



CITY OF THE DALLES PUBLIC WORKS

1215 WEST 1st STREET
THE DALLES, OREGON 97058
(541) 296-5401

Application Fee	\$10
Expedite Fee	\$25
Event Deployment Fee	\$50
A contractor work zone is not an event.	

SIDEWALK/STREET CLOSURE 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. Fee(s) must be paid in full before application will be processed. **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:

02/23/2023

Format: MM/DD/YYYY

Applicant First Name

Ellie

Primary First Name

Applicant Last Name

Varley

Primary Last Name

Contact/Responsible Party

Craig LeDoux

If the responsible party is not the applicant

Email:

cledoux@gsmw.com

Primary email address

Business Name:

General Sheet Metal

Mailing Address:

16345 SE Evelyn St., Clackamas, OR 97015

Phone:

(503) 267-2701

On-call emergency phone number

Other Phone:

(503) 267-2701

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 between 3rd & 4th 9 am - 12 pm

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

4th between Washington & Federal 7 am - 9 pm.

Construction crane lift.

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

02/28/2023

Format: MM/DD/YYYY

Time

07:00

Closure end date

02/28/2023

Format: MM/DD/YYYY

Time

12:00

Sidewalk/Street Closure Fees

Fee(s) must be paid in full before application will be processed.

1. Application Fee: \$10.00
2. Expedited Fee (when application is turned in less than 5 days prior to the event): \$25.00
3. Event Deployment Fee (on for profit events which require use of City signs and barricades that staff deliver to event): \$50.00
A contractor work zone is not an event.

To pay by credit card, call the Public Works Department at (541) 296-5401.

To pay with a check or cash, mail or deliver to the City of The Dalles Public Works Department, 1215 West 1st Street, The Dalles, 97058 during business hours, weekdays 7:00 a.m. to 4:00 p.m.

Required Attachments

The applicant may be required to email 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](#).

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

Ellie Varley

Digitally signed by Ellie Varley
DN: cn=US, email=EllieVarley@ci.the-dalles.or.us
Reason: I signed to the accuracy and integrity of this document
Contact Info: EllieVarley@ci.the-dalles.or.us
Date: 2023.02.23 14:43:03 -08'00'

Please save the form after signing. Then [click to email the form to publicworks@ci.the-dalles.or.us](mailto:publicworks@ci.the-dalles.or.us)

Receipt of Required Items

City Use Only

TCP for Street/Parking Lot Closure:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Required
TPARP for Sidewalk Closure:	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Not Required
Certificate of General Liability:	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Not Required
Payment Received: <input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Credit Card

Record of Approvals

Michael
Bosse

Digitally signed by
Michael Bosse
Date: 2023.02.23
15:38:44 -08'00'

Americans with Disabilities Act
Coordinator

Daniel
Hunter

Digitally signed by
Daniel Hunter
Date: 2023.02.23
16:57:44 -08'00'

Human Resources/Risk
Director

David
Mills

Digitally signed by
David Mills
Date: 2023.02.24
11:12:35 -08'00'

Transportation Division
Manager

3/1/23

Permit Expiration Date

1. Applicant shall follow the signage and barrier requirements of the TPARP(s) selected. "Danger" tape is NOT an acceptable barrier. I have attached TM844 for your convenience.

2. All required TPARP signs and barriers SHALL be in place prior to commencing any work.

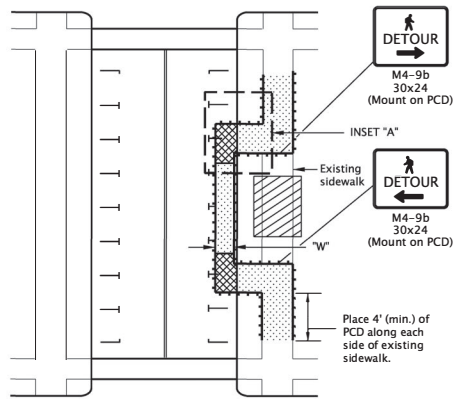
* Applicant will be performing work in two phases.

Phase 1 - E 4th St.

- Applicant will be closing the NW bound travel lane of E 4th St. by utilizing 1 Road Closed sign at E 4th and Federal. As well as a Road Closed Ahead sign approximately 300 feet prior to lane closure on E 4th St.
- Applicant must cone off the lane in order to designate the work zone from the open travel lane.
- Upon completion of phase 1 the applicant must open the travel lane prior to starting phase 2.

Phase 2 - Federal St.

- Applicant will be closing the SW bound travel lane of Federal St. by utilizing 1 Road Closed sign at the alley between E 3rd and E 4th St. As well as a Road Closed Ahead sign approximately 300 feet prior to lane closure on Federal St..
- Applicant must cone off the lane in order to designate the work zone from the open travel lane.



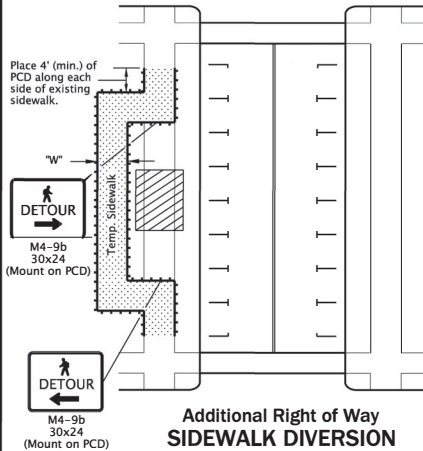
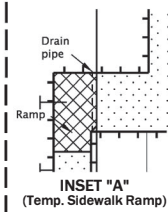
Within Roadway SIDEWALK DIVERSION

NOTES:

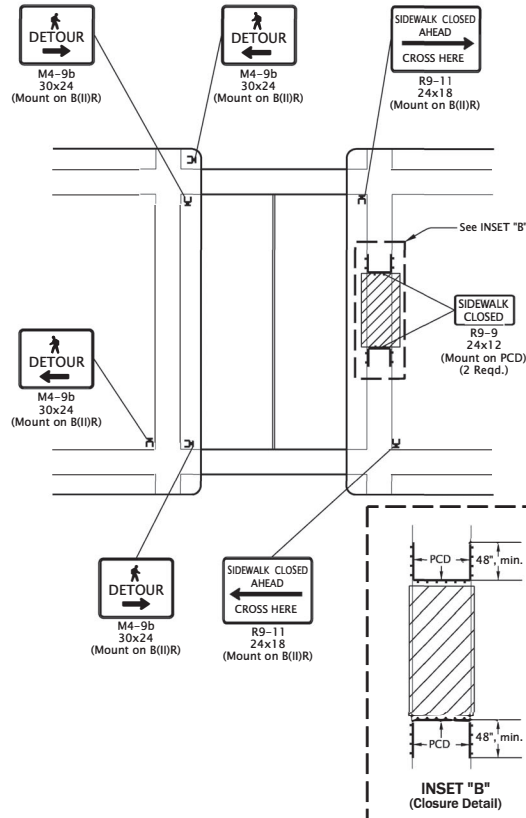
- Place or construct temp. sidewalk ramp, as needed.
- For roadways with a pre-construction posted speed of 40 mph or less.
- See inset "A" for Temp. Sidewalk Ramp details.
- "W" = 60", or, where 60" width cannot be maintained through the entire route, provide 48" min. width with 60" x 60" passing spaces every 200 ft.
- Use temporary ADA compliant surfaces to cross planter strips or other non-traversable surfaces.

NOTES:

- Ramp size will vary. Ramp must meet ADA requirements incl. max design grade of 7.5% and max design cross slope of 1.5%.



Additional Right of Way SIDEWALK DIVERSION

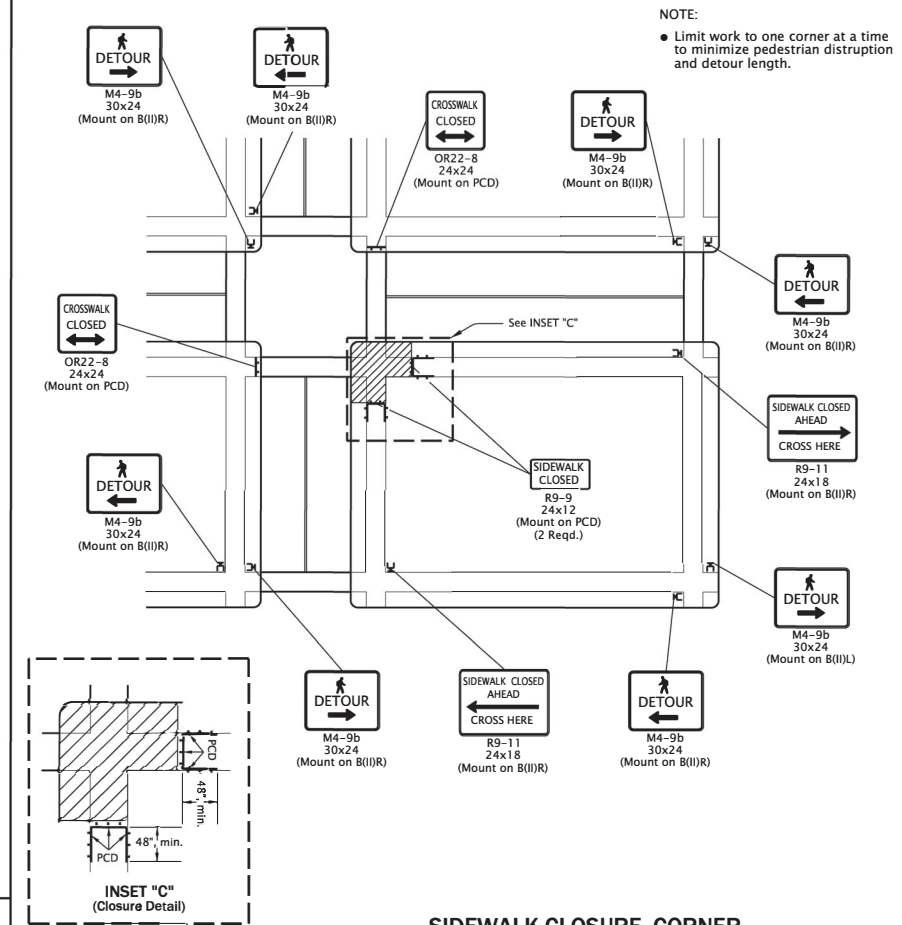


SIDEWALK CLOSURE, MIDBLOCK

GENERAL NOTES FOR ALL DETAILS:

- When closing or relocating crosswalks or other pedestrian facilities provide ADA compliant facilities. Include accessibility features consistent with existing pedestrian facilities by providing adequate slope transitions and surfacing.
- Provide non-slip, 60 inch minimum wide surface through entire pedestrian route. If not possible, provide 48" min. width with 60" x 60" passing spaces every 200 feet along the route.
- Only TCD for pedestrians are shown. Other devices may be necessary to control vehicular traffic.
- Stage work, as necessary, to provide a temporary pedestrian access route at all times. For roadways with no available detours, maintain one open sidewalk at all times.
- Minimize pedestrian out-of-direction travel.

- UNDER PEDESTRIAN TRAFFIC
- UNDER CONSTRUCTION
- PEDESTRIAN CHANNELIZING DEVICE (PCD)



SIDEWALK CLOSURE, CORNER

NOTE:

- Limit work to one corner at a time to minimize pedestrian disruption and detour length.

CALC. BOOK NO. _____ N/A _____	SDR DATE _____ 01-JUL-2020 _____
NOTE: All material and workmanship shall be in accordance with the current City of The Dalles Standard Specifications	
CITY OF THE DALLES STANDARD DRAWINGS	
TEMPORARY PEDESTRIAN ACCESSIBLE ROUTES	
2022	
DATE	REVISION DESCRIPTION

The selection and use of this Standard Drawing, while designed in accordance with generally accepted engineering principles and practices, is the sole responsibility of the user and should not be used without consulting a Registered Professional Engineer.



GENERAL SHEET METAL
Building Success Together

16345 SE Evelyn Street
PO Box 1490
Clackamas, OR 97015
P: 503-650-0405
gsmw.com

The Dalles Civic Auditorium
323 E Fourth St. N
The Dalles, OR 97058

Permit# 921-22-000570-MECH
Street Closure Permit

4th Street between Washington & Federal Streets. 7:00 am – 9:00 am
Federal Street between 3rd and 4th Streets. 9:00 am – 12:00 pm

Tuesday, 02/28/2023

- Traffic Control Plan (TCP). **Federal Street**- 2-way street, one lane each direction.
 - Using traffic cones, block Federal Street between 3rd and 4th Streets.
 - Install Danger Tape at both sides of the crane area for further visibility.
 - Install a Detour sign at the 3rd Street cones.
- Traffic Control Plan (TCP). **4th Street** – One way street. 2 lanes.
 - Traffic cones to block off the lane adjacent to the Civic Auditorium needed.
 - Install Danger Tape at both sides of the crane area for further visibility.
- Temporary Pedestrian Accessible Route Plan (TPARP).
 - Using Danger Tape, block off the sidewalk on both sides of the crane area.
 - Pedestrians can utilize the opposite sidewalk.
- Notify Central Dispatch at time of street closing and reopening. (541) 298-5507.
- Adjacent Businesses have been notified by letter and phone calls.
 - Columbia Bank
(541) 298-6647
316 E 3rd Street
The Dalles, OR 97058
 - Family Resource Home Care
(541) 769-1221
414 Washington Street #1D
The Dalles, OR 97058
 - The Denture Specialist
(541) 296-3310
414 Washington Street
The Dalles, OR 97058
- Liability Insurance for an event.

Ellie Varley
(503) 998-3627
evarley@gsmw.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/23/2023

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
Anchor Insurance and Surety, Inc
PO Box 2808
Portland OR 97208

CONTACT
NAME: Lisa Steele
PHONE (A/C No. Ext): 503-224-2500 FAX (A/C No): 503-224-9830
E-MAIL ADDRESS: lsteele@anchorias.com

INSURED
General Sheet Metal Works Inc.
PO Box 1490
Clackamas OR 97015

GENESHE-01

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Valley Forge Insurance Co.		20508
INSURER B : SAIF Corporation		36196
INSURER C : Columbia Casualty Company		31127
INSURER D : National Fire Ins. of Hartford		20478
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1468003310

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
D	<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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	5084068682	12/7/2022	12/7/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 WA STOP GAP \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	4020085462	12/7/2022	12/7/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	4020085459	12/7/2022	12/7/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	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	N/A	752962	10/1/2022	10/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER OR E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional & Pollution Liab.			2088384247	12/7/2022	12/7/2023	PER CLAIM/AGGREGATE 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder and all other entities are additional insureds when specified by written contract. Coverage is primary & non-contributory and includes waiver of subrogation when required by written contract. All subject to the terms, conditions and exclusions of the policies. Endorsements attached: CNA75079XX, CNA74705XX, CNA63359XX; WC000313. Umbrella Excess Liability applies over General Liability, Auto Liability, and Employers Liability. Severability of interest clauses are included. Pollution liability coverage includes fungi including mold.
Permit# 921-22-000570-MECH
Street Closure Permit

CERTIFICATE HOLDER

City of The Dalles
313 Court Street
The Dalles OR 97058

CANCELLATION

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

2/23/23, 2:57 PM

Xpress Bill Pay - Payment Processing



City of The Dalles
313 Court Street | PO Box 1790
The Dalles, OR 97058
(541) 296-5481

XBP Confirmation Number: 138667249

Transaction detail for payment to City of The Dalles.		Date: 02/23/2023 - 3:56:13 PM MT	
Transaction Number: 193426050PT Visa — XXXX-XXXX-XXXX-6236 Status: Successful			
Account #	Item	Quantity	Item Amount
	Convenience Fee	1	\$2.50
	SidewalkStreet Closure Permit	1	\$35.00

TOTAL: **\$37.50**

Billing Information
General Sheet Metal Salina
Holden
, 97030

Transaction taken by: Admin JCorbin