



CITY OF THE DALLES PUBLIC WORKS

1215 WEST FIRST STREET
THE DALLES, OREGON 97058
(541) 296-5401

SIDEWALK/STREET CLOSURE PERMIT

This application must be submitted at least five (5) 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 Jcorbin@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: CENTURYLINK / LUMEN

Date: 7/6/2023

Address: 740 STATE ST, SALEM OR 97301

Phone: 503 339 2219

Contact/Responsible Person Johnathan Archer

Phone: _____

Email Address: Johnathan.Archer@lumen.com

Cell: LN - 678 200 7705

tisa.norfolk@engineeringassociates.com

TYPE OF CLOSURE (Check at least 1)

- | | |
|---|--|
| <input type="checkbox"/> Street for Construction Work | <input checked="" 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 7/17/2023 (Date/Time) TO 10/6/2023 (Date/Time)

LOCATION/ADDRESS OF CLOSURE 2235 W 10th ST

REASON FOR CLOSURE REMOVE EXISTING PEDESTAL AND REPLACE WITH A NEW HH 30X48X36, AS THE PEDESTAL IS IN CONFLICT WITH THE SIDEWALK PLAN (WORK ORDER 16072)

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

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 of 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 John Archer Date 7/11/2023

CITY USE ONLY

☒ No street closures are allowed with this permit.

☐

Receipt of Required Items

TCP for Street/Parking Lot Closure	<input 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

RELATED PERMITS _____

ROUTING ORDER – PLEASE EXPEDITE

Department	Approval	Date
Public Works – Transportation	<u>David Mills</u>	<u>7/13/2023</u>
Public Works – ADA Coordinator	<u>[Signature]</u>	<u>7/13/2023</u>
Police Department		
Human Resources - Risk Manager	<u>[Signature]</u>	<u>7/12/2023</u>
City Manager		

THIS PERMIT IS:

☒ **APPROVED** AND EXPIRES ON 10/7/2023

☐ **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

Pedestrian Accommodation Diagrams

See Diagrams 5-7 and 5-8, below, for pedestrian accommodations in work zones.

Pedestrian Accommodation Principles:

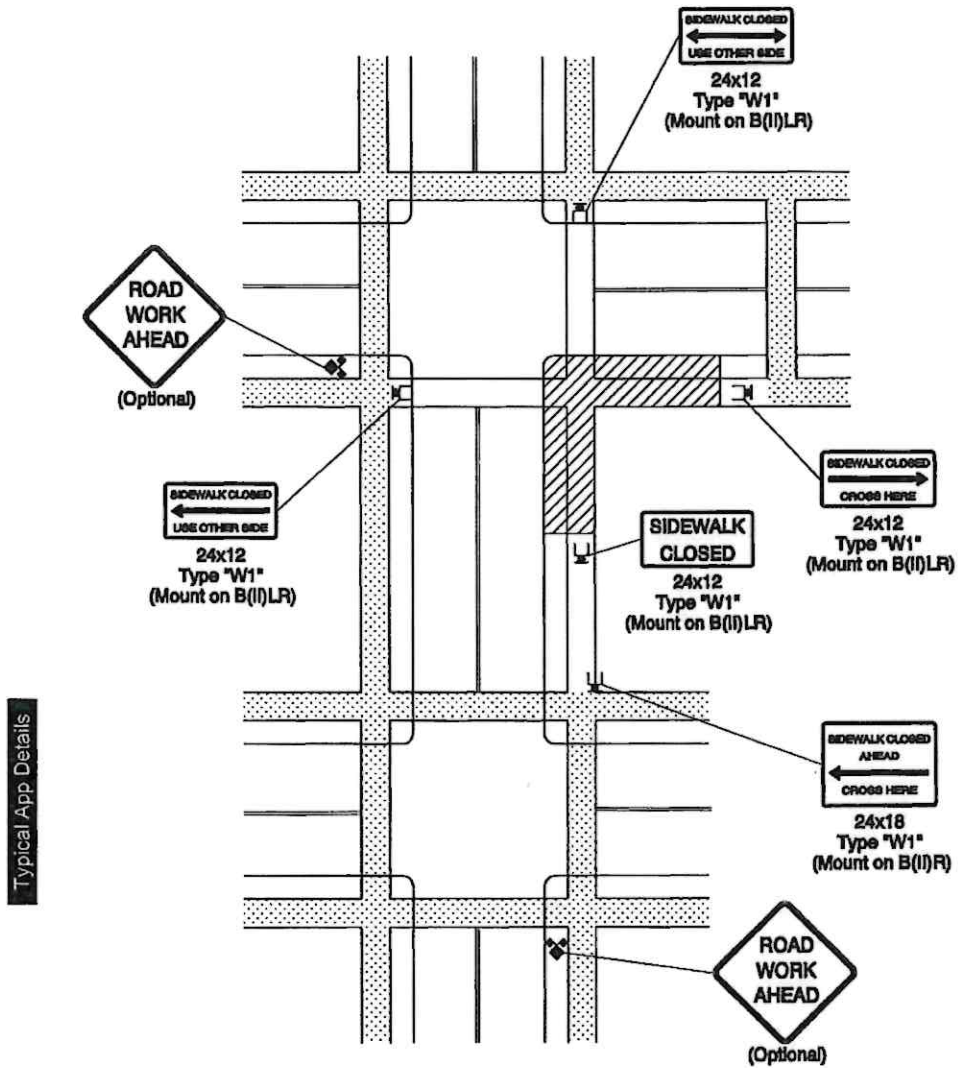
1. If the work impacts the sidewalk or pedestrian facility, provide a safe, accessible path, where practical, in accordance with the requirements of the ADA.
2. If not practical to match the width of the existing pedestrian facilities, maintain a 4-ft minimum width.
3. Unless a reasonably safe route can be provided through the work space, pedestrians should be appropriately directed with advance signing to cross the road. Do not divert pedestrians into travel lanes.
4. Install pedestrian closure or detour signing on Type II barricades.

Make every practical effort to satisfy the following:

- If work closes a sidewalk or sidewalk ramp, close sidewalks at a point where an alternate crossing point or route can be provided. Minimize the amount of out-of-direction travel for pedestrians.
- Use a combination of "SIDEWALK CLOSED" (R9-9), "SIDEWALK CLOSED USE OTHER SIDE" (R9-10), "SIDEWALK CLOSED AHEAD CROSS HERE" (R9-11), and "SIDEWALK CLOSED CROSS HERE" (R9-11a) signing to direct pedestrians to an alternate facility.
- Where there are business destinations between the nearest crosswalk and the work area, close the sidewalk at the business access nearest the work area, where practical using the SIDEWALK CLOSED sign. Include the SIDEWALK CLOSED AHEAD CROSS HERE sign at the nearest crosswalk prior to the closure.

Pedestrian Accommodation, Intersection Diagram 5-8

For work near an intersection, close crosswalks and/or sidewalks as necessary when safe passage cannot be maintained.



September 2016



CERTIFICATE OF LIABILITY INSURANCE

5/1/2024

DATE (MM/DD/YYYY)

7/12/2023

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

PRODUCER LOCKTON COMPANIES LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042	CONTACT NAME:	FAX (A/C, No):	
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	
INSURED 1378111 Robinson Brothers Construction, LLC A Quanta Services Company 6150 NE 137th Avenue Vancouver WA 98682	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Old Republic Insurance Company		24147
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** 19728746**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	Y	N	MWZY 313093 23	5/1/2023	5/1/2024	EACH OCCURRENCE \$ 2,000,000
A	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			MWZX 313095 23	5/1/2023	5/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ Excluded
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	Y	N	MWTB 313092 23.	5/1/2023	5/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$ XXXXXXXX
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$ XXXXXXXX
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$ XXXXXXXX
	<input type="checkbox"/> UMBRELLA LIAB			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ XXXXXXXX
	<input type="checkbox"/> DED						\$ XXXXXXXX
	<input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N	MWC 313094 23	5/1/2023	5/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

RE: 10th St & Myrtle St. - Remove existing pedestal in sidewalk & replace with handhole.

Additional Insured in favor of The City of The Dalles (on all policies except Workers' Compensation/EL) where and to the extent required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

19728746

The City of The Dalles
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

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