

**CITY OF THE DALLES PUBLIC WORKS**

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

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: Priscilla Heimsoth

Date: 05/04/2023

Address: 1401 Jordan St.

Phone: -

Contact/Responsible Person Same

Phone: -

Email Address: mspris1970@yahoo.com

Cell: 541-370-5425

TYPE OF CLOSURE (Check at least 1)

- | | |
|---|---|
| ☐ Street for Construction Work | ☐ Sidewalk for Construction Work |
| ☐ Street/Parking Lot for Event | ☐ Sidewalk for Event |
| ☒ Parking Lane for Dumpster | ☐ Other |

CLOSURE FROM 05/11/2023 (Date/Time) TO 05/18/2023 (Date/Time)

LOCATION/ADDRESS OF CLOSURE Jordan St - street parking area in front of #1401

REASON FOR CLOSURE Dumpster

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

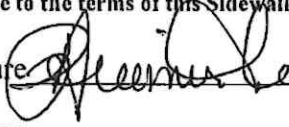
THIS PERMIT WILL BE CONSIDERED A PUBLIC DOCUMENT. ALL INFORMATION SUBMITTED WILL BE ACCESSIBLE TO THE PUBLIC, IN ITS ENTIRETY, ON THE CITY'S WEBSITE.

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 

Date 05/04/2023

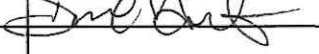
CITY USE ONLY

- ☐ No sidewalk closure with permit
- ☒ The dumpster must not obstruct traffic and allow enough room for traffic to safely get by.
- ☒ Applicant must place cones at both exterior corners. The cones can be borrowed from Public Works.
- ☐

Receipt of Required Items

TCP for Street/Parking Lot Closure	☐ Attached	☐ Not Required
TPARP for Sidewalk Closure	☐ Attached	☐ Not Required
Certificate of General Liability	☒ Attached	☒ Not Required
Payment Received ☐ Check	☒ Cash	☐ Credit Card

RELATED PERMITS**ROUTING ORDER**

Department	Approval	Date
Public Works – ADA Coordinator		<u>5/4/23</u>
Human Resources - Risk Manager		<u>5/5/23</u>
Public Works – Transportation Manager		<u>5/8/2023</u>

THIS PERMIT IS:

- ☒ **APPROVED AND EXPIRES ON** 5/19/2023
- ☐ **APPROVED WITH REVISIONS AND EXPIRES ON** _____
- ☐ **DENIED FOR FOLLOWING REASON:** _____

Authorized by: David Mills

Title: Transportation Division Manager

Public Works to notify Applicant of final decision



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/05/2023

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 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 CUSTOMER SERVICE 1-800-423-0567		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : TRUMBULL INSURANCE COMPANY		27120
INSURED HEIMSOOTH, PRISCILLA 1401 JORDAN ST THE DALLES OR 97058-		INSURER B :		
		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	☐ POLICY ☐ PRO-JECT ☐ LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	☐ ANY AUTO						BODILY INJURY (Per person)	\$
	☐ ALL OWNED AUTOS	☐ SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	☐ HIRED AUTOS	☐ NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	☐ EXCESS LIAB	☐ OCCUR					AGGREGATE	\$
	☐ DED ☐ RETENTION \$	☐ CLAIMS-MADE						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ Y / ☐ N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
X	COMPREHENSIVE PERSONAL LIABILITY			55RBF582261	06/26/2022	06/26/2023	PERSONAL LIABILITY	\$ 300,000
							MEDICAL PAYMENTS	\$ 1,000

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

PROOF OF LIABILITY FOR MAY 11, 2023 TO MAY 18, 2023

CERTIFICATE HOLDER

CITY OF THE DELLS
313 COURT STREET
THE DELLS, 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

Susan R. Castaneda