



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: The Dalles Mainstreet

Date: 9/22/2021

Address: 710 E 2nd Street

Phone: 541-993-9549

Contact/Responsible Person Victoria Davis

Phone: 541-996-9549

Email Address: exdirector.dallesmainstreet@gmail.com

Cell: _____

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

CLOSURE FROM 10/29/2021 - 3PM (Date/Time) TO 10/29/2021 - 5PM (Date/Time).

LOCATION/ADDRESS OF CLOSURE Side Streets without lights between 2nd and 3rd Streets downtown.
** Madison St, Jefferson St, Federal St, Court St and Liberty St..

REASON FOR CLOSURE Safety concerns regarding Halloween Downtown Trick or Treat.

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 Victoria Davis Date 10/4/21

CITY USE ONLY

- Public Works will set out signs and barricades for the street closures. The applicant is responsible for
- ☒ rolling up all of the signs and opening the roads upon completion of the event.
- ☒ Public Works will deploy 4 digital message boards to inform motorists of the event.
- ☒ Public works will supply sign paddles and vests for volunteers if needed.

Receipt of Required Items

TCP for Street/Parking Lot Closure	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Required
TPARP for Sidewalk Closure	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Required
Certificate of General Liability	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Required

RELATED PERMITS _____

ROUTING ORDER - PLEASE EXPEDITE

Department	Approval	Date
Public Works - Transportation	David Mills	9/28/2021
Public Works - ADA Coordinator	N/A	
Police Department	[Signature]	10-4-21
Human Resources - Risk Manager	[Signature] for DH	10-5-21
City Manager	[Signature]	10-5-21

THIS PERMIT IS:

- ☒ APPROVED AND EXPIRES ON 10-30-2021
- ☐ APPROVED WITH REVISIONS AND EXPIRES ON _____
- ☐ DENIED FOR FOLLOWING REASON: _____

Authorized by: [Signature] Title: Asst. P.W. Director

Public Works to Notify Applicant of final decision



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/10/2021

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	Oregon Trail Insurance 409 W 4th Street The Dalles OR 97050	CONTACT NAME: Colleen Clark PHONE (Alt, H, Ext): (641) 288-2385 FAX (Alt, H): (641) 288-8149 E-MAIL: colleen@otral.com ADDRESS:
INSURED	The Dalles Main Street Program PO Box 544 The Dalles OR 97060-	INSURER(S) AFFORDING COVERAGE: Alliance of Nonprofits For Insurance NAIC#: 10029 INSURER(S): INSURER(S): INSURER(S): INSURER(S):

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.

TYPE	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (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 POLICY <input type="checkbox"/> PER OCC <input checked="" type="checkbox"/> LOC OTHER:	Y	2021-18324	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOUND \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> PER <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (yes, describe) <input type="checkbox"/> N/A DESCRIPTION OF OPERATIONS below:	Y/N				PER EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - PER EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Use of City Streets: Federal Street between 1st and 3rd Streets, The Dalles, OR for the Third Thursday Festival on Federal Street Event on 08/19/2021 and 09/10/2021.

CERTIFICATE HOLDER

CANCELLATION

AI 013827

City of The Dalles 319 Court Street The Dalles OR 97050-	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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DOWNTOWN TRICK OR TREAT

RC = ROAD CLOSED
RCA = ROAD CLOSED AHEAD

