



## CITY of THE DALLES PUBLIC WORKS

1215 WEST FIRST STREET  
THE DALLES, OREGON 97058  
(503) 298-5401

# 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](mailto: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 Witches Walk

Date: 9/21/21

Address: 317 E 2nd Street

Phone: 541-993-8445

Contact/Responsible Person: Johna LaRoque

Phone: same

Email Address: thedallesww@gmail.com

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

CLOSURE FROM 10/23 - 12 noon (Date/Time) TO 10/23 - 10 pm (Date/Time)

LOCATION/ADDRESS OF CLOSURE Federal Street, between 1st and 2nd Streets

REASON FOR CLOSURE Dance Performance for Witches Walk 2021

### 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 claims, 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 closure for events must provide a Certificate of General Liability Insurance with a minimum of \$1,000,000 coverage, with stated purpose of as 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 John LaRague Date 9/24/21

## CITY USE ONLY

~~THE PERMIT MUST REMAIN OPEN FOR EMERGENCY TRAFFIC.~~  
~~NO PUBLIC WORKS WILL SET OUT THE TRAFFIC CONTROL FOR THE EVENT.~~  
~~THE APPLICANT IS REQUIRED TO PICK UP ALL OF THE STAKES AND OPEN~~  
~~DO FEDERAL STREET AT THE COMPLETION OF THE EVENT. THE APPLICANT MUST~~  
~~PICK UP THE TRAFFIC CONTROL OFF OF THE STREET FOR PUBLIC WORKS TO~~  
~~PICK UP ON MONDAY 10/25/21.~~

TCP for Street/Parking Lot Closure	<input checked="" 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 checked="" type="checkbox"/> Attached	<input type="checkbox"/> Not Required

## RELATED PERMITS

## ROUTING ORDER - PLEASE EXPEDITE

Department	Approval	Date
Public Works - Transportation	<u>Approved</u>	<u>9/29/21</u>
Public Works - ADA Coordinator	<u>Approved for M.R. Davis</u>	<u>9/16/21</u>
Police Department	<u>Approved</u>	<u>9/24/21</u>
Human Resources - Risk Manager	<u>Approved</u>	<u>10/5/21</u>
City Manager	<u>Approved</u>	<u>10/5/21</u>

## THIS PERMIT IS:

- ☒ APPROVED AND EXPIRES ON 10-24-2021
- ☐ APPROVED WITH REVISIONS AND EXPIRES ON \_\_\_\_\_
- ☐ DENIED FOR FOLLOWING REASON: \_\_\_\_\_

Authorized by: Sam Th Title: Asst. P.W. Director

Public Works to Notify Applicant of final decision



## 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 John LaRogue Date 9/21/21

### CITY USE ONLY

~~THE ALLEY MUST REMAIN OPEN FOR EMERGENCY TRAFFIC.~~

~~PUBLIC WORKS WILL SET OUT THE TRAFFIC CONTROL FOR THIS EVENT.~~

~~THE APPLICANT IS REQUIRED TO ROLL UP ALL OF THE SIGNS AND OPEN~~

~~FEDERAL STREET AT THE COMPLETION OF THE EVENT. THE APPLICANT MUST~~

~~PLACE THE TRAFFIC CONTROL OFF OF THE STREET FOR PUBLIC WORKS TO PICK UP ON MONDAY, 10/25/21.~~

Receipt of Required Items		
TCP for Street/Parking Lot Closure	<input checked="" 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 checked="" type="checkbox"/> Attached	<input type="checkbox"/> Not Required

### RELATED PERMITS

### ROUTING ORDER - PLEASE EXPEDITE

Department	Approval	Date
Public Works - Transportation	<u>Chad Seb</u>	<u>9/28/21</u>
Public Works - ADA Coordinator	<u>John A for Mike Bosse</u>	<u>9/29/21</u>
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):

## E-MAIL

ADDRESS: service@lthreeinsurance.com

## INSURER(S) AFFORDING COVERAGE

INSURER A: Berkshire Hathaway Direct Insurance Company

NAIC #  
10391

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED  
Route 30 Bottles & Brews  
317 E 2nd St  
The Dalles, OR 97058

## 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CP140173532P2021	5/1/2021	5/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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	5/1/2021	5/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB  DED RETENTION \$						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	5/1/2021	5/1/2022	<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	ERRORS & OMISSIONS  CYBER			CP140173532P2021	5/1/2021	5/1/2022	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

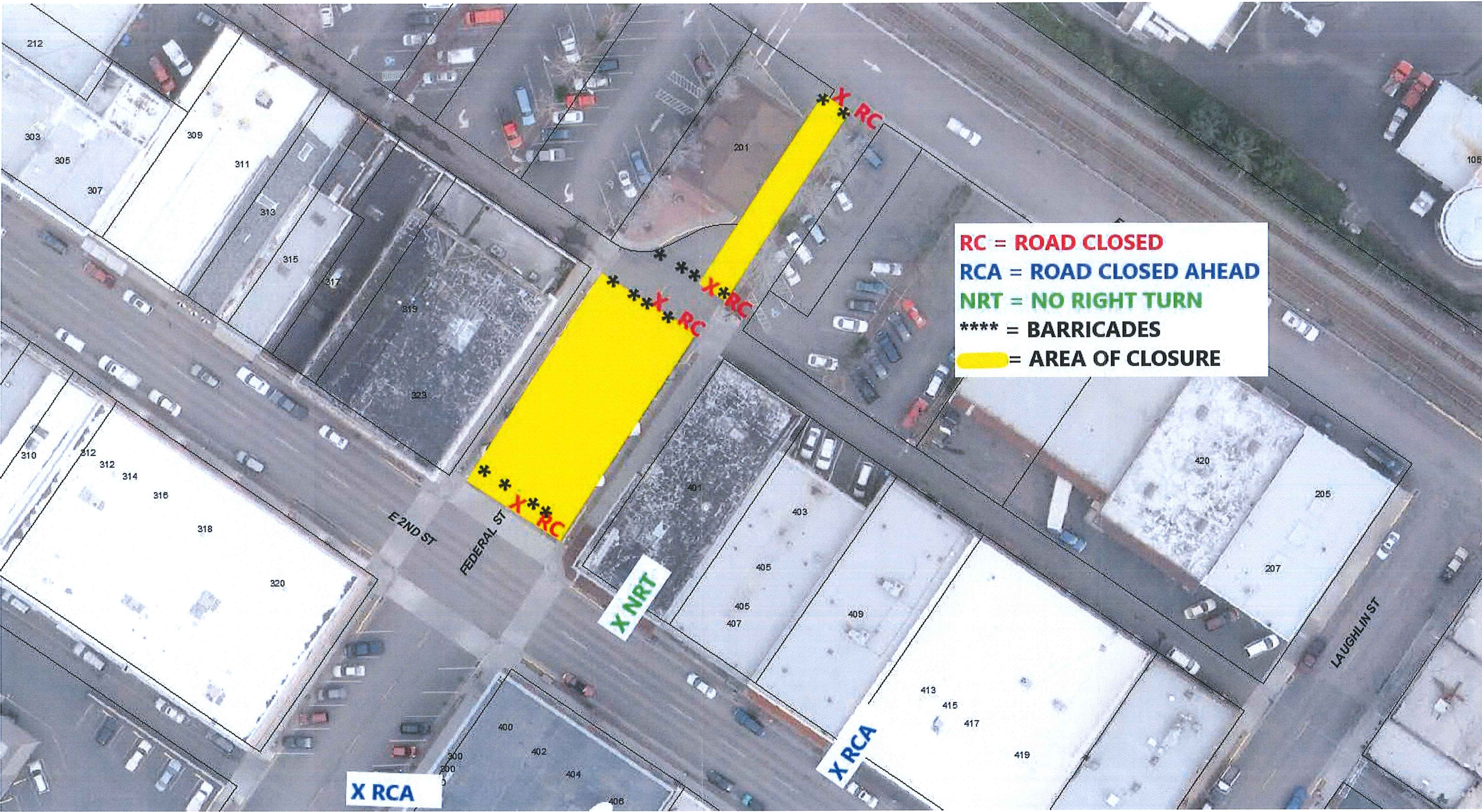
CITY OF THE DALLES  
313 COURT STREET  
THE DALLES, OR 97058

## 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





**RC = ROAD CLOSED**  
**RCA = ROAD CLOSED AHEAD**  
**NRT = NO RIGHT TURN**  
**\*\*\*\* = BARRICADES**  
**YELLOW = AREA OF CLOSURE**

X RCA

X NRT

X RCA

LAUGHLIN ST