



## CITY OF THE DALLES PUBLIC WORKS

1215 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:

07/06/2023

Format: MM/DD/YYYY

Applicant First Name

Jeff

Primary First Name

Applicant Last Name

Pettenger

Primary Last Name

Contact/Responsible Party

Email:

jeff@crestlineconstruction.com

Primary email address

If the responsible party is not the applicant

Business Name:

Crestline Construction

Mailing Address:

3600 Crates Way Suite 100 The Dalles OR

Phone:

(541) 288-4016

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

intermediate blasting closures

Please describe other type of right-of-way closure

Location(s) of closure

River Rd near the intersection of Crates Way,  
adjacent to Hydros Main Entrance

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

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

Potholing of city's 12" WL will take place  
earlier in the week. Blasting closer.  
19th 20th & 21st 2 blasts per day starting  
at 2:30p.m.

Please describe the project or event for the requested closure.

Closure begin date

07/19/2023

Format: MM/DD/YYYY

Time

14:30

Closure end date

07/21/2023

Format: MM/DD/YYYY

Time

17:30

## 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

Jeff Pettenger

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 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"/> Credit Card
	<input type="checkbox"/> Cash	



## MFA GOR Blasting Plan Narrative

June 12<sup>th</sup>, 2023

Attn: City of The Dalles & MFA

Please find this blasting/traffic control plan for the above reference project for your approval. It is our intent to minimize the impact to traffic for the safety of the motorists, pedestrians, and workers. Our traffic control measures will generally follow the MUTCD (Manual of Uniform Traffic Control Devices) and utilize the ODOT handbook for short-term work zones.

During the blasting portion Crestline Construction plans to temporarily close a section of River Road and surrounding side streets using flaggers. As the site ingress/egress is easy to control, there will be a total of four flaggers: two on either side the activity on River Road, one stationed on Crates Way, one stationed on Klindt Dr and another on the River Trail. All employees will also be kept at a safe distance from this activity, this also includes notifying businesses of when the closer/blast will be happening.

In addition to this, Pilot Knob and Crestline will provide several spotters to keep an eye out for any traffic or pedestrians. Communication will be performed via radio, with everyone confirming their designated zone secure before blasting begins. Pilot Knob sounds a warning air horn 5 minutes before blasting, then a series of several warnings 1 minute prior.

Crestline Construction crew members will be on hand immediately to clean off any rock or debris from the roadway that may result from the blasting procedure. This will be done via street sweeper and loader, if necessary, with road closure not to exceed twenty minutes.

We will use appropriate signage; *Road Work Ahead, Be Prepared To Stop and Flagger Symbol*. We will notify emergency dispatch 24 hours prior to commencing work, as well as collaborate with the surrounding businesses prior to implementation to impact them as little as possible. We plan to do an evening blast to minimize impact to businesses and traffic.

Blasting will happen well outside of the 15' industry standard from and underground utilities.

Prior to blasting area will be wetted down to mitigate dust production caused by the blast.

We look forward to working with you on a safe and successful project. Should you have any questions, please don't hesitate to call (541-288-4016).

Sincerely Yours,

Jeff Pettenger  
Traffic Control Supervisor  
ID # 8F71SB



# Riverview Lift Station Blast Plan

Road Work Ahead

Be Prepared to Stop

Flagger Symbol

Flagger

Blast Area

Road Work Ahead

Be Prepared to Stop

Flagger Symbol

Flagger

Flagger

Flagger Symbol

Flagger Symbol

Be Prepared to Stop

Be Prepared to Stop

Road Work Ahead

Road Work Ahead







# Record of Approvals

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Americans with Disabilities Act  
Coordinator

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Human Resources/Risk  
Director

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Transportation Division  
Manager

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Permit Expiration Date

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/12/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Propel Insurance</b> <b>805 SW Broadway; Suite 2300</b> <b>COM Construction</b> <b>Portland, OR 97205-3363</b>		<b>CONTACT NAME:</b> Kari Motley <b>PHONE (A/C, No, Ext):</b> 800 499-0933 <b>E-MAIL ADDRESS:</b> kari.motley@propelinsurance.com <b>FAX (A/C, No):</b> 866 577-1326	
<b>INSURED</b> <b>Crestline Construction Company, LLC.</b> <b>3600 Crates Way, Suite 100</b> <b>The Dalles, OR 97058</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A :</b> Cincinnati Insurance Company	
		<b>INSURER B :</b> SAIF Corporation	
		<b>INSURER C :</b> Tokio Marine Specialty Insurance Compan	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:****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"/> BI/PD Ded:10,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			EPP0580790	05/15/2023	05/15/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 <b>WA Stop Gap</b> \$1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			EBA0580790	05/15/2023	05/15/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			EPP0580790	05/15/2023	05/15/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	774585	10/01/2022	10/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Pollution/E&OLiab			PPK2552473	05/15/2023	05/15/2024	5MM Incident/\$25K SIR
A	Leased/Rented EQ			EPP0580790	05/15/2023	05/15/2024	500,000 / DED:\$1,000
A	Installation Fltr			EPP0580790	05/15/2023	05/15/2024	500,000 / DED:\$10,000

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

RE: All Operations.

**CERTIFICATE HOLDER****CANCELLATION**

City of The Dalles, Oregon  
 313 Court Street  
 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

*Me Motley*