



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: route30bottlesandbrews@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 type="checkbox"/> Street/Parking Lot for Event | <input checked="" type="checkbox"/> Sidewalk for Event |
| <input type="checkbox"/> Parking Lane for Dumpster | <input type="checkbox"/> Other |

CLOSURE FROM 7/31 12 noon (Date/Time) TO 7/31 5 pm (Date/Time)

LOCATION/ADDRESS OF CLOSURE 317 E. 2nd St.

REASON FOR CLOSURE Motorcycles riding into Route 30

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	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Required
TPARP for Sidewalk Closure	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Not Required
Certificate of General Liability	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Not Required

RELATED PERMITS _____

ROUTING ORDER - PLEASE EXPEDITE

Department	Approval	Date
Public Works - Transportation	CK - Verbally approved via phone (Charlie P.)	7/29/21
Public Works - ADA Coordinator	<i>[Signature]</i>	7/27/21
Police Department	<i>[Signature]</i>	7/27/21
Human Resources - Risk Manager	<i>[Signature]</i>	7/29/21
City Manager	Approved via email	7/29/21

THIS PERMIT IS:

☒ APPROVED AND EXPIRES ON 7/31/2021 @ 5 p.m.

☐ APPROVED WITH REVISIONS AND EXPIRES ON _____

☐ DENIED FOR FOLLOWING REASON: _____

Authorized by: Dale S. McLean Title: CITY ENGINEER

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	NAIC #
	INSURER A: Berkshire Hathaway Direct Insurance Company	10391
	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/YY)	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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	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) \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DED 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"/> N (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 STATUTE <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	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

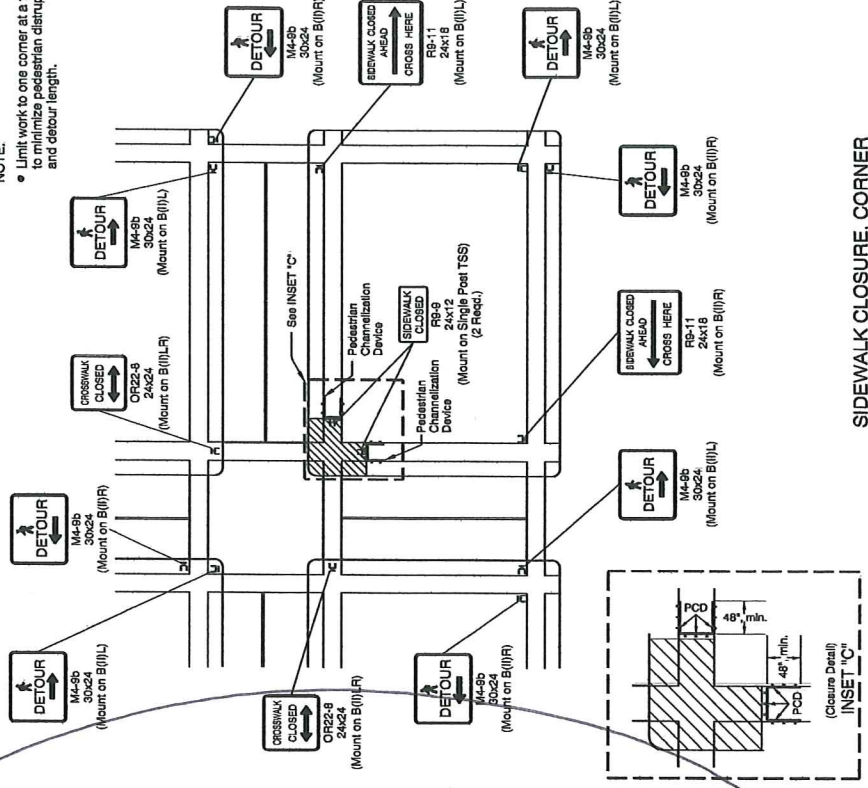
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDERCITY OF THE DALLES
313 COURT STREET
THE DALLES, OR 97058**CANCELLATION**

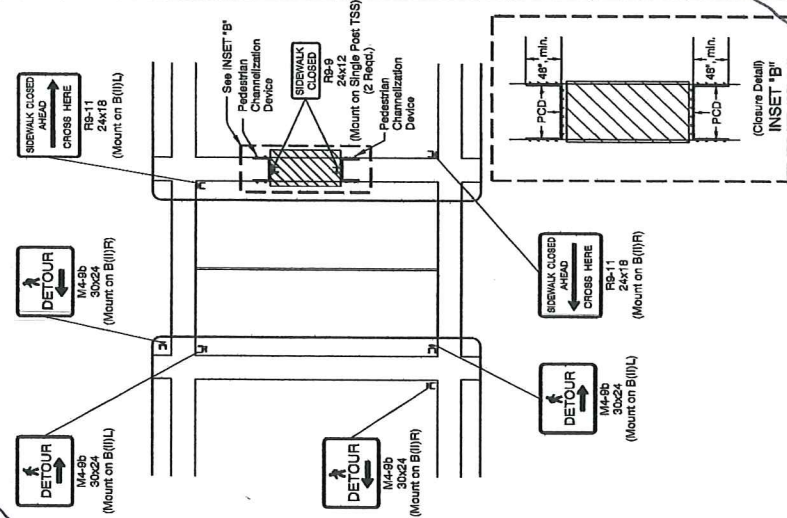
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

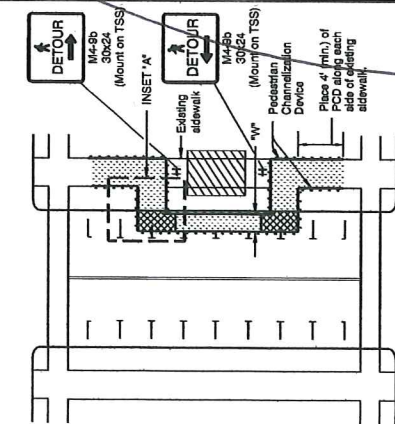
NOTE:
 • Limit work to one corner at a time to minimize pedestrian disruption and detour length.



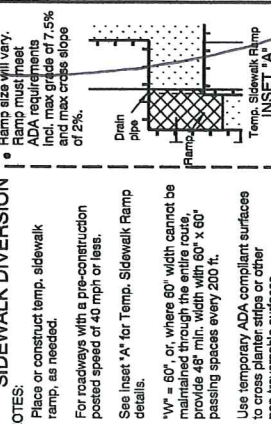
SIDEWALK CLOSURE, CORNER



SIDEWALK CLOSURE, MIDBLOCK



WITHIN ROADWAY
SIDEWALK DIVERSION



ADDITIONAL RIGHT OF WAY
SIDEWALK DIVERSION

GENERAL NOTES FOR ALL DETAILS:

- When closing or relocating crosswalks or other pedestrian facilities provide ADA compliant facilities. Include accessibility features consistent with existing pedestrian facilities by providing adequate slope transitions and surfacing.
- Provide non-slip, 60 inch minimum wide surfaces through entire pedestrian route. If not possible, provide 48" min. width with 60" x 60" passing spaces every 200 feet along the route.
- Only TCD for pedestrians are shown. Other devices may be necessary to control vehicular traffic.
- Signage work, as necessary, to provide a temporary pedestrian access route at all times. For roadways with no available detours, maintain one open sidewalk at all times.
- Minimize pedestrian out-of-direction travel.

UNDER PEDESTRIAN TRAFFIC

UNDER CONSTRUCTION

PEDESTRIAN CHANNELIZATION DEVICE

To be accompanied by Drg. Nos. TM820 & TM821

NOTE: All revised and supplemental shall be in accordance with the current City of Dallas Standard Specifications

CITY OF THE DALLAS STANDARD DRAWING

TEMPORARY
PEDESTRIAN ACCESS ROUTING

2018

DATE
REVISION DESCRIPTION

TM844

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Applicant Signature

Johaa LaRigue

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		
Public Works – ADA Coordinator	<i>Melba H. H.</i>	<i>7/27/2021</i>
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