



CITY OF THE DALLES PUBLIC WORKS

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

Application Fee	\$10
Expedite Fee	\$25
Deployment Fee	\$50

SIDEWALK/STREET CLOSURE PERMIT

This application must be submitted at least seven (7) 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 publicworks@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: Robert McNary Date: 3-14-2023
 Address: 1525 East 9th St The Dalles, OR 97058 Phone: 541 980-3901
 Contact/Responsible Person Robert McNary Phone: _____
 Email Address: bgmcnary@charter.net Cell: 541-980-3901

<u>TYPE OF CLOSURE (Check at least 1)</u>	
<input type="checkbox"/> Street for Construction Work	<input type="checkbox"/> Sidewalk for Construction Work
<input checked="" type="checkbox"/> Street/Parking Lot for Event	<input type="checkbox"/> Sidewalk for Event
<input type="checkbox"/> Parking Lane for Dumpster	<input type="checkbox"/> Other

CLOSURE FROM 5:30AM / 4/9/23 (Date/Time) TO 7:30AM / 4/9/23 (Date/Time)

LOCATION/ADDRESS OF CLOSURE Court & East 12th

REASON FOR CLOSURE Sun Rise Service Pulpit Rock

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
- Fee **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

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 form 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 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 Robert McNary Date 3-14-23

CITY USE ONLY

- PUBLIC WORKS WILL SET OUT AND PICK UP TRAFFIC CONTROL.
- APPLICANT IS RESPONSIBLE FOR CLOSING AND OPENING THE STREETS FOR THE EVENT.
- _____
- _____

Receipt of Required Items

TCP for Street/Parking Lot Closure	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Required
TPARP for Sidewalk Closure	<input 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 checked="" type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card

RELATED PERMITS _____

ROUTING ORDER

Department	Approval	Date
Public Works – ADA Coordinator	<u>[Signature]</u>	<u>4/5/2023</u>
Human Resources - Risk Manager	<u>[Signature]</u>	<u>4/5/2023</u>
Public Works – Transportation Manager	<u>[Signature]</u>	<u>4/5/2023</u>

THIS PERMIT IS:

- APPROVED AND EXPIRES ON** 4/10/2023
- APPROVED WITH REVISIONS AND EXPIRES ON** _____
- DENIED FOR FOLLOWING REASON:** _____

Authorized by: [Signature] Title: TRANSFORMATION DIVISION MANAGER

Public Works to notify Applicant of final decision



