



**CITY OF THE DALLES PUBLIC WORKS**

1216 WEST 1<sup>ST</sup> STREET  
THE DALLES, OREGON 97058  
(541) 298-5401

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:

04/26/2023

Format: MM/DD/YYYY

Applicant First Name

Josh

Primary First Name

Applicant Last Name

Ellingson

Primary Last Name

Contact/Responsible Party

Josh Ellingson

If the responsible party is not the applicant

Email:

josh.ellingson@gcinc.com

Primary email address

Business Name:

Granite Construction

Mailing Address:

16821 SE McGillvray Blvd Suite 210

Phone:

(253) 269-8556

On-call emergency phone number

Other Phone:

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

W 2nd ST  
River Road

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

Blasting for utility install

Please write the addresses or sections of sidewalk/street for the requested closure.

Closure begin date

05/03/2023

Format: MM/DD/YYYY

Time

17:30

Closure end date

05/03/2023

Format: MM/DD/YYYY

Time

17:45

Please describe the project or event for the requested closure.

### Sidewalk/Street Closure Fees

Fees(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

*Josh Ellingson*

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

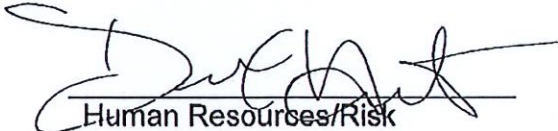
City Use Only

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

# Record of Approvals



Americans with Disabilities Act  
Coordinator



Human Resources/Risk  
Director

4/27/23



Transportation Division  
Manager

5/4/2023

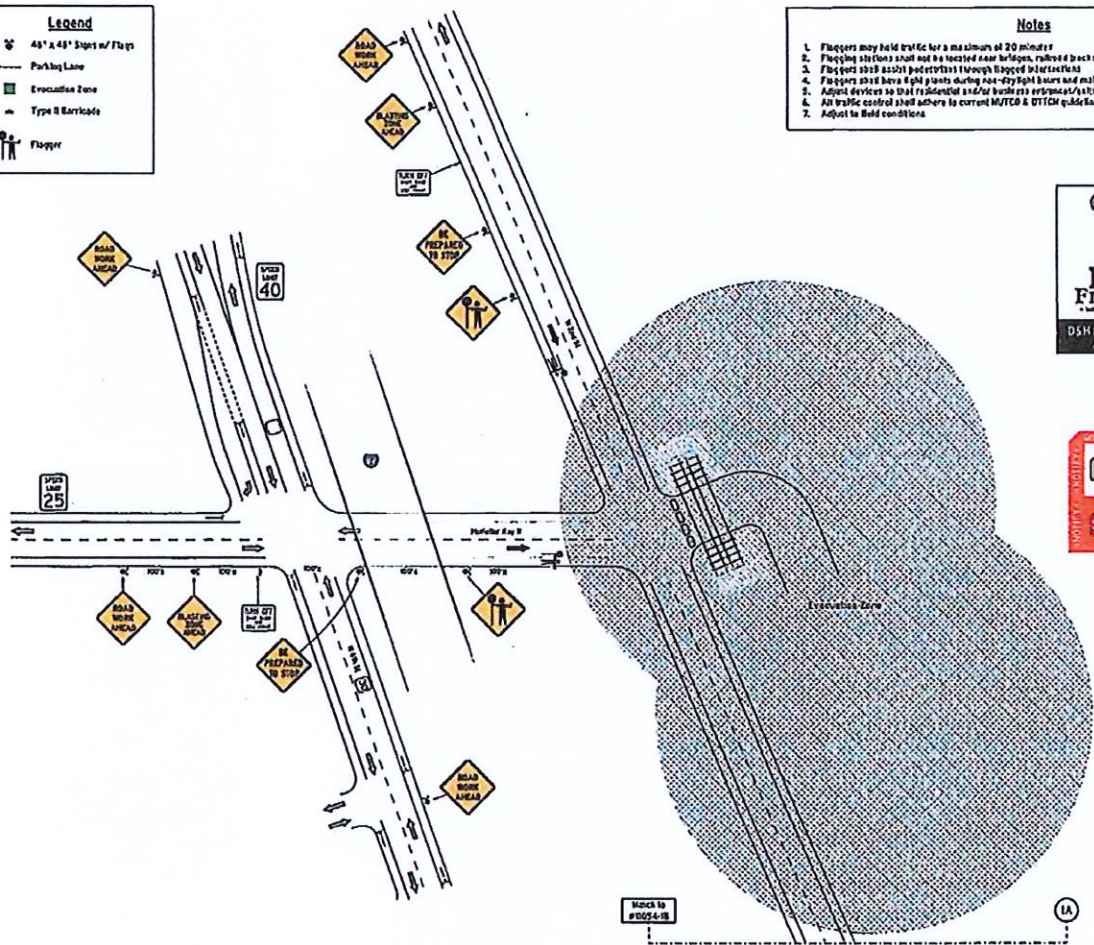
Permit Expiration Date

**Legend**

- 46" x 48" Signs or Flaps
- Parking Lane
- Evacuation Zone
- Type II Barricade
- Flagger

**Notes**

1. Flaggers may hold traffic for a maximum of 20 minutes
2. Flagging stations shall not be located near bridges, railroad tracks, or tunnels
3. Flaggers shall assist pedestrians through flagged intersections
4. Flaggers shall have eight points during non-daylight hours and maintain high level of visibility at all times
5. All road devices so that no identical or similar number or arrangement of lights are not effective
6. All traffic control shall adhere to current MUTCD & DTHM guidelines
7. Adjust to field conditions



<p><b>D&amp;H FLAGGING</b> A MEMBER SINCE 1988</p> <p>DSH PLAN #10054-10 April 14, 2023</p>	<p>Prepared By: Rory Homan          Office: (503) 232-2458          Email: ryan@dhflagging.com</p>
	<p>Contractor: Granite Construction Company          Contact Person: Josh Ettinger          Phone: 503-269-6556          Email: josh.ettinger@grc.com          Job Location: Hamilton Way W &amp; W 2nd St          City/State: The Dalles, OR          Type of Work: Blasting          Job Duration: 15 Minutes</p>

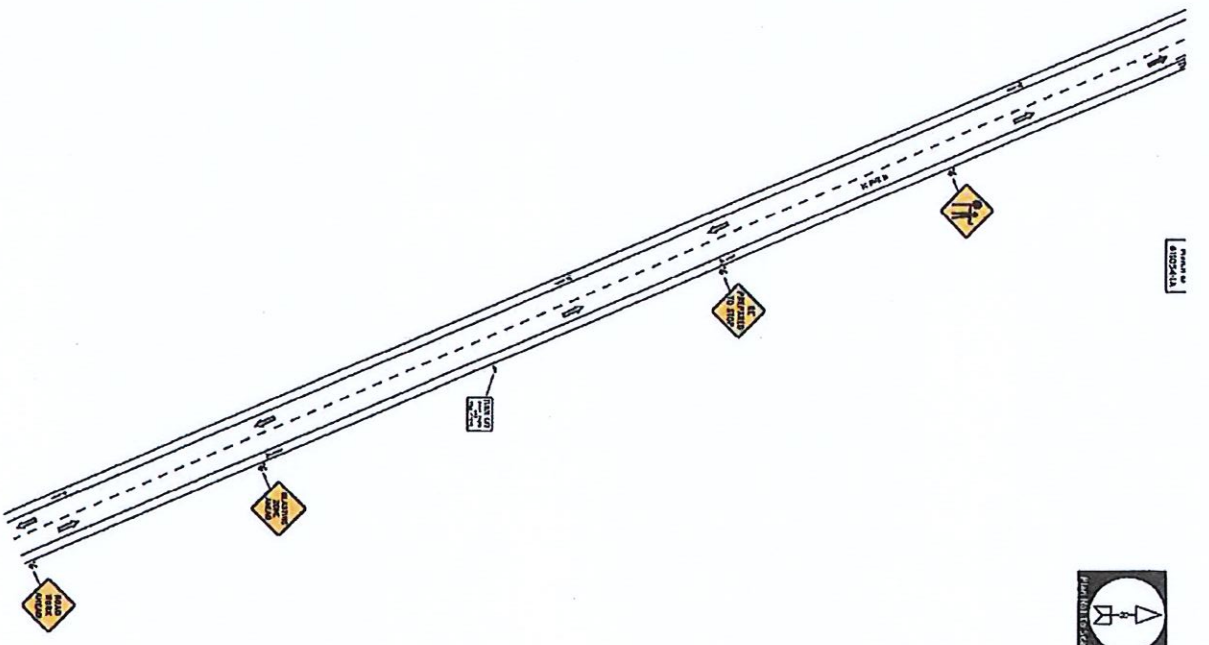
**PROPERTY RESPONSIBILITY**

It is your responsibility to notify affected property owners 14 days in advance to coordinate accommodations

It is your responsibility to notify emergency services 3 days in advance to coordinate services

**Equipment List**

- 5 Road Work Ahead
- 3 Be Prepared to Stop
- 3 Flagger Ahead
- 3 Blasting Zone Ahead
- 3 Type II - Turn Off 2-way Radio and Cell Phone
- 3 Flaggers with Radar



**Legend**

- ✕ 40' x 40' Sign or Flag
- Parking Line
- ▣ Excavation Area
- Type of Pavement
- ⊕ Flag

**D&H  
FLAGGING**

CONSTRUCTION SIGNAGE & SAFETY SOLUTIONS

EST. 1978

**Prepared By:** Ray Korman  
**Office:** (503) 232-4444  
**Email:** [rlk@ddhflagging.com](mailto:rlk@ddhflagging.com)

**Contractor:** Carole Construction Company  
**Contract Project:** John Edgema  
**Project:** 225-245-4254  
**Job Location:** [john@caroleconstruction.com](mailto:john@caroleconstruction.com)  
**City/State:** Beaverton, OR 97005  
**Type of Work:** Bridge  
**Job Number:** 15164414



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/20/2023

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 LIC #0C36861 Alliant Insurance Services, Inc. 560 Mission Street, 6th Floor San Francisco, CA 94105	1-415-403-1491	CONTACT NAME: Kimberly Leikam PHONE (A/C No. Ex): 415-403-1491 E-MAIL ADDRESS: kleikam@alliant.com	FAX (A/C No.): 415-874-4818
INSURED Granite Construction Company 585 West Beach Street Watsonville, CA 95076		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: TRANSPORTATION INS CO	20494
		INSURER B: VALLEY FORGE INS CO	20508
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 68470325

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> XCU Hazards GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	GL2074978689	10/01/20	10/01/23	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ Nil PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Contractual	X	X	BUA2074978692	10/01/20	10/01/23	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	WC274978630 (CA)	10/01/22	10/01/23	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	X	WC274978644 (AOS/Stop Gap)	10/01/22	10/01/23	<input checked="" type="checkbox"/> E.L. EACH ACCIDENT \$ 2,000,000 <input checked="" type="checkbox"/> E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 <input checked="" type="checkbox"/> E.L. DISEASE - POLICY LIMIT \$ 2,000,000


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

Re: Street Closure Permit

The City of The Dalles, its officers, agents, and employees are included as Additional Insured as required by written and executed agreement per the attached endorsements.

30 Days Written Notice of Cancellation for Non-Renewal and 10 Days Notice of Cancellation for Non-Payment of Premiums  
 GL Per ISO Form CG0001 10/01; AL Per ISO Form CA0001 10/13

**CERTIFICATE HOLDER****CANCELLATION**

City of The Dalles  313 Court Street  The Dalles, OR 97058  USA	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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