



CITY of THE DALLES PUBLIC WORKS

1215 WEST FIRST STREET
THE DALLES, OREGON 97058
(541) 298-5401

Sidewalk/Street Closure Permit Application

In accordance with The Dalles [Municipal Code 2.24.060](#), the sidewalk/street closure permit application must be submitted at least seven (7) business days prior to the proposed closure date. The Public Works Department shall have seven days to process the application. **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.**

Please download and save this form before filling it out.

Date of Application:

10/05/2022

Format: MM/DD/YYYY

Applicant First Name

Johna

Primary First Name

Applicant Last Name

LaRoque

Primary Last Name

Contact/Responsible Party

Email:

thedallesww@gmail.com

Primary email address

If the responsible party is not the applicant

Business Name:

Route 30 Bottles & Brews

Mailing Address:

317 E 2nd Street

Phone:

(541) 993-8445

On-call emergency phone number

Other Phone:

Daytime phone number

For sidewalk closures a temporary pedestrian accessible route plan (TPARP) must be selected.

- View the TPARP advisory memorandum [here](#).
- View the TPARP options [here](#) and then select the type you will use.

Type of Closure:

- Street (TCP Required)
- Sidewalk (TPARP Required)
- City-Owned Parking Lot (TCP Required)
- Dumpster placed in the right-of-way
- Other (Describe below)

For sidewalk closures, select a type of Temporary Pedestrian Accessible Route Plan (TPARP):

- 1.a. Sidewalk diversion - Within roadway
- 1.b. Sidewalk diversion - Additional right-of-way
- 2. Sidewalk closure - Mid-block
- 3. Sidewalk closure - Corner

Please describe other type of right-of-way closure

Location(s) of closure

Federal Street between East 1st and East 2nd Streets

Reason for closure (e.g. event, construction, etc.)

The Dalles Witches Walk will, once again, be performing a witches dance 3 times during the evening. Each dance is only 3 minutes long.

Please write the addresses or sections of sidewalk/street for the requested closure.

Please describe the project or event for the requested closure.

Closure begin date

10/14/2022

Format: MM/DD/YYYY

Time

09:00

Closure end date

10/14/2022

Format: MM/DD/YYYY

Time

22:00

Required Attachments

The applicant may be required to upload one or more items to complete this application:

1. For street closures, applicants must attach a written and drawn **traffic control plan** that shows the safe and efficient movement of public traffic through or around a work/closure zone while protecting workers, incident responders, and equipment. The traffic control plan will be reviewed per the [Oregon Temporary Traffic Control Handbook](#).
2. Applicants for street or City-owned parking lot closures for events or construction work 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, 313 Court St. The Dalles, OR 97058 as a co-insured. Insurance is in addition to acknowledgement of responsibility and cannot be cancelled without prior notice to the City.

View the City's policy for insurance requirements [here](#). Read The Dalles Municipal Code 2.24.060 [here](#).

There is no fee for a sidewalk/street closure permit application at this time.

Acknowledgment of Applicant Responsibility

- I, the Applicant, agree to comply with the provisions of the City Charter, The Dalles Municipal Code (including TDMC 2.24.060), Resolutions, City policies connected with sidewalk and street closures, and with the requirements listed in this Application.
- I, the Applicant, agree to indemnify, defend, and hold harmless the City of The Dalles and its officers, agents, and employees, from and against all liability, loss, and costs (of whatever form or nature, including property damage, pedestrian accessibility, personal injury, and death) arising from or relating in any way to actions, suits, claims, or demands attributable in whole or in part to my (including my officers, agents, and employees) acts or omissions in the performance of activities connected with this Permit.
- I, the Applicant, certify I or the Responsible Party listed in this Application will notify adjacent property or business owners 72 hours prior to any closures authorized by this Permit.
- I, the Applicant, certify I or the Responsible Party listed in this Application shall remain on-site or be available for on-call emergencies for the duration of the Permitted event and closure.
- I, the Applicant, certify I or the Responsible Party listed in this Application will notify City Public Works Central Dispatch at the times of both closure and reopening by calling (541) 298-5507.

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.

By clicking submit and pasting or typing your name/signature in the signature line, you confirm you have read, understood, and affirmatively agree to be bound by the terms and conditions described.

Applicant Signature

Please save the form after signing. Then click to email the form to publicworks@ci.the-dalles.or.us

Summary of Requirements

City Use Only

Record of Approvals

Transportation Division
Manager

Americans with Disabilities Act
Coordinator

Chief of Police

Human Resources/Risk
Director

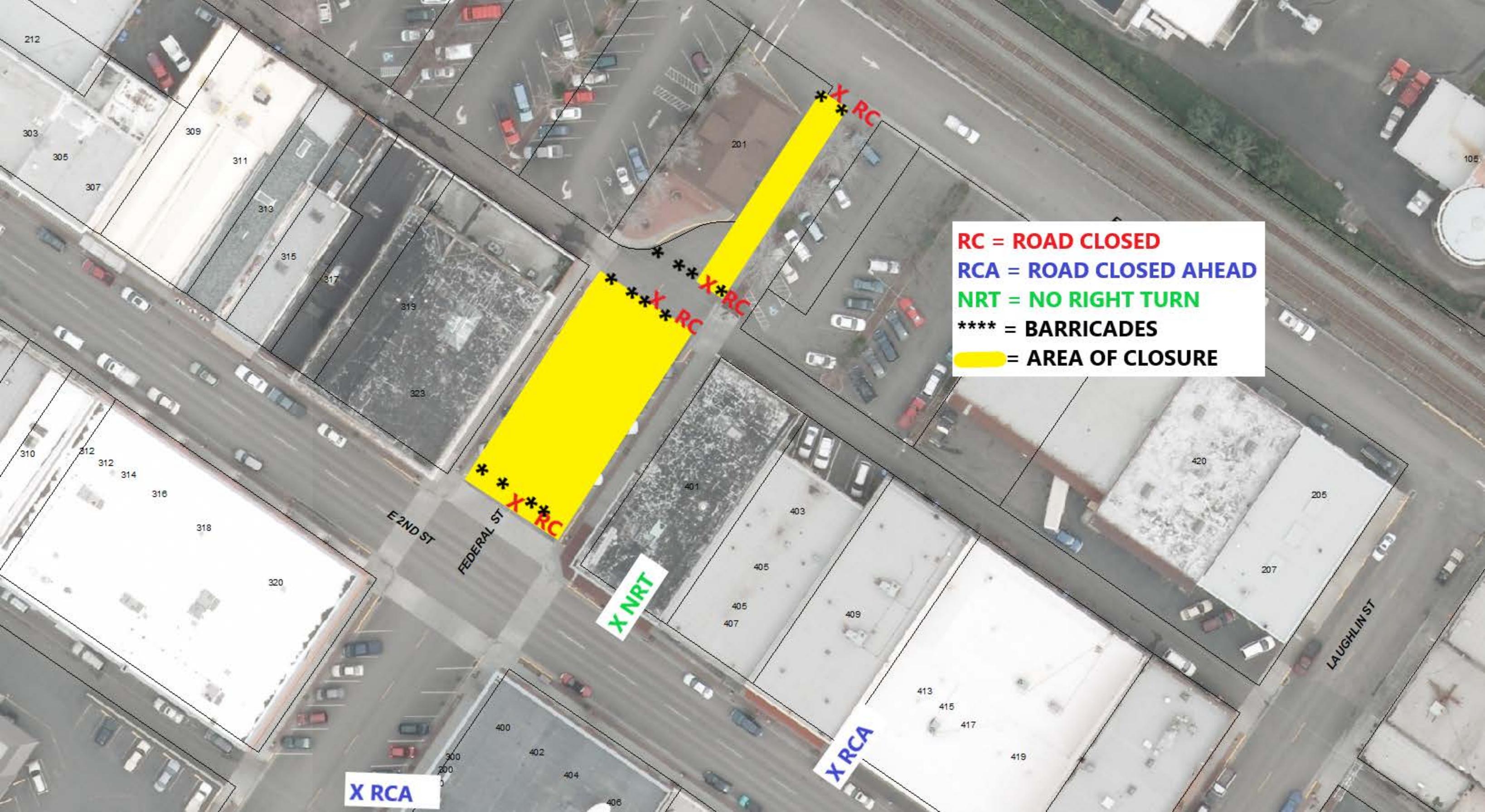
City Manager

Assistant Public Works Director

Permit Expiration Date

Regulatory Compliance
Manager

Date Sent SOP - Press
Release for Contractors



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

X RCA

X NRT

X RCA

X RC

X RC