



CITY OF THE DALLES PUBLIC WORKS

1215 WEST 1<sup>st</sup> 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:

Format: MM/DD/YYYY

Applicant First Name

Applicant Last Name

Primary First Name

Primary Last Name

Contact/Responsible Party

Email:

If the responsible party is not the applicant

Primary email address

Business Name:

Mailing Address:

Phone:

Other Phone:

On-call emergency phone number

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

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

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

Time

Closure end date

Time

Format: MM/DD/YYYY

Format: MM/DD/YYYY

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

Josh Ellingson

Please save the form after signing. Then click to email the form to publicworks@ci.the-dalles.or.us

Receipt of Required Items

City Use Only

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



# Record of Approvals

---

Americans with Disabilities Act  
Coordinator

---

Human Resources/Risk  
Director


---


Transportation Division  
Manager


---


Permit Expiration Date


Legend

 48" x 48" Signs w/ Flags

 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

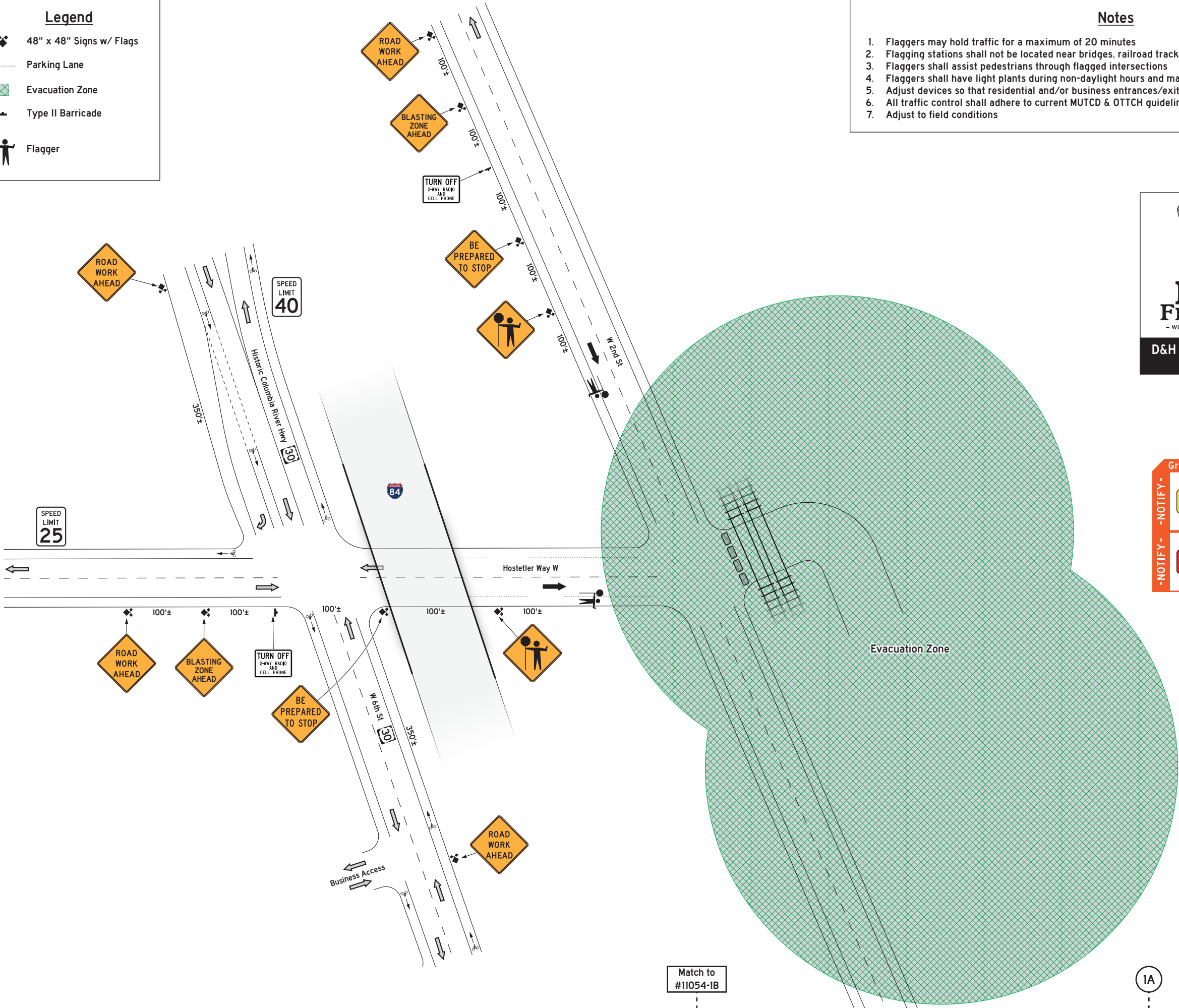
3. Flaggers shall assist pedestrians through flagged intersections


4. Flaggers shall have light plants during non-daylight hours and maintain high levels of visibility at all times

5. Adjust devices so that residential and/or business entrances/exits are not affected

6. All traffic control shall adhere to current MUTCD & OTTC guidelines

7. Adjust to field conditions





**D&H FLAGGING**  
- WOMEN OWNED BUSINESS -  
**D&H PLAN #11054-1A**  
April 14, 2023

Prepared By: Rory Homan

Office: (503) 232-2488

Email: plans@d-hflagging.com

Contractor: Granite Construction Company

Contact Person: Josh Ellingson

Phone: 253-269-8556

Email: josh.ellington@gcinc.com

Job Location: Hostetler Way W & W 2nd St


City, State: The Dalles, OR

Type of Work: Blasting


Job Duration: 15 Mintutes

Granite Construction Company

-NOTIFY-

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

-NOTIFY-

 It is your responsibility to notify emergency services 5 days in advance to coordinate access

Equipment List

5 Road Work Ahead

3 Be Prepared to Stop

3 Flagger Ahead

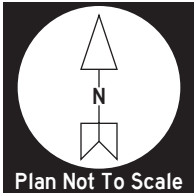
3 Blasting Zone Ahead

3 Type II - Turn Off 2-way Radio and Cell Phone

3 Flaggers with Radios

1B

Match to  
#11054-1A



TURN OFF  
2-WAY RADIO  
AND  
CELL PHONE



**Legend**

- 
- Parking Lane
- Evacuation Zone
- Type II Barricade
- Flagger

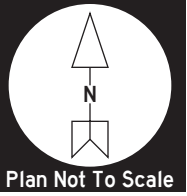


**D&H  
FLAGGING**  
— WOMEN OWNED BUSINESS —

**D&H PLAN #11054-1B**  
April 14, 2023

Prepared By: Rory Homan  
Office: (503) 232-2488  
Email: plans@d-hflagging.com

Contractor: Granite Construction Company  
Contact Person: Josh Ellingson  
Phone: 253-269-8556  
Email: josh.ellington@gcinc.com  
Job Location: Hostetler Way W & W 2nd St  
City, State: The Dalles, OR  
Type of Work: Blasting  
Job Duration: 15 Mintutes



**Notes**

1. All traffic control shall adhere to current MUTCD & OTTCH guidelines
2. Adjust to field conditions

Equipment List	
4	Road Work Ahead
2	Road Closed Ahead
2	Detour Ahead
1	Type II - Right Turn Only
1	Type II - Left Turn Only
1	Type II - No Right Turn
1	Type II - No Left Turn
3	Type III - Road Closed
1	Type III - Road Closed + Detour (→)
1	Type III - Road Closed + Detour (←)
5	Type III Barricades

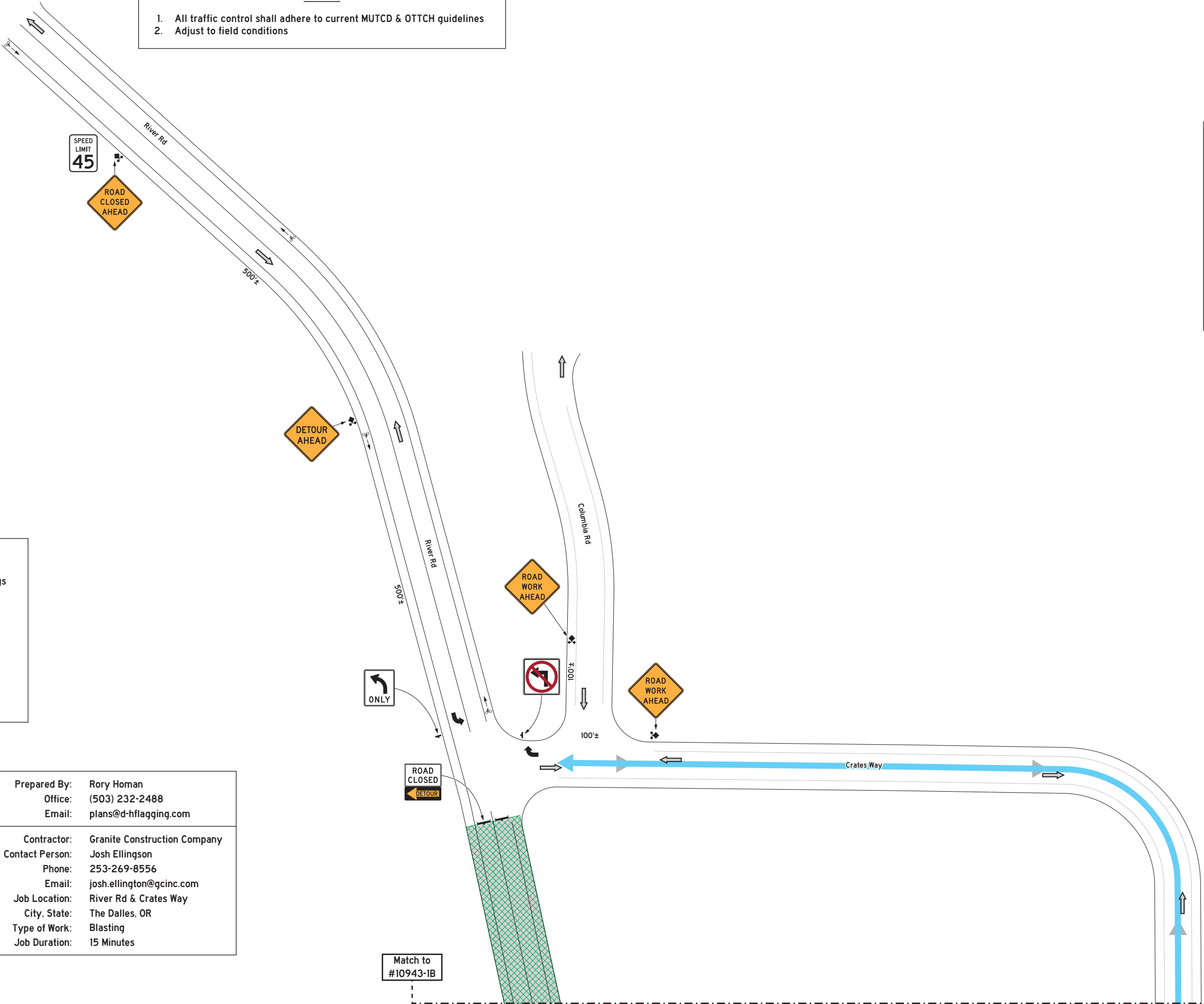
Legend	
	48" x 48" Signs w/ Flags
	Parking Lane
	Work Zone
	Type II Barricade
	Type III Barricade
	Detour Route



**D&H  
FLAGGING**  
— WOMEN OWNED BUSINESS —

**D&H PLAN #10943-1A**  
February 28, 2023

Prepared By:	Rory Homan
Office:	(503) 232-2488
Email:	plans@d-hflagging.com
Contractor:	Granite Construction Company
Contact Person:	Josh Ellingson
Phone:	253-269-8556
Email:	josh.ellington@gcinc.com
Job Location:	River Rd & Crates Way
City, State:	The Dalles, OR
Type of Work:	Blasting
Job Duration:	15 Minutes



1B

Match to  
#10943-1A



1B

1B

Match to  
#10943-1C

2080' Work Zone

ROAD  
CLOSED

2080' Work Zone

ROAD  
CLOSED

Business Access

Granite Construction Company

-NOTIFY -  
-NOTIFY -



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



It is your responsibility to notify emergency services 5 days in advance to coordinate access

**Legend**

- 48" x 48" Signs w/ Flags
- Parking Lane
- Work Zone
- Type II Barricade
- Type III Barricade
- Detour Route



**D&H  
FLAGGING**  
— WOMEN OWNED BUSINESS —

**D&H PLAN #10943-1B**  
February 28, 2023

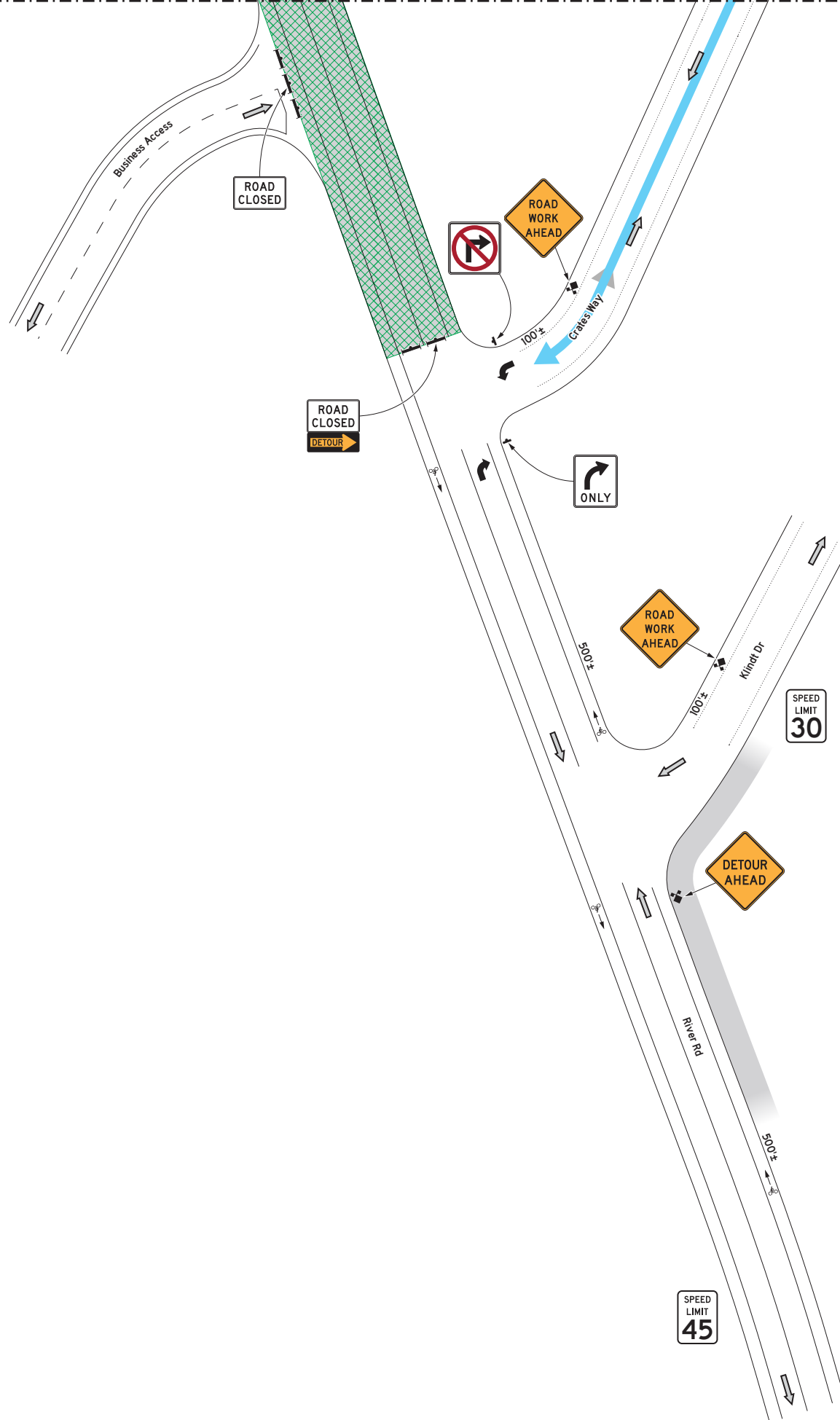
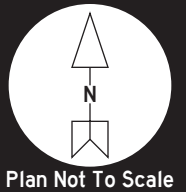
Prepared By: Rory Homan  
Office: (503) 232-2488  
Email: plans@d-hflagging.com

Contractor: Granite Construction Company  
Contact Person: Josh Ellington  
Phone: 253-269-8556  
Email: josh.ellington@gcinc.com  
Job Location: River Rd & Crates Way  
City, State: The Dalles, OR  
Type of Work: Blasting  
Job Duration: 15 Minutes



1C

Match to  
#10943-1B



### Legend

- 
- Parking Lane
- Work Zone
- Type II Barricade
- Type III Barricade
- Detour Route



**D&H  
FLAGGING**  
— WOMEN OWNED BUSINESS —

**D&H PLAN #10943-1C**  
February 28, 2023

Prepared By: Rory Homan  
Office: (503) 232-2488  
Email: plans@d-hflagging.com

Contractor: Granite Construction Company  
Contact Person: Josh Ellingson  
Phone: 253-269-8556  
Email: josh.ellington@gcinc.com  
Job Location: River Rd & Crates Way  
City, State: The Dalles, OR  
Type of Work: Blasting  
Job Duration: 15 Minutes



# 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: kleikam@alliant.com ADDRESS: 585 West Beach Street Watsonville, CA 95076	FAX (A/C No.): 415-874-4818
INSURED Granite Construction Company 585 West Beach Street Watsonville, CA 95076		INSURER(S) AFFORDING COVERAGE	
		INSURER A: TRANSPORTATION INS CO	NAIC # 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 CERTIFICATION 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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Contractual <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	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 EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
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	X	WC274978630 (CA)	10/01/22	10/01/23	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A		N/A	X	WC274978644 (AOS/Stop Gap)	10/01/22	10/01/23	

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 
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



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

XBP Confirmation Number: **144875780**

Transaction detail for payment to City of The Dalles.		Date: 05/17/2023 - 3:45:46 PM MT	
Transaction Number: 198031221 Mastercard — XXXX-XXXX-XXXX-8224 Status: Successful			
Account #	Item	Quantity	Item Amount
	SidewalkStreet Closure Permit	1	\$30.00

**TOTAL: \$30.00**

▶ Transaction detail for payment to City of The Dalles.		Date: 05/17/2023 - 3:45:47 PM MT	
Transaction Number: 198031222 Mastercard — XXXX-XXXX-XXXX-8224 Status: Successful			
Account #	Item	Quantity	Item Amount
	Convenience Fee	1	\$2.50

**TOTAL: \$2.50**

**Billing Information**  
 Josh Ellingson  
 , 98201

**Transaction taken by:** Admin JCorbin