

Request has been successfully updated.

PW Street Banner Permit

Submitted by: Dufur Historical Society Living History Museum

Submitted On: 2022-11-23 10:51:25

Status: Completed

Priority: Normal

Assigned To: Jean Corbin

Due Date: Open

Attachments

- [liberty.mutual.docx](#) - 2022-11-23 10:51:25 am
- [COI Dufur Hist Soc 2022 11-23.pdf](#) - 2022-11-29 09:28:04 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:**

11/23/2022

Format: MM/DD/YYYY

*** Applicant First Name**

Dufur Historical Society

Primary First Name

*** Applicant Last Name**

Living History Museum

Primary Last Name

Contact/Responsible Party

Nancy Gibson

If the responsible party is not the applicant

*** Email:**

dufurhist@ortelco.net

Primary email address

*** Contact Phone:**

5414672205

Daytime phone number

Cell Phone:

5419933429

*** Name of Event:**

Home Town Christmas

*** Location of Event:**

Dufur City

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

- Education
- Youth Event
- Fair
- Community Market
- Other Civic Event

Other Civic Event

* **Start Date of Event:**

12/10/2022

Format: MM/DD/YYYY

* **End Date of Event:**

12/10/2022

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**

11/28/2022

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

* **Upload Proof of Liability Insurance**

Choose File No file chosen

The Upload Proof of Liability Insurance field is required

Liability insurance must be valid on the preferred date of placement and at least one month following the date of preferred placement.

* **Release between:**

Dufur Historical Society Living History Museum Nancy Gibson

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**

Nancy Gibson

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: Jill Hoyenga

Public - 6 days ago - #1

- Sent templated email: **Permit - Update Liability Insurance Certificate, Add City - Public**

Good Morning Nancy,

Per my call, your certificate of liability was a Word document and not a pdf of the actual certificate. Please log in and attach the pdf.

Also, please email your payment receipt to publicworks@ci.the-dalles.or.us

Thank you for your time. -Jill Hoyenga

Update By: Jean Corbin

Private - 1 day ago - #2

- Changed status from **Open** to **Acknowledged**

Nance paid the \$25 banner fee via credit card with the finance department. Wednesday 11/23/2022

Jean sent Nancy an email regarding the liability insurance. Nancy was having issues sending the document through the webform.

Update By: Jean Corbin

Private - 2 hours ago - #3

- Changed status from **Acknowledged** to **Reviewed**
- Changed assigned user from **Public Works** to **Eric Hansen**
- Added Attachments:
 - [COI Dufur Hist Soc 2022 11-23.pdf](#)

Update By: Eric Hansen

Private - 19 minutes ago - #4

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

Update By: Jean Corbin

Private - 1 second ago - #5

- Changed status from **Accepted** to **Completed**
- Sent templated email: **Banner Permit - Issued - Public**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/23/2022

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 Wheatland Insurance Center Inc 312 E 3rd St PO Box 1940 The Dalles OR 97058	CONTACT NAME: Agent: Daniel Holtz daniel.holtz@wheatlandins.com PHONE (A/C, No, Ext): (541) 296-2268 FAX (A/C, No): (541) 276-7688 E-MAIL ADDRESS: CSR: katie.darby@wheatlandins.com																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Liberty Mutual / West American Insurance Co.</td> <td></td> <td>44393</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Liberty Mutual / West American Insurance Co.		44393	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A: Liberty Mutual / West American Insurance Co.		44393																			
INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Dufur Historical Society & Living History Museum, INC PO Box 462 Dufur OR 97021																					

COVERAGES

CERTIFICATE NUMBER: 2022 Evidence

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKW57373101	10/06/2022	10/06/2023	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						MED EXP (Any one person)	\$ 15,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
							Schedule Mod Factor 1	\$
							COMBINED SINGLE LIMIT (Ea 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)

CERTIFICATE HOLDER**CANCELLATION**
 DUFUR HISTORICAL SOCIETY & LIVING HISTORY MUSEUM INC
 PO BOX 462

DUFUR

OR 97021

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

© 1988-2015 ACORD CORPORATION. All rights reserved.