

# DEWALK/STREET CLOSURE PERMIT

This application must be submitted at least five (5) business days prior to the proposed sidewalk/street closure date. Applications may be submitted in person or mailed to the Public Works office at the address above or emailed to Jcorbin@ci.the-dalles.or.us. Applicant agrees to comply with the provisions of the Charter, Ordinances (2.24.060), Resolutions, and Policies of the City of The Dalles pertaining to such closures; and with the instructions and requirements as listed below.

# Please complete the entire form

| Applican  | t Name: Josh Woolsey              |
|-----------|-----------------------------------|
|           | 3238 W 7th st The Dalles OR 97058 |
| Contact/F | Responsible Person Josh Woolsey   |
| Email Ac  | Idress: Gorgearborcare@gmail.com  |

| Date: 3              | 3-29-2021    |
|----------------------|--------------|
| ANALIS PROFESSION OF | 541-340-4170 |
| Phone:               |              |
| Cell: _              |              |

| <ul> <li>Street for Construction Work</li> <li>Street/Parking Lot for Event</li> <li>Parking Lane for Dumpster</li> </ul> | <ul> <li>Sidewalk for Construction Work</li> <li>Sidewalk for Event</li> <li>Other</li> </ul> |
|---|---|
| SURE FROM 4-9-21 7am  | (Date/Time) TO 4-9-21 3pm (Date/T   |

# LOCATION/ADDRESS OF CLOSURE DOU Gamson

REASON FOR CLOSURE Tree removal with crane

# **INSTRUCTIONS/REQUIREMENTS:**

 Applicant must provide a Traffic Control Plan (TCP) for approval for all Street and Parking Lot Closures. Traffic Control Plan should show proposed detour routes, signs, barricades, and traffic control devices.

 Applicant must provide a Temporary Pedestrian Accessible Route Plan (TPARP) for approval for all Sidewalk Closures. TPARP should show proposed accessible pedestrian detours, signs, barricades, and pedestrian delineation devices. (See Standard Drawing TM844 for general TPARP examples)

- Applicant must notify Central Dispatch at the time of street closing and reopening. (541-298-5507)
- Applicant <u>must</u> notify adjacent property/business owners prior to closure.
- Applicant must provide proof of liability insurance with The City of The Dalles listed as co-insured if City Street/Parking Lot closure is for an event

#### THIS PERMIT WILL BE CONSIDERED A PUBLIC DOCUMENT. ALL INFORMATION SUBMITTED WILL BE ACCESSIBLE TO THE PUBLIC, IN ITS ENTIRETY, ON THE CITY'S WEBSITE. 01/01/2021

Page 1 of 2

Reported by MHB

### ACKNOWLEDGEMENT OF APPLICANT RESPONSIBILITY

The undersigned agrees to defend, indemnify and hold the City of The Dalles, its officers, agents and employees, harmless from and against all claims, liabilities, demands, damages and actions, of whatever form or nature, including but not limited to property damage, pedestrian accessibility, personal injury and death, together with costs and attorney fees incurred in defense thereof, arising from or relating in any way to the street or sidewalk closure authorized by this permit and the undersigned's activities in connection with this permit. Applicant for City, Street or Parking Lot closures for events must provide a Certificate of General Liability Insurance with a minimum of \$1,000,000 coverage, with stated purpose of on the Certificate for the event and listing. The City of The Dalles as a co-insured. Insurance is in addition to acknowledgement of responsibility and cannot be cancelled without prior notice to the City. In addition the Responsible Person listed on this permit shall remain on-site during the duration of the event and closure,

Failure of the applicant to meet the requirements of this permit, including following of the Traffic Control Plan and/or Temporary Pedestrian Accessible Route Plan, will result in a Stop Work Order and possible revocation of the permit.

I understand and agree to the terms of this Sidewalk/Street Closure Permit:

Applicant Signature

#### CITY USE ONLY

DEPLOY THE TEAFFIC DOUTROL PLAND PROVIDED WITH THE DHANGES ADDED 2 THE MAD (ADD 4 ROND CLOSED AHEAD BLOCKS AND 2 ADDITIONAL DETOUR SLOWS.)

Date

.

R TIMRP SIGNS SHALL BE R9-9, R9-11, AND M4-96 AS SHOWN ON TM 844

|       | Receipt of Required Items                   |
|-------|---|
| N. V. | TCP for Street/Parking Lot Closure Attached |
|       | TPARP for Sidewalk Closure                  |
|       | Certificate of General Liability            |

# **RELATED PERMITS**

# **ROUTING ORDER – PLEASE EXPEDITE**

|                                | The second second second second second |          |
|--------------------------------|--|----------|
| Department                     | Approval                               | Date     |
| Public Works - Transportation  | Chitristo                              | ZAMARZI  |
| Public Works = ADA Coordinator | March 14                               | 4/0/2021 |
| Police Department              | half                                   | 4/6/21   |
| Human Resources - Risk Manager | Dubtshit                               | 4/8/21   |
| City Manager                   | Via emeril                             | 4/8/21   |
|                                | Charles and the second second          |          |

# THIS PERMIT IS:

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|                 | $\gamma$  |
| Authorized by:  | Title: ASSI. PW. Dic  |

Public Works to Notify Applicant of final decision

**Google Maps** 



On April 9<sup>th</sup> Gorge Arbor Care will be removing 2 trees for The Fort Dalles Museum. Located at the corner of 15<sup>th</sup> and Garrison St. This tree removal is going to require one 160' crane, two dump trucks, one excavator, one chipper with truck and trailer,

The crane will need to set up on the west side of 15<sup>th</sup> and will take up the entire road, trucks being loaded with wood and brush from the tree will be traveling from north to south on Garrison to be loaded and exit the site to dump. The intersection will be closed for the crane to lower all wood and brush down to the crew, this is where the crew will process the wood and limbs.

I will need to close the intersection for approximately 5 hours for all work to be completed. It will be impossible to complete this work without closing the area to all traffic and pedestrians.

Traffic control will consist of street close signs, and detour signs indicating traffic to proceed north on Pentland st and west on 14<sup>th</sup>. Traffic coming from Trevitt will have detour signs to travel north on Trevitt st and east on 14<sup>th</sup>. Signs for sidewalk closed will be placed on all four sidewalks

Josh Woolsey Gorge Arbor Care 541-340-4170 3238 W 7<sup>th</sup> St The Dalles, OR 97058 I have indicated on the map with arrows where and to what direction the sidewalk traffic will be detoured to. I will have a total of 17 signs to redirect pedestrians safely around the work zone. Also I marked an area of the map that shows w 17<sup>th</sup> as no road, because this section of road does not currently exist.

# Google Maps



| CED  |   | 241105                                       |                            |                                       |  |   |                                       |
|--|---|--|----------------------------|---------------------------------------|--|---|---------------------------------------|
|  | TIFICATE OF INSUL   |  |                            |                                       | ISSUE DATE   |   | 1/5/2021                              |
| BELO   | W. THIS CERTIFICATE C<br>ESENTATIVE OR PROD                         | UDER, AND THE CER                            | S NOT CONS<br>RTIFICATE H  | MEND, ED<br>STITUTE /<br>HOLDER.      | A CONRACT BETWEE   | GHTS UPON THE CERTIFICATE<br>E COVERAGE AFFORDED BY TH<br>N THE ISSUING INSURER(S), AU                              | IE POLICIES<br>ITHORIZED              |
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| PRO  | DUCER   |  |                            |                                       |  | AFFORDING COVERAGE  |                                       |
| Robin Miles<br>102 W 3RD ST<br>THE DALLES , OR 97058 |   |  | INS                        | INSURER A: Evanston Insurance Company |  |   |                                       |
|  |   |  | INS                        | BURER I                               | B: N/A   |   |                                       |
| INSU<br>Jos  | <b>RED</b><br>hua Ray Woolsey                                       |  | INS                        | SURER (                               | C: N/A   |   |                                       |
| DB/<br>323   | A Gorge Arbor Care<br>8 W. 7th Street<br>Dalles, OR 97058           |  | INS                        | SURER (                               | D: N/A   |   |                                       |
|  |   |  | INS                        | SURER E                               | E: N/A   |   | · · · · · · · · · · · · · · · · · · · |
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| LTR  | INSURANCE   | NUMBER                                       | EFFECTIV                   |                                       | EXPIRATION DATE  | LIMITS  |                                       |
|  |   |  |                            |                                       |  | General Aggregate   | \$2,000,000                           |
|  |   |  |                            |                                       |  | Products-Com/Op Agg.  | Included                              |
| А  | General Liability   | 3EX3069                                      | 5/18/2                     | 020                                   | 5/18/2021  | Personal & Adv. Injury  | \$1,000,000                           |
|  |   |  |                            |                                       | 0/10/2021  | Each Occurrence   | \$1,000,000                           |
|  |   |  |                            |                                       |  | Damage Prem Rented To You   | \$100,000                             |
|  |   |  |                            |                                       |  | Med Expense (Any one person)  | \$5,000                               |
|  |   |  |                            |                                       |  | Combined Single Limit   |                                       |
| В  | Personal Liability  |  |                            |                                       |  | Medical Payments To Others  |                                       |
|  |   |  |                            |                                       |  | Each Occurrence   |                                       |
| С  | Excess Liability  |  |                            |                                       |  |   |                                       |
|  |   |  |                            |                                       |  | Aggregate   | <b></b>                               |
| D  |   |  |                            |                                       |  |   |                                       |
|  |   |  |                            |                                       |  |   |                                       |
|  |   | 1  | N                          |                                       |  | Building  |                                       |
| E  | Property  |  |                            |                                       |  | Contents  |                                       |
|  |   |  |                            |                                       |  | Loss Of Use   |                                       |
| Associa  | tion has no obligation to p   | bay claims under this i                      | nsurance.                  | lus lines la<br>r issuing th          | aws. It is NOT covered<br>his insurance becomes            | by the provisions of ORS 734.510<br>insolvent, the Oregon Insurance G   | to 734.710<br>Suaranty                |
| Descr<br>Tree  | iption of Operation<br>Pruning, Dusting, Sprayin                    | s / Specialty Iten<br>ng, Repairing, Trimmir | n <b>s</b><br>ng or Fumiga | ling                                  |  |   |                                       |
| City (<br>313 (                                      | <b>cate Holder</b><br>Of The Dalles<br>Court St<br>Dalles, or 97058 |  | there                      | horized                               | the above described<br>will be delivered in a<br>Signature | policies be cancelled before the<br>ecordance with the policy provis  | expiration date<br>lons.              |

