MORGAN ST INTERSECTION FOR BIKE PARKING.
WE WILL BE REACHING OUT TO MORGAN COUNTY SHERIFFS AS WELL FOR A POLICE ESCORT INTO MARTINSVILLE. COMING IN FROM 252

Streets to Be Closed:

Street Name	JEFFERSON
Between (Street Name)	PIKE STREET AND MORGAN STREET
Street Name	<i>Field not completed.</i>
Between (Street Name)	<i>Field not completed.</i>
Street Name	<i>Field not completed.</i>
Between (Street Name)	<i>Field not completed.</i>
Time of Closure	1:30 PM - 8:00 PM
Additional Information	<i>Field not completed.</i>
Electronic Signature	On behalf of the applying organization, I have read the terms and conditions and by submitting this application, I and the organization accept and agree to the terms and conditions as stated.

BOARD OF PUBLIC WORKS AND SAFETY USE ONLY

We, the Board of Public Works and Safety, approve this street closure request.

Kenneth Costin, Mayor

Date

Kelly M. Bray, Member

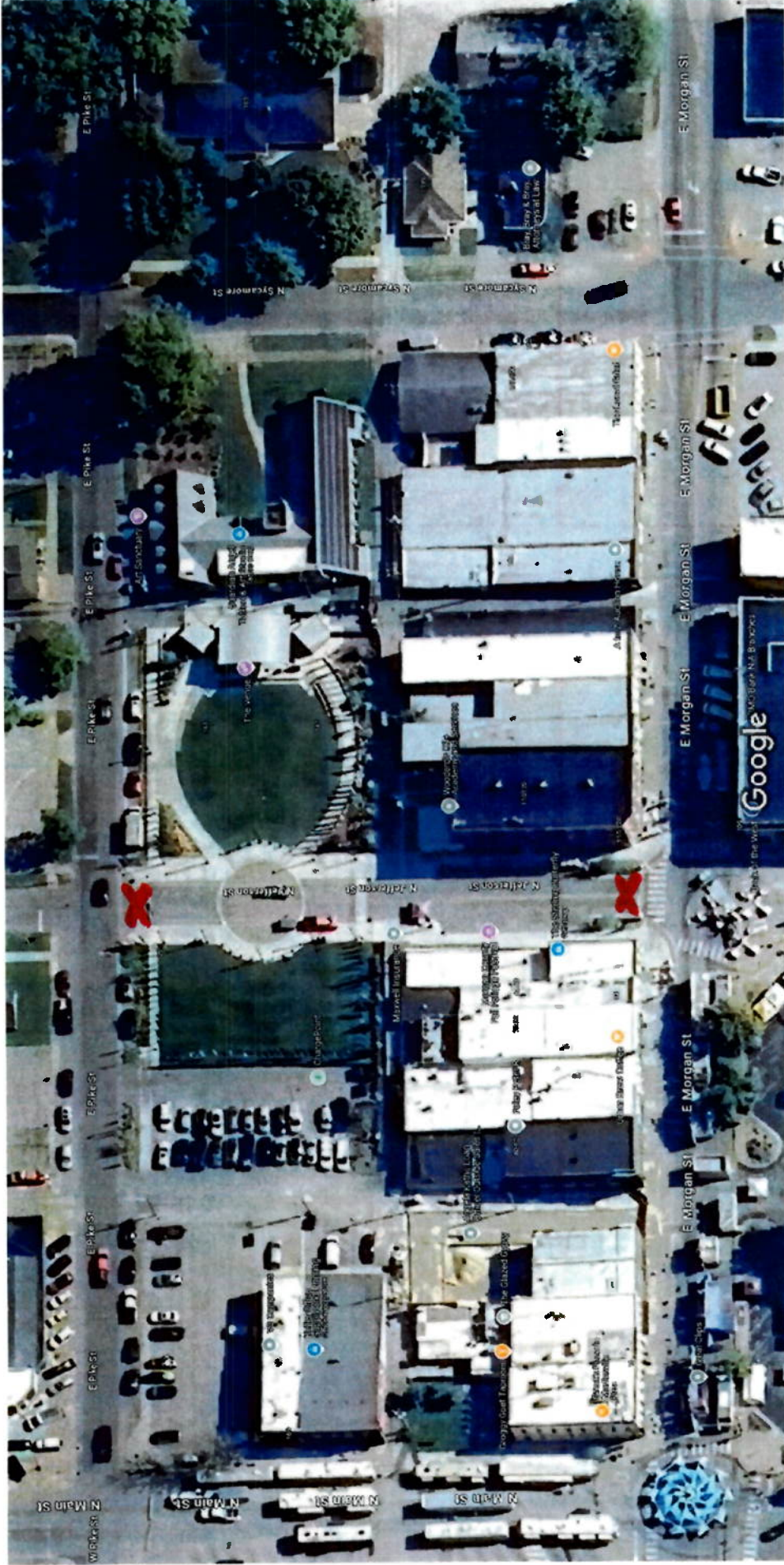
Date

John Lillywhite, Member

Date

Email not displaying correctly? [View it in your browser.](#)

- Caution: This is an External Email -



Online Form Submittal: Sewer Adjustment Application

From noreply@civicplus.com <noreply@civicplus.com>

Date Mon 7/28/2025 1:25 PM

To Katelynn Brummett <kbrummett@Martinsville.in.gov>; Jamie Kenworthy <jkenworthy@Martinsville.in.gov>; Heather Staggs <hstaggs@Martinsville.in.gov>

Sewer Adjustment Application

Account Number	12403004
Date	7/28/2025
Name	Deborah Burns
Phone Number	765.346.2644
Email Address	urnsdebbie72@yahoo.com
Service Address	30 Hart's Way
City	Martinsville
State	In
Zip Code	46151
Month of Excessive Bill	July
Excessive Bill Amount	Twice in July 134.76 135.86
Did the water pass through the sewer?	No
Detailed description of leak	I had a water line break under my mobile home that connected to the trailer court. Had to have a new line dug out and replaced. The second time was a leak under my bathroom sink, which still has a small leak—waiting on the Plumber to come back.
Repair Company Information	
Name	Woody Terrell Plumbing
Phone	765.346.1735
Address	540 Holden ST
City	Martinsville

State IN
Zip Code 46151
Please attach copy of repair bill [Woody Terrell Plumbing 7-25.pdf](#)

UTILITY DEPARTMENT USE ONLY

Number of claims filed in previous 12 months 0
Excessive Usage 53 Excessive Sewer Amount \$ 67.05
Average Usage 14 Average Sewer Amount \$ 23.13
Requested Adjustment Amount \$43.92

BOARD OF PUBLIC WORKS AND SAFETY USE ONLY

We, the Board of Public Works and Safety, approve this sewer adjustment request.

Kenneth Costin, Mayor Date _____

Kelly M. Bray, Member Date _____

John Lillywhite, Member Date _____

Email not displaying correctly? [View it in your browser.](#)

- Caution: This is an External Email -

Online Form Submittal: Sewer Adjustment Application

From noreply@civicplus.com <noreply@civicplus.com>

Date Mon 6/30/2025 8:20 AM

To Katelynn Brummett <kbrummett@Martinsville.in.gov>; Jamie Kenworthy <jkenworthy@Martinsville.in.gov>; Heather Staggs <hstaggs@Martinsville.in.gov>

Sewer Adjustment Application

Account Number	153050010
Date	6/30/2025
Name	Sabastian Seedorf
Phone Number	3175044345
Email Address	Sabastian.m.seedorf@gmail.com
Service Address	1390 S Harriet St
City	Martinsville
State	IN
Zip Code	46151
Month of Excessive Bill	June
Excessive Bill Amount	400
Did the water pass through the sewer?	Yes no
Detailed description of leak	Massive pipe burst at the shut off valve of the main line in crawlspace. Leaked for weeks and was unknown to me.
Repair Company Information	
Name	Hudson Plumbing
Phone	765-349-0900
Address	435 w Morgan st
City	Martinsville
State	In

Zip Code 46151

Please attach copy of repair bill [IMG_0205.jpeg](#)

UTILITY DEPARTMENT USE ONLY

Number of claims filed in previous 12 months 0

Excessive Usage 222 Excessive Sewer Amount \$257.34

Average Usage 25 Average Sewer Amount \$35.52

Requested Adjustment Amount \$221.82

BOARD OF PUBLIC WORKS AND SAFETY USE ONLY

We, the Board of Public Works and Safety, approve this sewer adjustment request.

Kenneth Costin, Mayor Date _____

Kelly M. Bray, Member Date _____

John Lillywhite, Member Date _____

Email not displaying correctly? [View it in your browser.](#)

- Caution: This is an External Email -