



## 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](mailto: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 Federal Way, WA 98003  
Contact/Responsible Person Cristina Acosta  
Email Address: cacosta@roadsafetraffic.com

Date: 6/12/2023  
Phone: 971-413-4106  
Phone: 971-413-4106  
Cell: 971-413-4106

### TYPE OF CLOSURE (Check at least 1)

- |   |   |
|---|---|
| <input 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 28, 2023 (Date/Time) TO 7PM JUNE 30, 2023 (Date/Time)

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

REASON FOR CLOSURE Union Pacific to replace crossings pad, will need 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: 2023.06.12 11:50:49 -07'00' Date 6/12/2023

**CITY USE ONLY**

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

**Receipt of Required Items**

TCP for Street/Parking Lot Closure	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Required
TPARP for Sidewalk Closure	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Required
Certificate of General Liability	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Required
Payment Received <input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card

**RELATED PERMITS** \_\_\_\_\_

**ROUTING ORDER**

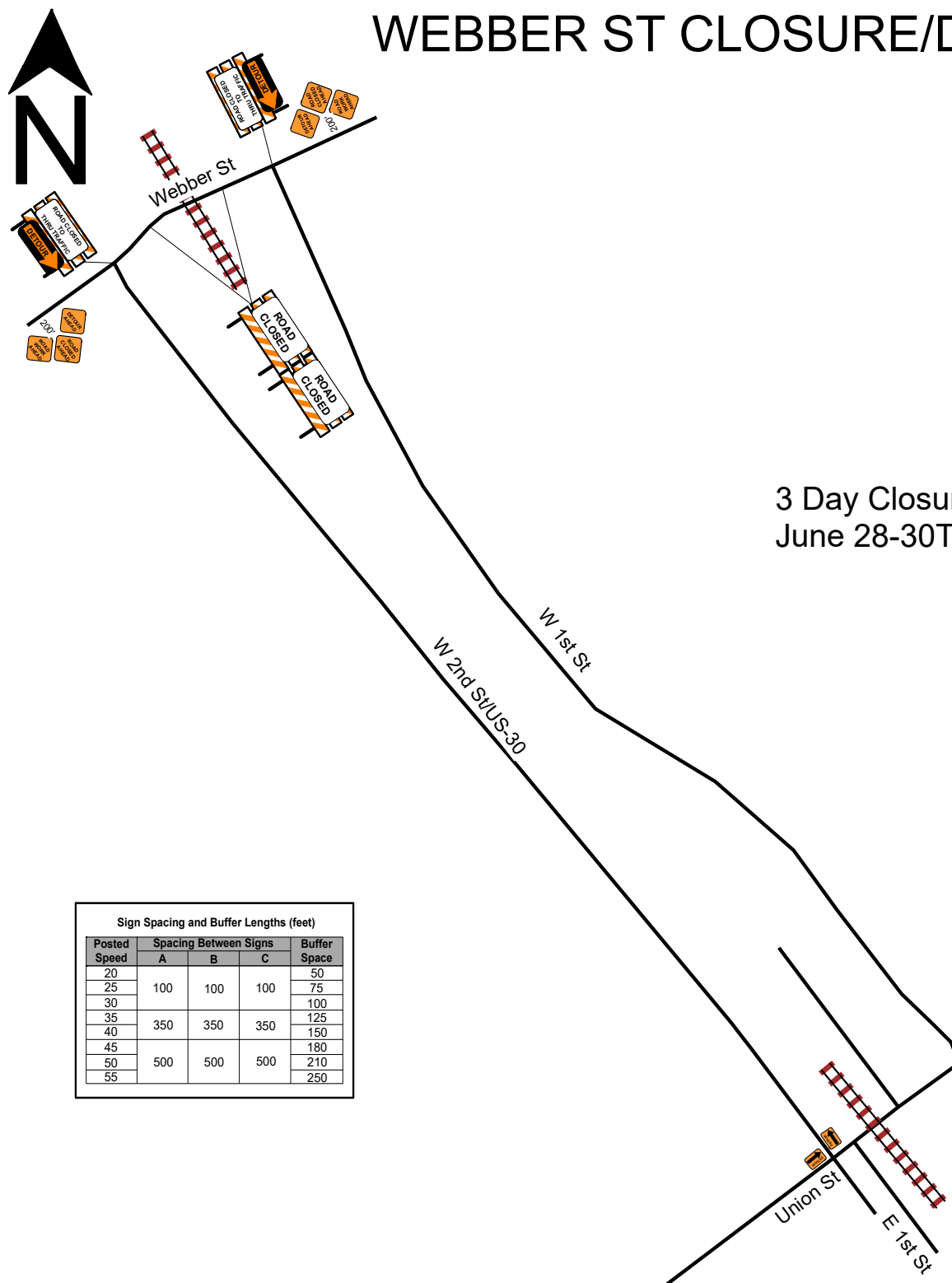
Department	Approval	Date
Public Works – ADA Coordinator		
Human Resources - Risk Manager		
Public Works – Transportation Manager		

**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**



3 Day Closure  
June 28-30TH

Posted Speed	Spacing Between Signs			Buffer Space
	A	B	C	
20	100	100	100	50
25				75
30				100
35				125
40	350	350	350	150
45	500	500	500	180
50				210
55				250

**25 MPH.  
DETOUR IN ORDER TO WORK  
ON TRACKS**

THIS TRAFFIC CONTROL PLAN WAS DRAFTED IN ACCORDANCE WITH M.U.T.C.D. & IDT 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 IDT 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).

<b>PRODUCER</b> Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> National Union Fire Ins Co Pitts. PA	
	<b>INSURER B:</b> Steadfast Insurance Company	
<b>INSURED</b> 1483533 Roadsafe Holdings, Inc. Roadsafe Traffic Systems LP 1808 FRAZER AVENUE SPARKS NV 89431	<b>NAIC #</b>	
	19445	
	<b>INSURER C:</b> AXIS Surplus Insurance Company	
	26620	
	<b>INSURER D:</b> ACE Property and Casualty Insurance Company	
	20699	
<b>INSURER E:</b> AIU Insurance Company		
19399		
<b>INSURER F:</b>		

COVERAGES ROAHO01

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	<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"/> EXCESS LIAB <input type="checkbox"/> 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 N	Y	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](http://www.xpressbillpay.com)

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