



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: Roadsafe Traffic Systems
Address: 1928 S 344th St
Contact/Responsible Person Cristina Acosta
Email Address: cacosta@roadsafetraffic.com

Date: 6/8/2023
Phone: 971-413-4106
Phone: 971-413-4106
Cell: 971-413-4106

TYPE OF CLOSURE (Check at least 1)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Street for Construction Work | <input type="checkbox"/> Sidewalk for Construction Work |
| <input 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 7AM June 14, 2023 (Date/Time) TO 7pm June 16, 2023 (Date/Time)

LOCATION/ADDRESS OF CLOSURE Madison St @ Union Pacific RR Crossing

REASON FOR CLOSURE Union Pacific RR to replace and repair crossings pads/tracks at crossing on Madison St. Will require 3 day closure overnight.

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 Cristina Acosta  Digitally signed by Cristina Acosta
Date: 2023.06.08 11:45:00 -07'00' Date 6/8/2023

CITY USE ONLY

- ☐ Applicant will need to maintain an ADA accessible route across the railroad during construction.
- ☐ _____
- ☐ _____
- ☐ _____

Receipt of Required Items

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

RELATED PERMITS _____

ROUTING ORDER

Department	Approval	Date
Public Works – ADA Coordinator	MHB	6/8/2023
Human Resources - Risk Manager		
Public Works – Transportation Manager		

THIS PERMIT IS:

- ☐ **APPROVED** AND EXPIRES ON _____
- ☐ **APPROVED** WITH REVISIONS AND EXPIRES ON _____
- ☐ **DENIED** FOR FOLLOWING REASON: _____

Authorized by: _____ **Title:** _____

Public Works to notify Applicant of final decision


Record of Approvals

Michael Bosse

Digitally signed by Michael Bosse
Date: 2023.06.08 12:42:44 -07'00'


Americans with Disabilities Act
Coordinator

Daniel Hunter

Digitally signed by Daniel Hunter
Date: 2023.06.08 13:43:35 -07'00'

Human Resources/Risk
Director

David Mills

Digitally signed by David Mills
Date: 2023.06.12 08:12:08 -07'00'

Transportation Division
Manager

6/17/23

Permit Expiration Date

WARNING: Email from external source. Links and attachments could pose security risks. Investigate sender and think before you click.

Union Pacific Railroad needs to replace the crossing pads at the crossing on Madison St. Trains will be stopped June 14-16. Need full road closure at crossing 7AM June 14, with road reopening by 7PM on June 16. I will be making notification to The Cherry Growers and the Water Treatment Plant. Please see attached TCP and permit application.



Cristina Acosta | Branch Manager PNW | RoadSafe Traffic Systems, Inc.
1928 S 344th St | Federal Way, WA 98003
Phone: (971) 413-4106 Fax: (253) 736-0271

RoadSafe is an Equal Opportunity Employer Minority/Female/Disabled/Veteran

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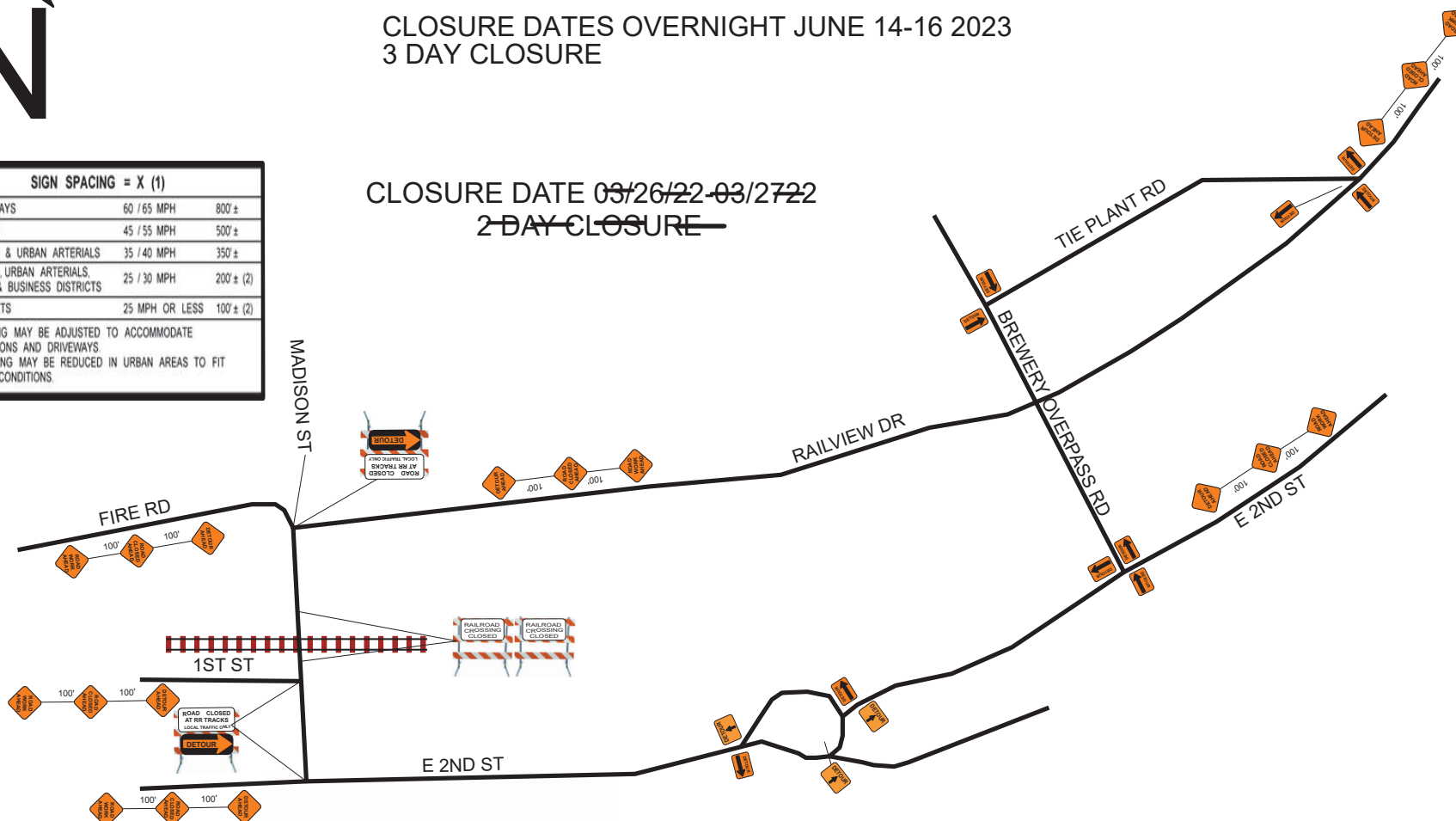
UPRR MADISON ST CLOSURE

CLOSURE DATES OVERNIGHT JUNE 14-16 2023
3 DAY CLOSURE

SIGN SPACING = X (1)		
RURAL HIGHWAYS	60 / 65 MPH	800 ±
RURAL ROADS	45 / 55 MPH	500 ±
RURAL ROADS & URBAN ARTERIALS	35 / 40 MPH	350 ±
RURAL ROADS, URBAN ARTERIALS, RESIDENTIAL & BUSINESS DISTRICTS	25 / 30 MPH	200 ± (2)
URBAN STREETS	25 MPH OR LESS	100 ± (2)

(1) ALL SPACING MAY BE ADJUSTED TO ACCOMMODATE INTERSECTIONS AND DRIVEWAYS.
(2) THIS SPACING MAY BE REDUCED IN URBAN AREAS TO FIT ROADWAY CONDITIONS.

CLOSURE DATE ~~03/26/22-03/27/22~~
~~2-DAY CLOSURE~~



SUBMITTED FOR APPROVAL:
UNION PACIFIC RAILROAD
BY: LIGHT EM UP LLC

UPRR MADISON ST CLOSURE
DOT#807631J, MP: 84.60
2 DAY CROSSING CLOSURE

25 MPH SIGN SPACING 100'
DETOUR IN ORDER TO WORK
ON TRACKS

DESIGNED BY:

LIGHT EM' UP L.L.C.

Brian Feil

TCS Washington: 011693, Oregon: 05677

(971)888-2248

Manifest

- 7 x M4-9 detour (R)
- 6 x W20-1 road work ahead
- 6 x W20-2 detour ahead
- 6 x W20-3 road closed ahead
- 3 x M4-9 detour (L)
- 3 x OC-29 Detour
- 2 x R11-2 road closed R11-2
- 2 x R11-3a road closed 16 km ahead
- 1 x M4-10 Detour M4-10L
- 1 x M4-10 M4-10

THIS TRAFFIC CONTROL PLAN WAS DRAFTED IN ACCORDANCE WITH M.U.T.C.D & ODOT SPECIFICATIONS. LIGHT EM UP LLC PROVIDED THIS DRAFT TO THE CUSTOMER AS A SERVICE & IS TO BE SUBMITTED TO THE AUTHORITATIVE AGENCY FOR REVIEW AND MODIFICATION IF NEEDED. LIGHT EM UP LLC ASSUMES NO LIABILITY FOR ACCURACY OR VALIDITY. ALL SIGNAGE SHALL COMPLY WITH ODOT TEMPORARY TRAFFIC CONTROL AND MUTCD.



CERTIFICATE OF LIABILITY INSURANCE

10/3/2023

DATE (MM/DD/YYYY)

6/8/2023

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 Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: National Union Fire Ins Co Pitts. PA	
		INSURER B: Steadfast Insurance Company	
		INSURER C: AXIS Surplus Insurance Company	
		INSURER D: ACE Property and Casualty Insurance Company	
		INSURER E: AIU Insurance Company	
		INSURER F:	

COVERAGES ROAH001 **CERTIFICATE NUMBER:** 18335076 **REVISION NUMBER:** XXXXXXXX

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	GL 1729018	10/3/2022	10/3/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A A A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	AL 4594477 (AOS) AL 4594478 (MA) AL 4594479 (VA)	10/3/2022 10/3/2022 10/3/2022	10/3/2023 10/3/2023 10/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ \$0	Y	Y	G72544134 002	10/3/2022	10/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
E	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 <input checked="" type="checkbox"/> N	Y N/A	WC 035901929 (AOS)	10/3/2022	10/3/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
C B	EXCESS GENERAL LIAB. EXCESS AUTO	Y	Y	P-001-000044004-05 SXS 3083708-00	10/3/2022 10/3/2022	10/3/2023 10/3/2023	\$3,000,000 Occ/\$6,000,000 Gen. Agg \$2,000,000 each occ

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
Re: Project Name: Union Pacific RR Work Traffic Control, Location: various RR Xings in The Dalles, Project description: Traffic Control.

The City of The Dalles is included as additional insured with regards to General Liability, Automobile Liability and Umbrella Liability on a primary and non-contributory basis if required by written contract. Waiver of Subrogation applies in favor of the Additional Insured under the General Liability, Automobile Liability, Umbrella Liability and Worker's Compensation as required by written contract.

CERTIFICATE HOLDER**CANCELLATION** See Attachments

18335076
The City of The Dalles
1215 West First St
The Dalles, OR 97058

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

XBP Confirmation Number: 146437982

40 Col. Printer

► Transaction detail for payment to City of The Dalles. Date: 06/08/2023 - 1:25:02 PM MT

Transaction Number: 199140604
Mastercard — XXXX-XXXX-XXXX-6415
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: 06/08/2023 - 1:25:03 PM MT

Transaction Number: 199140605
Mastercard — XXXX-XXXX-XXXX-6415
Status: Successful

Account #	Item	Quantity	Item Amount
	Convenience Fee	1	\$2.50

TOTAL: \$2.50

Billing Information
Roadsafe Traffic Systems
Christina Acosta
, 98003

Transaction taken by: Admin JCorbin

Print | Close

Email



cacosta@roadsafetraffic.com

Resend Receipt

Payment Service Provided By www.xpressbillpay.com

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