

PW Street Banner Permit

Print

Submitted by: Lisa Rundell

Submitted On: 2022-11-02 08:41:52

Status: Completed

Priority: Normal

Assigned To: Public Works

Due Date: Open

Attachments

- ◆ [Insurance Banner.PDF](#) - 2022-11-02 08:41:52 am



CITY of THE DALLES PUBLIC WORKS

1215 WEST FIRST STREET
THE DALLES, OREGON 97058
(541) 296-5401

Street Banner Permit Application

A Street Banner Permit is required for display of a banner within the City Limits. The banner must meet all requirements and specifications in the City of The Dalles [Street Banner Permit Policy](#). Upon approval it is the applicant's responsibility to deliver the banner and all required hardware to the Public Works Department office at 1215 West First Street, The Dalles before the preferred date of placement. The City will place and remove the banner.

The location of the banner will be across East Second Street at the intersection of Jefferson Street, The Dalles.

*** Date of Application:**

11/02/2022

Format: MM/DD/YYYY

*** Applicant First Name**

Lisa

Primary First Name

*** Applicant Last Name**

Rundell

Primary Last Name

Contact/Responsible Party

Lisa Farquarson

If the responsible party is not the applicant

*** Email:**

lisar@thedalleschamber.com

Primary email address

*** Contact Phone:**

5412962231

Daytime phone number

Cell Phone:

541-240-1050

*** Name of Event:**

Starlight Parade & Tree Lighting

*** Location of Event:**

Parade Route & The Dalles Chamber

*** Type of event promoted on the banner**

- ☐ Education
- ☐ Youth Event
- ☐ Fair

Other Civic Event

- ☐ **Community Market**
- ☐ **Other Civic Event**

*** Start Date of Event:**

11/25/2022

Format: MM/DD/YYYY

*** End Date of Event:**

11/25/2022

Format: MM/DD/YYYY

*

☐ **I, the applicant, certify that the event promoted is an activity sponsored by a user who may be any civic, charitable non-profit, government, school, social or other group promoting community events, activities, or items of special interest and not for commercial gain.**

*** Preferred Date of Placement**

11/08/2022

Format: MM/DD/YYYY

*** Preferred Duration:**

- ☐ **One week**
- ☐ **Two weeks**

Read the Street Banner Policy [here](#).

There is a \$25 Street Banner Permit Fee.

- To pay by credit card, call Utility Billing at (541) 506-2031. There is a 3% service charge equal to 75 cents for credit card processing. Please request an e-mail receipt and then forward the receipt to publicworks@ci.the-dalles.or.us
- To pay with a check or cash, mail or deliver to the City of The Dalles Public Works Department, 1215 West First Street, The Dalles, 97058 during business hours 7:00 a.m. to 4:00 p.m.

*

☐ **I, the applicant, certify that I have read and understand the Street Banner Permit Policy**

*** Please indicate method of payment**

- ☐ **Credit Card**
- ☐ **Check**
- ☐ **Cash**

*** Liability Release for Street Banner Placement**

- ☐ **Private Organization**
- ☐ **Public Agency**
- ☐ **Individual**

*** Release between:**

The Dalles Chamber of Commerce

Name of private organization, public agency or individual

hereinafter known as “the Permittee” and the City of The Dalles.

The Permittee shall hold harmless and release the City of The Dalles, its employees, agents and representatives, against any and all damages, claims, demands, action, causes of action, cost, and expenses of whatsoever nature arising from the condition of the street banner which is provided to the City for placement.

For public agencies this release applies only to the extent permitted by Article XI, Section 7 of the Oregon Constitution and by the Oregon Tort Claims Act.

Acknowledgement of Permittee Responsibility

Failure of the Permittee to meet the requirements of this permit and the Street Banner Permit Policy 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**

Lisa Farquharson

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.

History

Update By: Jean Corbin

Public - 17 minutes ago - #1

- ◆ Changed status from **Open** to **Acknowledged**
- ◆ Sent templated email: **Permit - Application Received - Public**

Update By: Jean Corbin

Private - 15 minutes ago - #2

- ◆ Changed status from **Acknowledged** to **Reviewed**
- ◆ Changed assigned user from **Public Works** to **Eric Hansen**
- ◆ Sent templated email: **Banner Permit - Application Accepted - Internal**

Payment to come

Update By: Eric Hansen

Private - 11 minutes ago - #3

- ◆ Changed status from **Reviewed** to **Acknowledged**
- ◆ Sent templated email: **Banner Permit - Application Accepted - Internal**

Banner will be installed on 11/8/2022

Update By: Eric Hansen

Private - 8 minutes ago - #4

- ◆ Changed assigned user from **Eric Hansen** to **Jean Corbin**
- ◆ Sent templated email: **Banner Permit - Application Accepted - Internal**

Update By: Jean Corbin

Public - 43 seconds ago - #5

- ◆ Changed status from **Acknowledged** to **Completed**
- ◆ Changed assigned user from **Jean Corbin** to **Public Works**
- ◆ Sent templated email: **Banner Permit - Issued - Pub**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/01/2022

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:	PHONE (A/C, No, Ext): (541) 296-2395	FAX (A/C, No): (541) 296-6143
	E-MAIL ADDRESS:		
INSURED The Dalles Area Chamber of Commerce 404 West 2nd Street The Dalles OR 97058-	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Us Liability Insurance CO		
	INSURER B: Gateway Specialty Ins.		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

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 INSD	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NBP1555113D	03/05/2022	03/05/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$			CUP1568294	03/30/2022	03/30/2023	EACH OCCURRENCE \$ 4,000,000 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)
a large banner (across 2nd St.) from November 4th - November 18th

CERTIFICATE HOLDER

CANCELLATION

AI 010690

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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ACORD 25 (2016/03)

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