



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 Area Chamber of Commerce

Date: 10/11/2021

Address: 404 W 2nd St

Phone: 541-296-2231

Contact/Responsible Person Lisa Rundell

Phone: _____

Email Address: events@thedalleschamber.com

Cell: _____

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 type="checkbox"/> Other |

CLOSURE FROM 11/11/21 9:00am (Date/Time) TO 11/11/21 1pm (Date/Time)

LOCATION/ADDRESS OF CLOSURE See Attached

REASON FOR CLOSURE Veterans Day Parade Route

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 Lisa Rundell Date 10/15/21

CITY USE ONLY

☒ PUBLIC WORKS WILL SET OUT AND PICK UP ALL OF THE TRAFFIC CONTROL FOR THE PARADE.

☐

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	<i>[Signature]</i>	10/19/2021
Public Works - ADA Coordinator	<i>[Signature]</i>	10/18/2021
Police Department	<i>[Signature]</i>	10/18/21
Human Resources - Risk Manager	<i>[Signature]</i>	10/18/21
City Manager	<i>[Signature]</i>	10/19/21

THIS PERMIT IS:

- ☒ APPROVED AND EXPIRES ON 11-12-2021
- ☐ APPROVED WITH REVISIONS AND EXPIRES ON _____
- ☐ DENIED FOR FOLLOWING REASON: _____

Authorized by: Eric Hansen Title: Asst. P.W. Director

Public Works to Notify Applicant of final decision



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/15/2021

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 97058	CONTACT NAME: Colleen Clark PHONE (541) 298-2395 FAX (541) 298-6143 EMAIL: colleen@otrail.com ADDRESS: Colleen@otrail.com
INSURED	The Dalles Area Chamber of Commerce 404 West 2nd Street The Dalles OR 97058	INSURER(S) AFFORDING COVERAGE Us Liability Insurance CO NAIC #

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	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
LTB		INSR	WVN		(MM/DD/YYYY)	(MM/DD/YYYY)	
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"/> PRO <input type="checkbox"/> LOC OTHER: AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		NBP1665113D	03/05/2021	03/05/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Excess/Endorsement) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	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/A				PER STATUTE EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 104, Additional Remarks Schedule, may be attached if more space is required)
Use of City of The Dalles roads for the Veterans Day Parade on 11/11/2021 and Starlight Parade on 11/28/2021.

CERTIFICATE HOLDER

City of The Dalles
313 Court Street
The Dalles

OR 97058-

CANCELLATION

AI 010890

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

Colleen Clark

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**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

BLANKET ADDITIONAL INSURED ENDORSEMENT

Section II – LIABILITY, C., Who Is An Insured is amended to include as an insured any person, entity or organization that is:

1. A franchisor under a franchise agreement with the Named Insured as franchisee relating to "your work"; or
2. A licensor under a license agreement with the Named Insured as licensee relating to "your work"; or
3. A co-owner with the Named Insured in premises used for "your work"; or
4. A majority owner with a controlling interest in the Named Insured but only with respect to liability arising out of such owner's (i) financial or operational control of the Named Insured; or (ii) ownership, maintenance or use of premises leased or occupied by the Named Insured for purposes of "your work"; or
5. A mortgagee, assignee or receiver of the Named Insured relating to "your work"; or
6. A lessor, or an agent of a lessor, under a lease agreement with the Named Insured as lessee relating to "your work"; or
7. A grantor of a permit to the Named Insured as permittee relating to "your work".
However, if the grantor of a permit is a federal, state or local government or political subdivision, there is coverage under this endorsement only for liability arising from:
 - a. The existence, maintenance, repair, construction, erection or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures; or
 - b. The construction, erection or removal of elevators; or
 - c. The ownership, maintenance or use of any elevators covered by this insurance; or
8. A lessor of equipment leased to the Named Insured relating to "your work"; or
9. A contributor, benefactor, or supporter who provides financial assistance to the Named Insured in connection with "your work".

but only to the extent the Named Insured is required to add such person, entity or organization as an additional insured to this policy under a written contract, written permit or written agreement relating to "your work".

Such person, entity or organization is an insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" that is caused, in whole or in part by your acts or omissions or the acts or omissions of those acting on your behalf in connection with "your work" while such written contract, written permit or written

agreement is in effect.

EXCLUSIONS

There is no coverage under this endorsement for loss or expense, including but not limited to the cost of defense for "bodily injury", "property damage" or "personal and advertising injury":

1. That occurs after all of "your work", including materials, parts or equipment furnished in connection with "your work" and performed under a written contract, written permit or written agreement has ended; or
When that portion of "your work" out of which the "bodily injury", "property damage" or "personal and advertising injury" arises and performed under a written contract, written permit or written agreement has been put to its intended use by any person(s) or organization(s);
whichever occurs first.
2. Arising directly or indirectly from construction or demolition operations of any kind performed by you.
3. Caused or alleged to be caused by the sole negligence of an additional insured under this endorsement.
4. Arising out of "your work" performed for a federal, state or local government or political subdivision under a written permit; or
5. Included within the "products-completed operations hazard".

CONDITIONS

Coverage provided by this endorsement will be excess over any insurance available to any additional insured under this endorsement unless a written contract, written permit or written agreement specifically requires that coverage under this endorsement is primary.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

**CITY of THE DALLES**

401 COURT STREET
THE DALLES, OR 97058
(541) 296-2613
FAX (541) 298-2747

POLICE DEPARTMENT**APPLICATION FOR PARADE PERMIT**

Name of Sponsor:	The Dalles Area Chamber of Commerce		
Nature of Event:	Veterans Day Parade		
Applicant:	Lisa Rundell	Phone Number:	541-296-2231
Address:	404 W 2nd St. The Dalles OR. 97058	Email:	events@thedalleschamber.com
LOCATION OR ROUTE			
6th street at Webber, East to 3rd Street to Monroe Street, Madison Street North to 2nd Street, 2nd street to Chamber Office			
Date of Event:	11/11/2021		
Time of Event:	11:00 AM - 1:00 PM		
The parade route assembly will be; 8th Street from Cherry Heights to Webber, Webber street to 10th to 6th street			
Number of Horses:	list available 11/10/2021	Number of Cnrs:	List available 11/10/2021
Number of Floats:	" "	Number of Marchers:	" "
Other (please list):	" "	Other (please list):	" "

In accordance with The Dalles Municipal Court Code 6.04.320 and 6.04.330, and acting as an agent for The Dalles Area Chamber of Commerce, I hereby request that a permit for a parade on the above listed date and time.

I hereby declare that this parade is not to help in any unlawful purpose and will not in any manner tend to breach the peace, unreasonably interfere with the peace and quiet of the inhabitants of the City of The Dalles, or cause any damage to or unreasonably interfere with the public use of the streets.

I further declare that all fire and safety rules listed on the reverse of this application will be followed.

Lisa Rundell

Signature of Applicant

Signature of Sponsor

NOTE - SPECIAL CONDITIONS:

IF THIS PARADE IS TO BE CONDUCTED ON A STATE HIGHWAY, YOU MUST ALSO OBTAIN PERMISSION FROM THE STATE HIGHWAY DEPARTMENT, 3313 NE FRONTAGE RD, THE DALLES, OR 97058, (541)296-2215.

PARADE ORGANIZER WILL BE RESPONSIBLE FOR TRAFFIC CONTROL AT INTERSECTIONS DURING THE PARADE.

Funeral processions and military parades are exempt.

PARADE PERMIT

This permit is GRANTED based on the information provided above, with the understanding that this parade will be conducted in a lawful manner in accordance with The Dalles Municipal Court Code 6.04.320 and 6.04.330 and the rules as outlined on the reverse of this application.

Patricia Ashmore
Patricia Ashmore, Chief of Police

Date

10-13-21

Tom Worthington
Tom Worthington, City Manager

10-14-21

Date

cc: Public Works
City Manager