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: Smoke Wring BBQ Date: 5/15/2023

Address: PO BOX 1101 The Dalles Phone: 541-980-5940

Contact/Responsible Person Anne Wring Phone: _____

Email Address: pm90265@gmail.com Cell: _____

TYPE OF CLOSURE (Check at least 1)

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

CLOSURE FROM 5/20/2023 12:00 pm (Date/Time) TO 5/20/2023 6:00pm (Date/Time)

LOCATION/ADDRESS OF CLOSURE 2nd and Monroe N side of 2nd St. Smoke Wring BBQ

REASON FOR CLOSURE Music and Mid-Columbia Car Club

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 [signature] for Applicant Date 5.15.23

Had no way to Print or download - direct team

CITY USE ONLY

- [x] Applicant must follow the provided traffic control plan.
- [ ] _____
- [ ] _____
- [ ] _____

Receipt of Required Items

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

RELATED PERMITS _____

ROUTING ORDER

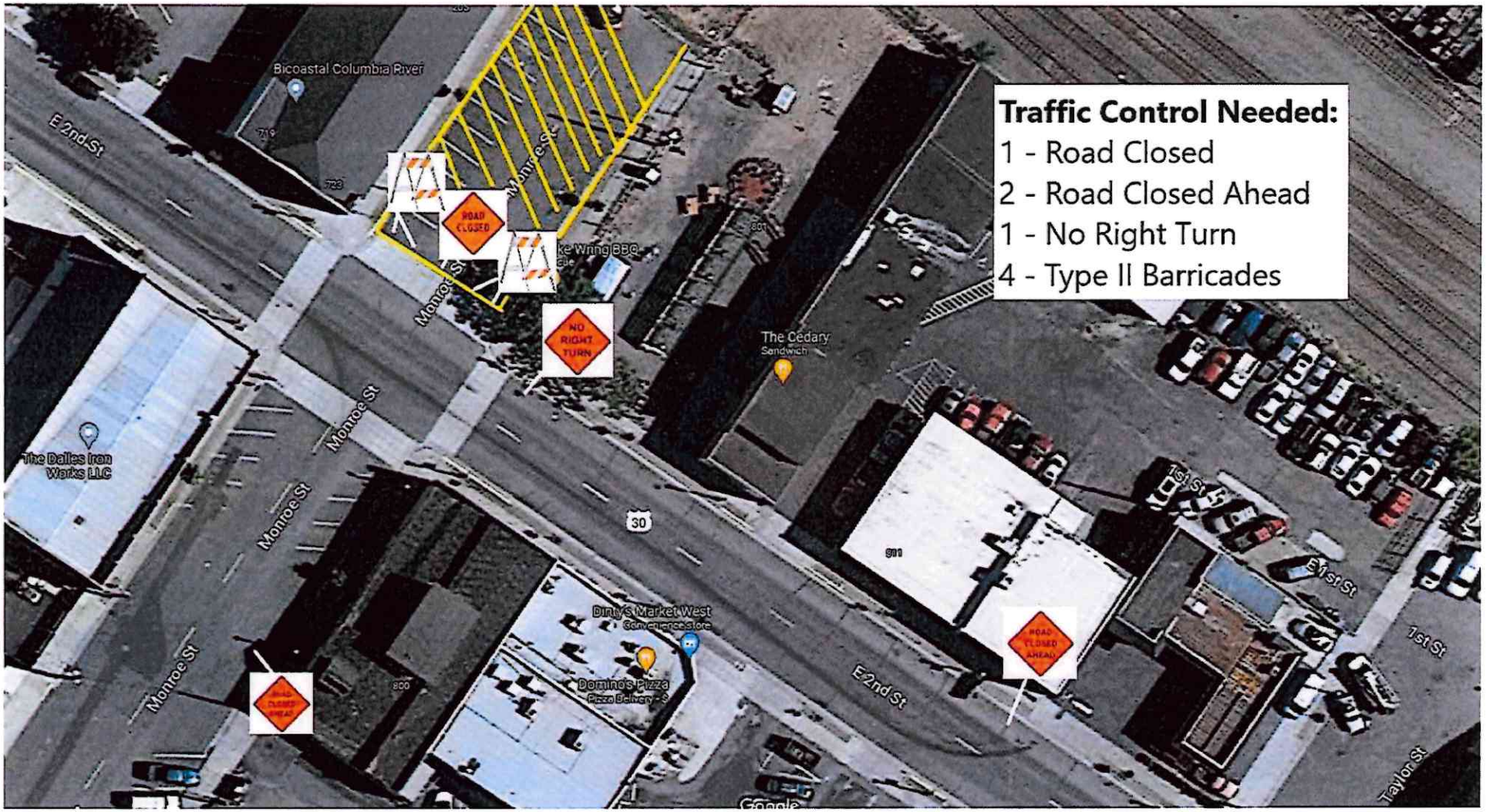
Department	Approval	Date
Public Works – ADA Coordinator	[signature]	5/15/2023
Human Resources - Risk Manager	[signature]	5/16/2023
Public Works – Transportation Manager	David Mills	5/17/2023

THIS PERMIT IS:

- [x] **APPROVED** AND EXPIRES ON 5/21/2023
- [ ] **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


Traffic Control Needed:
1 - Road Closed
2 - Road Closed Ahead
1 - No Right Turn
4 - Type II Barricades
Bicoastal Columbia River
E 2nd St
Monroe St
ROAD CLOSED
NO RIGHT TURN
The Cedary
Sandwich
The Dalles Iron Works LLC
30
1st St
E 1st St
Dirty's Market West
Convenience Store
Domino's Pizza
Pizza Delivery
ROAD CLOSED AHEAD
Taylor St
Google

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/15/2023

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 The Swanson Insurance Group, LLC PO Box 24 Hermiston OR 97838	**CONTACT NAME:** Shanna Westerman **PHONE (A/C, No, Ext):** (541) 667-7218 **FAX (A/C, No):** (800) 520-6501 **E-MAIL ADDRESS:** shanna@swansoninsgroup.com
INSURED SMOKE WRING BBQ LLC 3443 COLUMBIA VIEW DR THE DALLES OR 97058	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Mutual of Enumclaw W / 14761 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 22.23 Certs **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			CPP0026398	07/10/2022	07/10/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] 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

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

Shanna Westerman

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

XBP Confirmation Number: 144696269

Transaction detail for payment to City of The Dalles. **Date: 05/15/2023 - 11:06:50 AM MT**

Transaction Number: 197920094
Mastercard — XXXX-XXXX-XXXX-4202
Status: Successful

Account #	Item	Quantity	Item Amount
	SidewalkStreet Closure Permit	1	$35.00

TOTAL: *$35.00*

Transaction detail for payment to City of The Dalles. **Date: 05/15/2023 - 11:06:52 AM MT**

Transaction Number: 197920095
Mastercard — XXXX-XXXX-XXXX-4202
Status: Successful

Account #	Item	Quantity	Item Amount
	Convenience Fee	1	$2.50

TOTAL: *$2.50*

Billing Information
Patrick Erickson
, 97058

Transaction taken by: Admin JCorbin