



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 Chamber of Commerce

Date: 11/26/21

Address: 404 W 2nd St.

Phone: 541-296-2231

Contact/Responsible Person Lisa Rundell

Phone: 541-296-2231

Email Address: info@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 11/26/21 5 pm (Date/Time) TO 11/26/21 8pm (Date/Time)

LOCATION/ADDRESS OF CLOSURE See Attached

REASON FOR CLOSURE Starlight Parade

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 Rita Runder Date 11/15/21

CITY USE ONLY

☒ PUBLIC WORKS WILL SET OUT AND TAKE DOWN ALL 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	<u>[Signature]</u>	<u>10/18/2021</u>
Public Works - ADA Coordinator	<u>[Signature]</u>	<u>10/18/2021</u>
Police Department	<u>[Signature]</u>	<u>10/18/21</u>
Human Resources - Risk Manager	<u>[Signature]</u>	<u>10/19/21</u>
City Manager	<u>[Signature]</u>	<u>10/19/21</u>

THIS PERMIT IS:

☒ APPROVED AND EXPIRES ON 11-27-2021

☐ APPROVED WITH REVISIONS AND EXPIRES ON _____

☐ DENIED FOR FOLLOWING REASON: _____

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

Public Works to Notify Applicant of final decision

W 8th St. behind Goodwill complex to Webber, Webber from 8th to 6th East on 6th Street to 3rd and Monroe, Madison North to 2nd, 2nd St to the Chamber Office.



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 (A/C No., Ext): (541) 296-2395 E-MAIL: colleen@otrail.com ADDRESS: _____ INSURER(S) AFFORDING COVERAGE: _____ INSURER A: Us Liability Insurance CO INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____	FAK (A/C No.): (541) 296-6143
INSURED The Dalles Area Chamber of Commerce 404 West 2nd Street 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 SUBR INSD W/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (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-JECT <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 UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS 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	Y	NBP1655113D	03/05/2021	03/05/2022
				LIMITS	
				EACH OCCURRENCE	\$ 1,000,000
				DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 100,000
				MED EXP (Any one person)	\$ 5,000
				PERSONAL & ADV INJURY	\$ Included
				GENERAL AGGREGATE	\$ 2,000,000
				PRODUCTS - COMP/OP AGG	\$ 2,000,000
				COMBINED SINGLE LIMIT (Ex accident)	\$
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
				EACH OCCURRENCE	\$
				AGGREGATE	\$
				PER STATUTE	OTH-ER
				E.L. EACH ACCIDENT	\$
				E.L. DISEASE - EA 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 of The Dalles roads for the Veterans Day Parade on 11/11/2021 and Stairlight Parade on 11/26/2021.

CERTIFICATE HOLDER**CANCELLATION**

AI 010890

City of The Dalles 313 Court Street The Dalles OR 97058-	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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