



CITY of THE DALLES PUBLIC WORKS

1215 WEST FIRST STREET
THE DALLES, OREGON 97058
(541) 296-5401

SIDEWALK/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

Applicant Name: Route 30
Address: 317 E. 2nd St.
Contact/Responsible Person Johna LaRogue
Email Address: route30bottlesandbrows@outlook.com

Date: 7/2/21
Phone: 541-993-3155
Phone: 541-993-8445
Cell: Same ↑

TYPE OF CLOSURE (Check at least 1)

- | | |
|---|---|
| <input type="checkbox"/> Street for Construction Work | <input type="checkbox"/> Sidewalk for Construction Work |
| <input checked="" type="checkbox"/> <u>Street/Parking Lot for Event</u> | <input type="checkbox"/> Sidewalk for Event |
| <input type="checkbox"/> Parking Lane for Dumpster | <input type="checkbox"/> Other |

CLOSURE FROM 7/29 5pm (Date/Time) TO 8/1 10am (Date/Time)

LOCATION/ADDRESS OF CLOSURE City parking lot 300 E block of E. 1st St.

REASON FOR CLOSURE Charity fundraiser / concert / car show

* Date change approved per Julie K ck

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 **must** 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.

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

Johaa LaRue

Date

7/2/21

CITY USE ONLY

☒ TPARP NEEDS TO BE IN PLACE PRIOR TO CLOSURE

☐

Receipt of Required Items

TCP for Street/Parking Lot Closure

☐ Attached

☐ Not Required

TPARP for Sidewalk Closure

☒ Attached

☐ Not Required

Certificate of General Liability

☒ Attached

☐ Not Required

RELATED PERMITS

ROUTING ORDER - PLEASE EXPEDITE

Department	Approval	Date
Public Works - Transportation	<u>See attached for signature</u>	
Public Works - ADA Coordinator	<u>[Signature]</u>	<u>7/27/2021</u>
Police Department	<u>[Signature]</u>	<u>7/27/21</u>
Human Resources - Risk Manager	<u>[Signature]</u>	<u>7/29/21</u>
City Manager	<u>approved via email</u>	<u>7/29/21</u>

THIS PERMIT IS:

☒ APPROVED AND EXPIRES ON 8/1/2021

☐ APPROVED WITH REVISIONS AND EXPIRES ON _____

☐ DENIED FOR FOLLOWING REASON: _____

Authorized by:

Dale S. McElh

Title:

CITY ENGINEER

Public Works to Notify Applicant of final decision

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

Applicant Signature

John LaRogue

Date

7/2/21

CITY USE ONLY



Receipt of Required Items

TCP for Street/Parking Lot Closure

☐ Attached

☐ Not Required

TPARP for Sidewalk Closure

☐ Attached

☐ Not Required

Certificate of General Liability

☐ Attached

☐ Not Required

RELATED PERMITS

ROUTING ORDER – PLEASE EXPEDITE

Department	Approval	Date
Public Works – Transportation	<i>Charles Patterson</i>	<i>7-27-21</i>
Public Works – ADA Coordinator		
Police Department		
Human Resources - Risk Manager		
City Manager		

THIS PERMIT IS:

☐ APPROVED AND EXPIRES ON _____

☐ APPROVED WITH REVISIONS AND EXPIRES ON _____

☐ DENIED FOR FOLLOWING REASON: _____

Authorized by: _____

Title: _____

Public Works to Notify Applicant of final decision



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06-08-2021

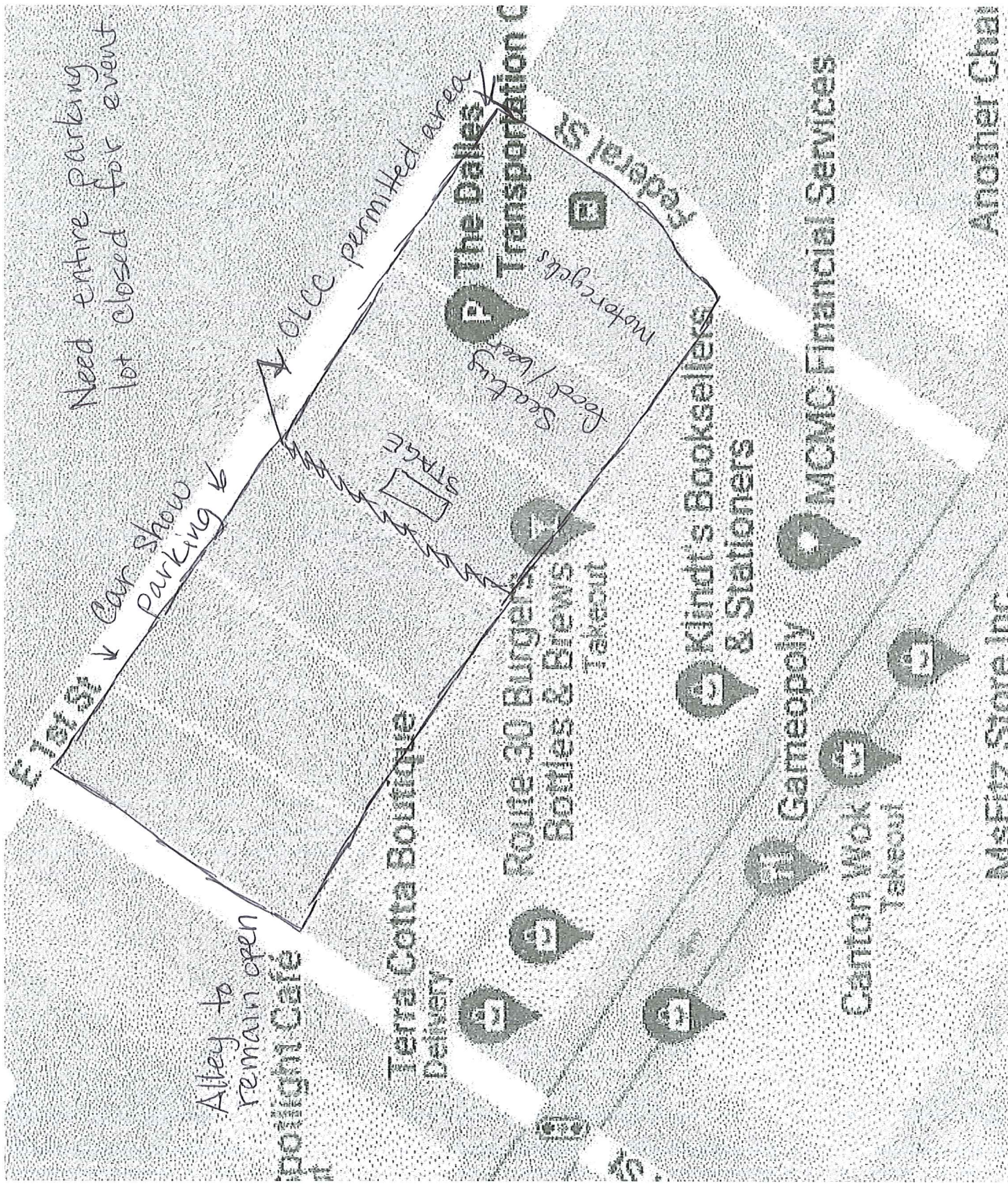
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN 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 Berkshire Hathaway Direct Insurance Company 1314 Douglas Street Omaha NE, 68102	CONTACT NAME:	
	PHONE 800-507-4495 (A/C, No, Ext):	FAX: 800-589-7316 (A/C, No):
INSURED Route 30 Bottles & Brews 317 E 2nd St The Dalles, OR 97058	E-MAIL ADDRESS: service@threeinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Berkshire Hathaway Direct Insurance Company	
	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 INSD	SUB R 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 GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CP140173532P2021	5/7/2021	5/7/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ SEE GENERAL AGGREGATE \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CP140173532P2021	5/7/2021	5/7/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						OCCUR CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		CP140173532P2021	5/7/2021	5/7/2022	<input checked="" type="checkbox"/> PER STATUT E <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	<input type="checkbox"/> ERRORS & OMISSIONS <input checked="" type="checkbox"/> OCCUR CYBER <input checked="" type="checkbox"/>			CP140173532P2021	5/7/2021	5/7/2022	PerOccur/Aggregate \$1,000,000 / 3,000,000 PerOccur/Aggregate \$1,000,000 / 3,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

CERTIFICATE HOLDER CITY OF THE DALLES 313 COURT STREET THE DALLES, OR 97058	CANCELLATION 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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Need entire parking lot closed for event.

Car show parking

Alley to remain open

tonight Café

Terra Cotta Boutique Delivery

Route 30 Burgers, Bottles & Brews Takeout

The Dales Transportation C

Motorcycles

Kindt's Booksellers & Stationers

MCMC Financial Services

Gameopolis

Canton Wok Takeout

McFit Store Inc.

Another Chai

STAGE

OLCC permitted area