CITY of THE DALLES PUBLIC WORKS
1215 WEST FIRST STREET
THE DALLES, OREGON 97058
(541) 296-5481

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: Una Dianne Cochran Date: 10/19/21

Address: 400 West 13th Phone:

Contact/Responsible Person Una Dianne Cochran Phone:

Email Address: zensationalhair@gmail.com Cell: 541-965-3522

TYPE OF CLOSURE (Check at least 1)

- ☐ Street for Construction Work
- ☐ Street/Parking Lot for Event
- ☒ Parking Lane for Dumpster
- ☐ Sidewalk for Construction Work
- ☐ Sidewalk for Event
- ☐ Other

CLOSURE FROM 10/20/21 @ 7am (Date/Time) TO 10/28/21 @ 12pm (Date/Time)

LOCATION/ADDRESS OF CLOSURE 400 west 13th st

REASON FOR CLOSURE Dumpster for property clean up

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 for 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 [signature] Date 10/19/21

CITY USE ONLY

☒ THE DUMPSTER MUST NOT OBSTRUCT TRAFFIC AND ALLOW ENOUGH ROOM FOR TRAFFIC TO SAFELY GET BY.

☒ APPLICANT MUST PLACE CONES AT BOTH EXTERIOR CORNERS. THE CONES CAN BE PICKED UP AT PUBLIC WORKS.

Receipt of Required Items		
TCP for Street/Parking Lot Closure	☐ Attached	☐ Not Required
TPARP for Sidewalk Closure	☐ Attached	☐ Not Required
Certificate of General Liability	☐ Attached	☒ Not Required

RELATED PERMITS _____

ROUTING ORDER – PLEASE EXPEDITE

Department	Approval	Date
Public Works – Transportation	[signature]	10/19/2021
Public Works – ADA Coordinator	NA	10/19/2021
Police Department	[signature]	10-19-21
Human Resources - Risk Manager	[signature]	10/19/21
City Manager	[signature]	

THIS PERMIT IS:

☒ APPROVED AND EXPIRES ON 10-29-2021

☐ APPROVED WITH REVISIONS AND EXPIRES ON _____

☐ DENIED FOR FOLLOWING REASON: _____

Authorized by: [signature] Title: Assi. P.W. Director

Public Works to Notify Applicant of final decision