



## 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](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: CENTURYLINK  
Address: 8021 SW Capitol Hill Road  
Contact/Responsible Person Patricia Chirambo  
Email Address: pchirambo@osmose.com

Date: 9/15/2021  
Phone: 251-259-0638  
Phone: 770-632-6700  
Cell: 251-259-0638

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

CLOSURE FROM 10/15/2021 (8am) (Date/Time) TO 11/15/2021 (8pm) (Date/Time)

LOCATION/ADDRESS OF CLOSURE 606 Court St, The Dalles, OR

REASON FOR CLOSURE REMOVE/REPLACE UTILITY POLE

### 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 Patricia Chirambo Date 9/15/2021

### CITY USE ONLY


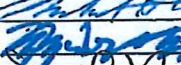
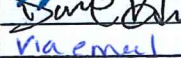

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

#### 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 checked="" 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		9-15-21
Public Works – ADA Coordinator		9/15/2021
Police Department		9-16-21
Human Resources - Risk Manager		10/10/21
City Manager	via email	10/11/21

#### 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



**POLE AREA SUMMARY REPORT**

**State:** OREGON

**COUNTY:** Wasco

**JOB:** N.755626

**Address:** 606 court St

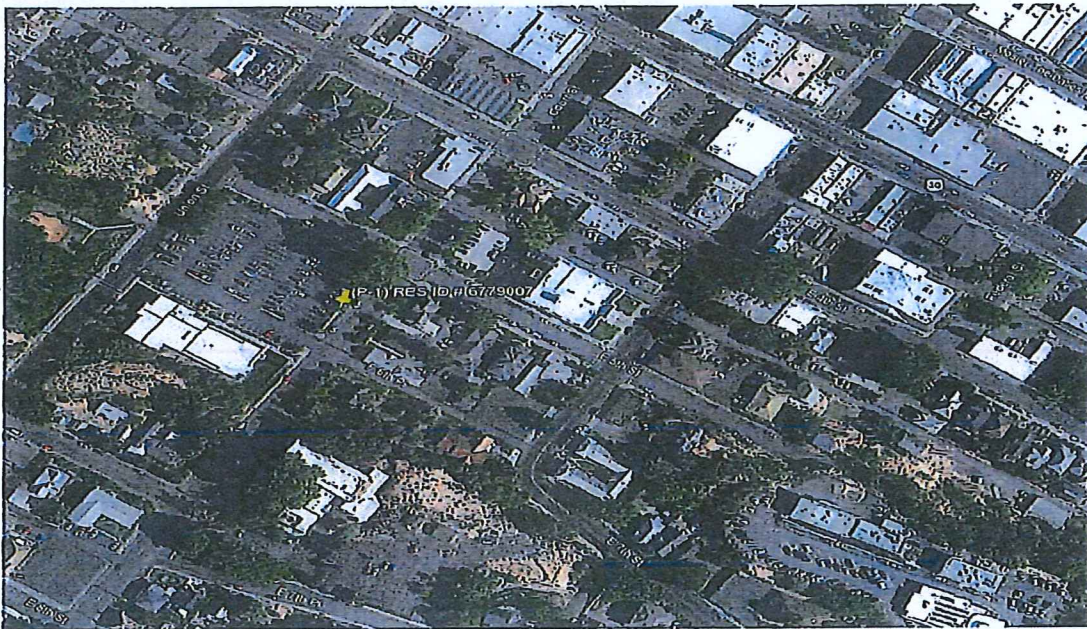
**Lat/Lon:** 45.599732, -121.185371

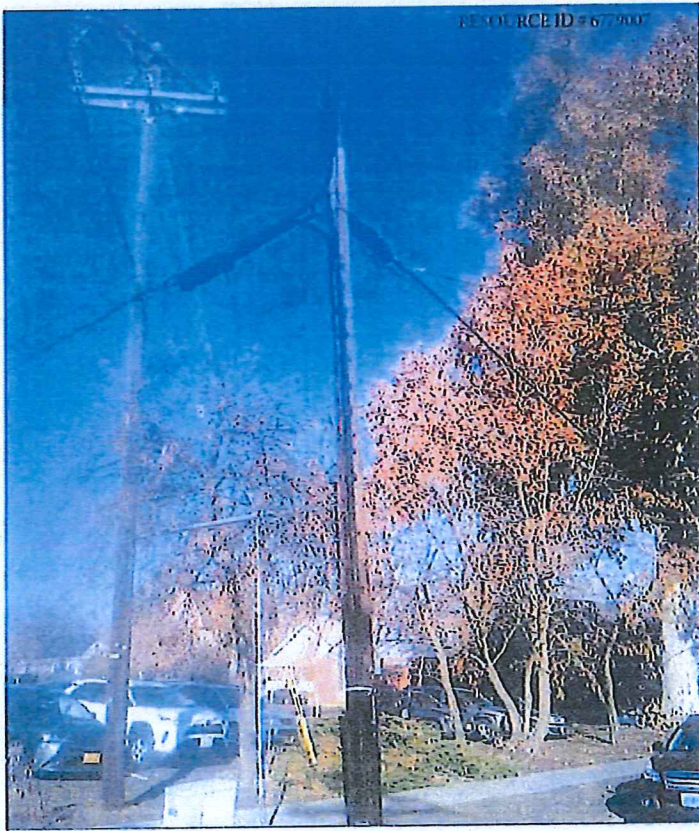
**Osmose.**

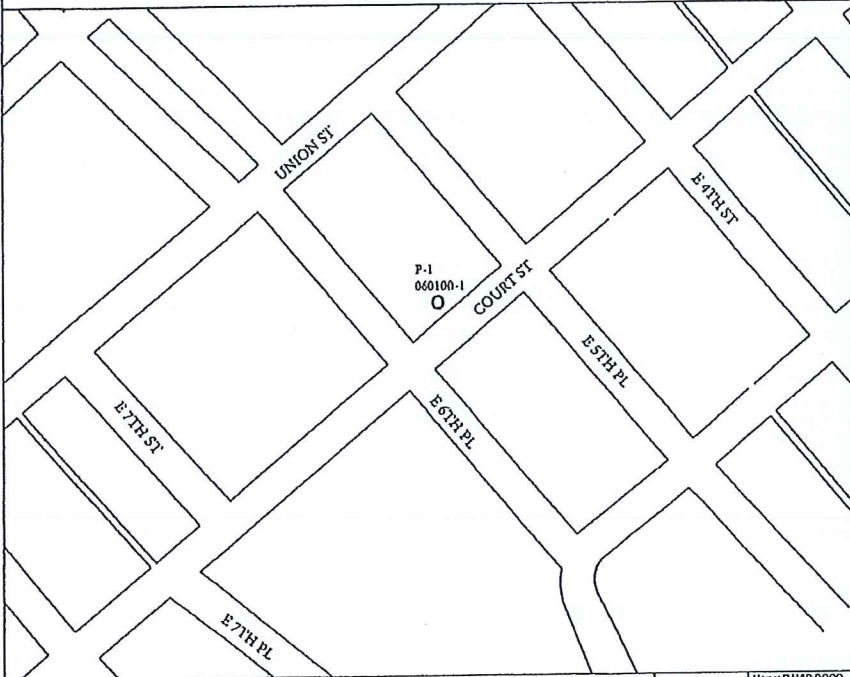

**Pole Tag:** A1782355

**Height/Class:** 35/3

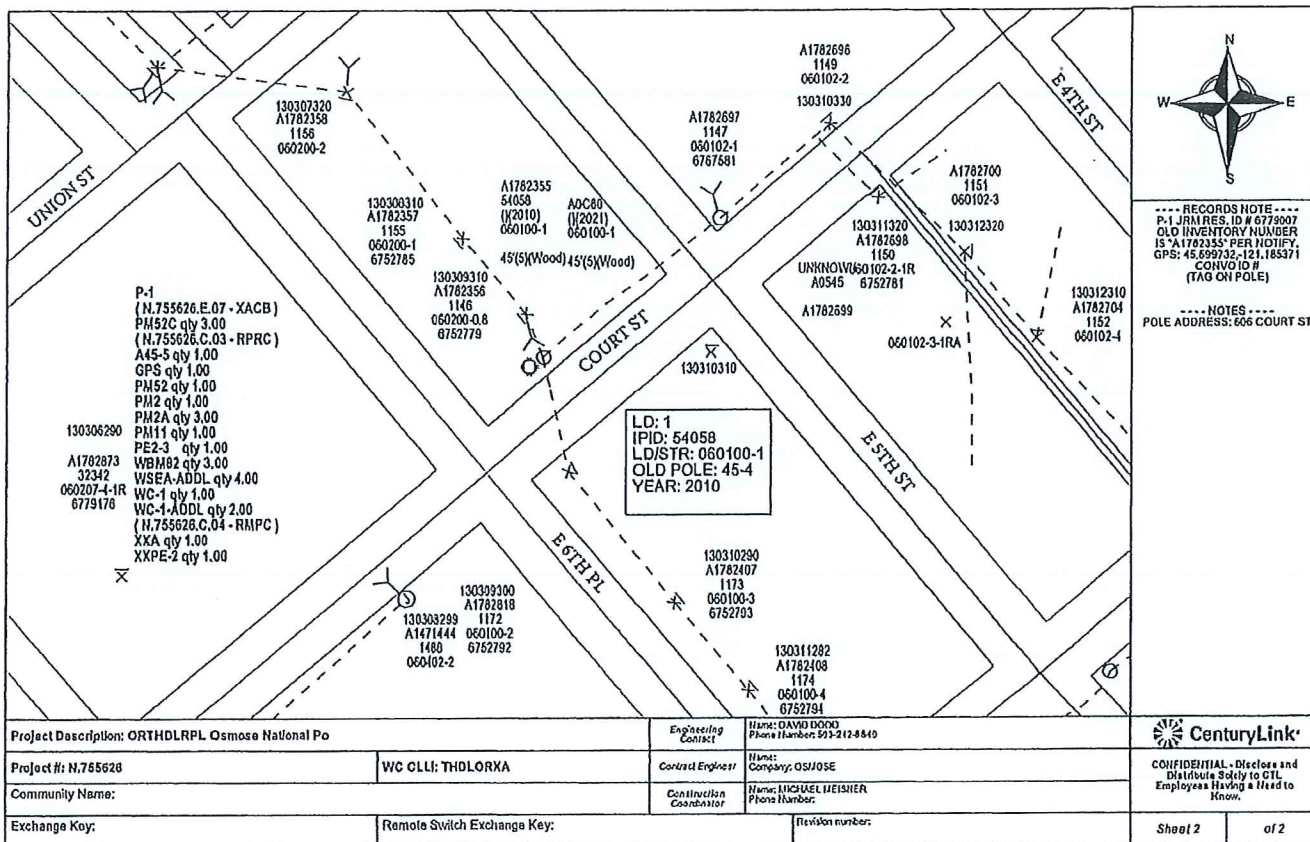
**Owner:** CenturyLink





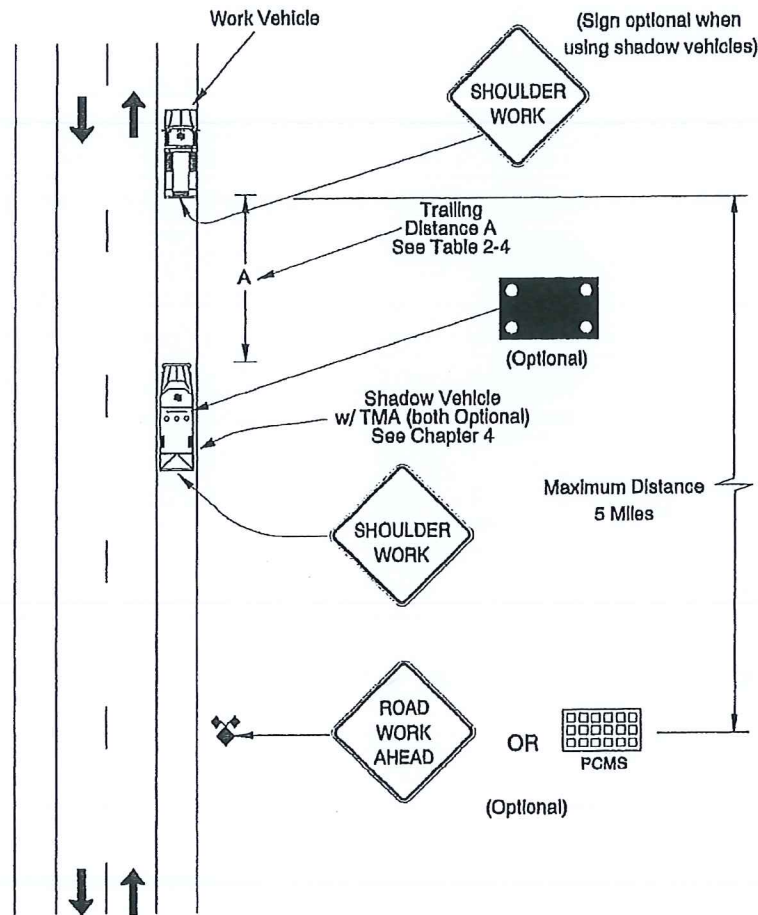
LOCATION MAP 1			NARRATIVE/SPECIAL REMARKS					
			<b>CONSTRUCTION NOTES &amp; INFORMATION:</b> THIS N.755626 WAS CREATED FOR JRM RES ID # 0770007. REMOVE ONE OLD POLE AND REPLACE WITH ONE NEW POLE.					
			<b>RIGHT OF WAY CORRIDORS</b> ALL WORK MUST BE DONE WITHIN THE CONFINES OF RIGHT OF WAY CORRIDOR. ANY DEVIATION OF MORE THAN SIX (6") INCHES FROM DESIGNED FLOW/PLACEMENT LINE MUST BE CLEARED WITH ENGINEER AND PERMIT AUTHORITY.  THE CONTRACTOR IS RESPONSIBLE FOR KEEPING ROADWAYS FREE OF MUD, ROCKS AND OTHER DEBRIS. ALL IMPROVED DRIVEWAYS MUST BE BORED. TRAFFIC CONTROL, EROSION CONTROL AND WORK AREA PROTECTION MUST CONFORM TO DOT STANDARDS. IT IS CONTRACTORS RESPONSIBILITY TO BE WELL VERSED IN DOT UTILITY ACCOMMODATION POLICY. AN APPROVED COPY OF PERMITS MUST BE ON SITE AT ALL TIMES.					
			<b>SAFETY</b> ALL ROADS AND STREETS MUST BE KEPT OPEN TO TRAFFIC AND CONTRACTOR MUST PROVIDE ADEQUATE FLAG MEN, SIGNS, SIGNALS, ETC., TO PROVIDE COMPLETE SAFETY TO THE PUBLIC.  ALL PERSONS WORKING ON THE PROJECT MUST COMPLY WITH CENTURYLINK CONTRACTOR SAFETY SPECIFICATIONS.					
			<b>FOR AERIAL CONSTRUCTION:</b> ALL CLEARANCES ON POLES OR OVER ROADS SHALL COMPLY WITH NED SPECIFICATIONS. MINIMUM CLEARANCE OF EIGHTEEN (18) FEET OVER DRIVEWAYS, SIXTEEN (16) FEET OVER ROADS, AND FIFTEEN (15) FEET AT MID-SPAN.					
			<b>OSMOSE CONTACTS</b> OSMOSE ENGINEER CONTACT: PRIMA RUNDLES OFFICE: 770-831-6985 EMAIL: PRUNDLES@OSMOSE.COM					
<b>HELD ORDER INFORMATION</b>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">CONTACTS:</th> <th style="width: 50%;"></th> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>					CONTACTS:			
CONTACTS:								
<b>Project Description:</b> ORTHOLRPL Osmose National Po			<b>Engineering Contact</b> Name: DAVID DOOD Phone Number: 503-242-6849					
<b>Project #:</b> N.755626		<b>WC CLI:</b> THOLORXA		<b>Contact Engineer</b> Name: Company: OSMOSE				
<b>Community Name:</b>			<b>Construction Coordinator</b> Name: MICHAEL NEISHER Phone Number:		 <b>CONFIDENTIAL - Disclosure and Distribution solely to CTL Employees Having a Need to Know.</b>			
<b>Exchange Key:</b>		<b>Remote Switch Exchange Key:</b>		<b>Revision number:</b>				
<div style="display: flex; justify-content: space-between;"> <span>Sheet 1</span> <span>of 2</span> </div>								





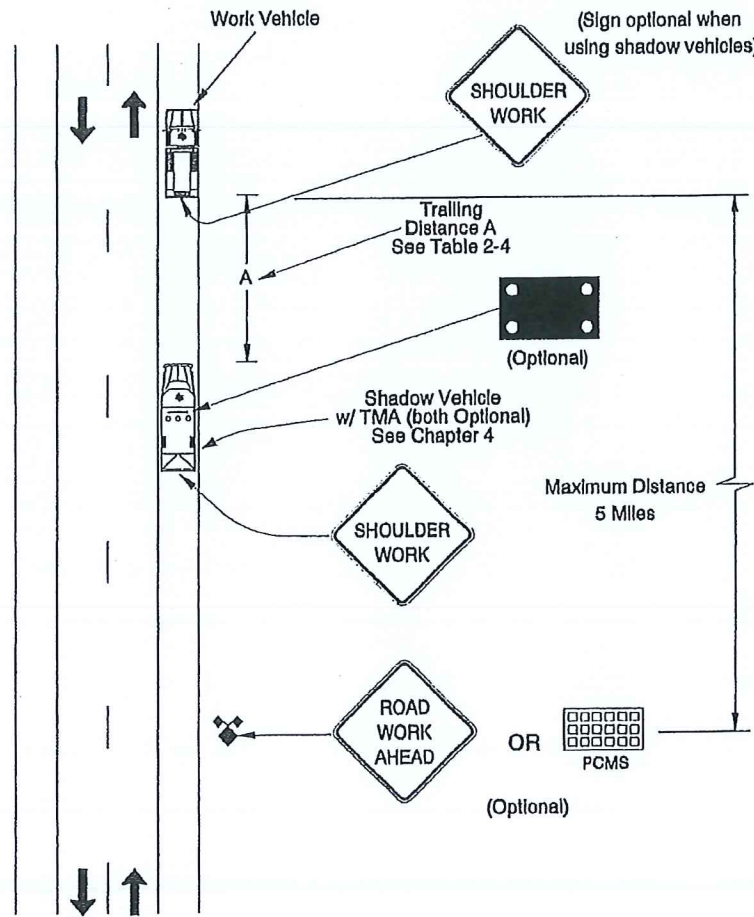
Mobile Operation on Shoulder

Diagram 100



Mobile Operation on Shoulder

Diagram 100







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/28/2021

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).

<b>PRODUCER</b> Marsh USA Inc. CA License #0437153 1301 5th Avenue, Suite 1900 Seattle, WA 98101-2682 Attn: Seattle.certrequest@marsh.com / Fax: 212-948-4326 CN102197661-STND-ALL-21-22 1461	<b>CONTACT NAME:</b>	<b>FAX (A/C, No):</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Lumen Technologies, Inc. and all subsidiaries, including but not limited to: Qwest Corporation; Embarras Corporation; Level 3 Communications, LLC and CenturyLink Communications, LLC 100 CenturyLink Dr. Monroe, LA 71203	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : Greenwich Insurance Company		22322
	INSURER B : XL Specialty Insurance Co.		37885
	INSURER C : Allianz Underwriters Ins Co		36420
	INSURER D :		
	INSURER E :		
INSURER F :			

**COVERAGES** **CERTIFICATE NUMBER:** SEA-003477748-53 **REVISION NUMBER: 1**

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 SUBR INSD 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 <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		RGD500033309	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 15,000,000 PRODUCTS - COMP/OP AGG \$ 15,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		RAD500033409 Auto Physical Damage - Self Insured	09/01/2021	09/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		U5Z000023190001	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	RWD500032909 (AOS) RWR500033009 (WI) RWE500033109 (WA) RWE500033209 (OH)	09/01/2021 09/01/2021 09/01/2021 09/01/2021	09/01/2022 09/01/2022 09/01/2022 09/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Technology E&O incl. Cyber/Privacy Liability		U5Z000023190001	09/01/2021	09/01/2022	Each Claim/Aggregate \$ 10,000,000 Retention \$ 5,000,000

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

## CERTIFICATE HOLDER

THE CITY OF THE DALLES  
ATTN: CITY CLERK  
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  
of Marsh USA Inc.

*Katherine J. Stephen*

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