



# 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.

4843463

## 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:

9/20/2023

Format: MM/DD/YYYY

Applicant First Name

Domitila

Primary First Name

Applicant Last Name

Rodriguez

Primary Last Name

Contact/Responsible Party

Sennza Construction

If the responsible party is not the applicant

Email:

dcrevase@sennzaconstruction.com

Primary email address

Business Name:

Sennza Construction

Phone:

Darryl Foster 971 291 0573

On-call emergency phone number

Mailing Address:

9777 NE Vancouver Way  
Portland OR 97211

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

Please describe other type of right-of-way closure

Location(s) of closure

2625 E 15th St

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

Crossing E 15th St under permit ROW. 23.072 Requires potholing due to utilities located under 15th St. Need to cut street.

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

09/28/2023

9am

Format: MM/DD/YYYY

Closure end date

Time

09/28/2023

5pm

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](#).

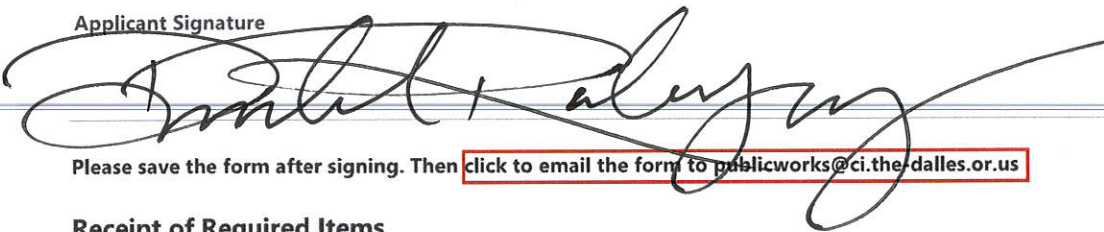
## Acknowledgment of Applicant Responsibility

- ☒ 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



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



# Record of Approvals

---

Americans with Disabilities Act  
Coordinator

---

Human Resources/Risk  
Director

---

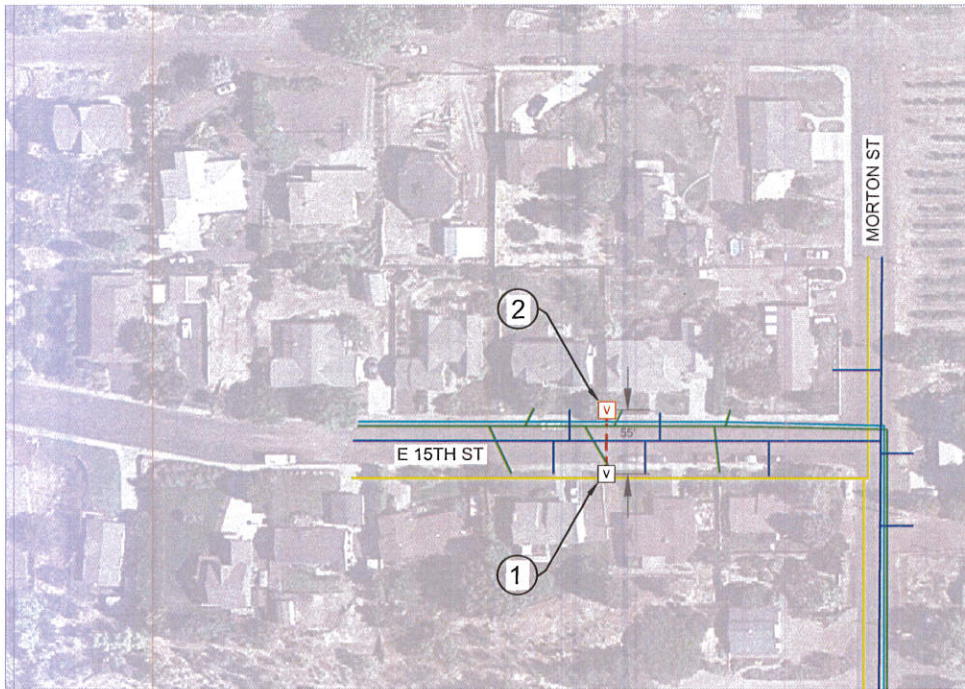
Transportation Division  
Manager

---

Permit Expiration Date

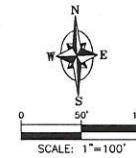


CONTRACTOR TO POT HOLE ALL EXISTING UTILITIES,  
CONTRACTOR TO FOLLOW ALL 811 GUIDELINES.



#### CONSTRUCTION NOTES

- ① APPLICANT TO BORE FROM THIS PED ON SOUTH SIDE OF E 15TH ST.
- ② SET PED ON NORTH SIDE OF E 15TH ST, EXIT ROW, AND ENTER PRIVATE PROPERTY TO FEED CUSTOMER.



#### LEGEND

EXISTING PEDESTAL	
PROPOSED PEDESTAL	
PROPOSED 2" CONDUIT	
CITY STORM	
CITY SEWER	
GAS	
CITY WATER	

2625 E 15TH ST  
THE DALLES, OR

PROJECT NUMBER: CHARTER - 2625 E 15TH ST  
CONSTRUCTION DETAIL



CALL 811 BEFORE YOU DIG

ATTENTION:  
OREGON LAW REQUIRES YOU TO FOLLOW RULES ADOPTED  
BY THE OREGON UTILITY NOTIFICATION CENTER.  
THOSE RULES ARE SET FORTH IN OAR 952-001-0010  
THROUGH 952-001-0050. YOU MAY OBTAIN COPIES OF  
THE RULES BY CALLING THE OREGON UTILITY  
NOTIFICATION CENTER ADMINISTRATION @ (503) 232-1987

TO REQUEST UTILITY LOCATES CALL THE OREGON  
UTILITY NOTIFICATION CENTER, 811 AT LEAST  
2 BUSINESS DAYS PRIOR TO EXCAVATION.



Know what's below.  
Call before you dig.

SHEET

CD1

PROJECT ID  
2625 E 15TH ST

### 5.3 Two-Lane, Two-Way Roads

#### Shoulder Work w/ Minor Road Encroachment Diag. 300

Use this detail for non-freeway work which extends into a travel lane and maintains a minimum 10 foot travel lane. If a minimum 10 foot travel lane can not be maintained, or when traffic can not safely pass by in both lanes simultaneously, use the appropriate lane closure diagrams – for example, Diagrams 310 through 350.

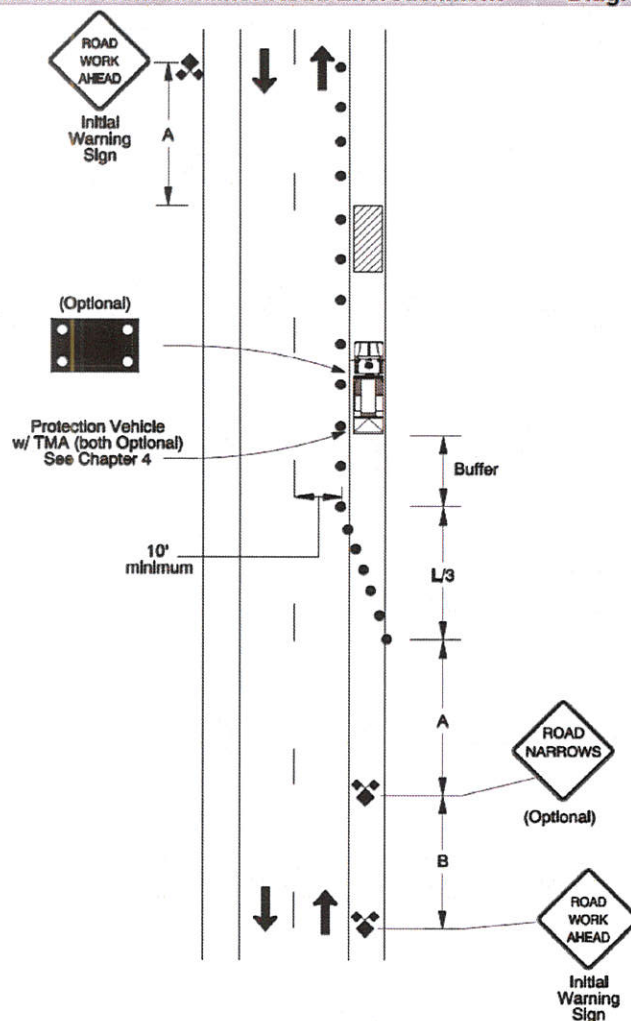
A lane closure may be appropriate for conditions such as high traffic volumes, high speeds, and inadequate approach sight distance to the work space, or heavy equipment adjacent to the travel lane.

1. Use truck-mounted flashing warning lights on work and protection vehicles. See Section 4.3 – Lights and Lighted Signs for exceptions.
2. For added visibility, a truck-mounted arrow board or PCMS in caution mode may be used.
3. Cones shall be placed along the entire length of the work space. If a protection vehicle is used and work is in place one hour or less, the taper and tangent devices may be omitted.
4. If the speed is 45 mph or higher, volumes exceed 2000 ADT, or there is limited sight distance, consider placing cones or tubular markers on centerline.
5. An arrow board in caution mode or truck-mounted PCMS with "SHOULDER WORK" or other appropriate message may be used for higher visibility.

Sign Spacing and Buffer Lengths (feet)

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

#### Shoulder Work w/ Minor Road Encroachment Diag. 300





## Pedestrian Accommodation Diagrams

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

### Pedestrian Accommodation Principles:

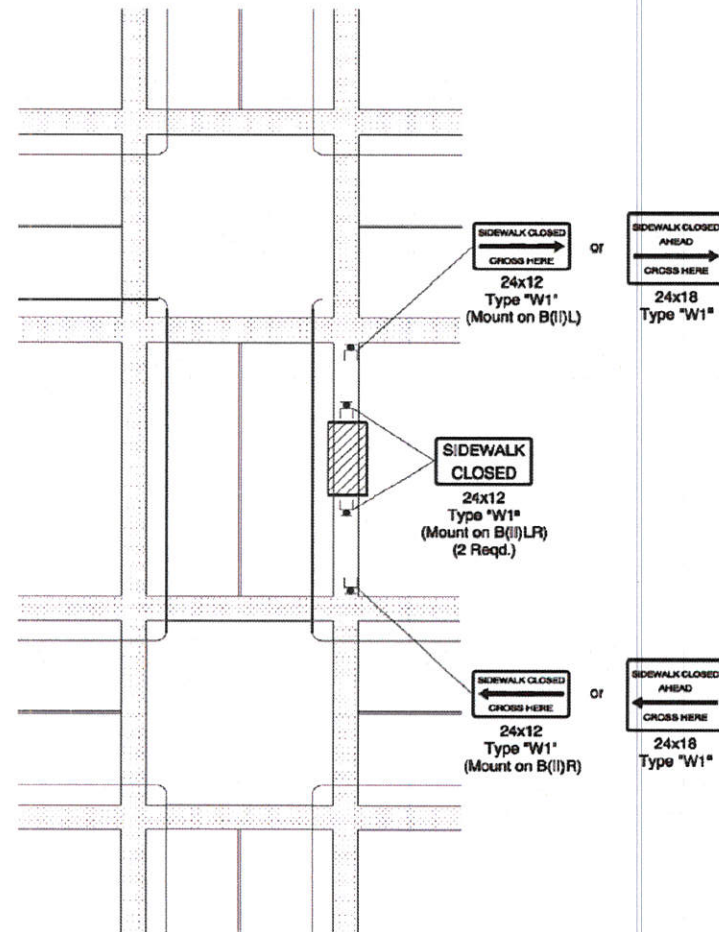
1. If the work impacts the sidewalk or pedestrian facility, provide a safe, accessible path, where practical, in accordance with the requirements of the ADA.
2. If not practical to match the width of the existing pedestrian facilities, maintain a 4-ft minimum width.
3. Unless a reasonably safe route 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, Mid-Block Diagram 5-7

The sidewalk should be closed at the nearest intersection on each side of the work area when a safe, ADA-compliant path through the work area is not available.



2625 E 15TH ST  
THE DALLES, OR

PROJECT NUMBER: CHARTER - 2625 E 15TH ST  
TRAFFIC CONTROL PLANS

Clearer  
Spectrum



SHEET

TCP2

PROJECT ID  
2625 E 15TH ST

**Lane Closure with Portable Traffic Signals Diagram 330**

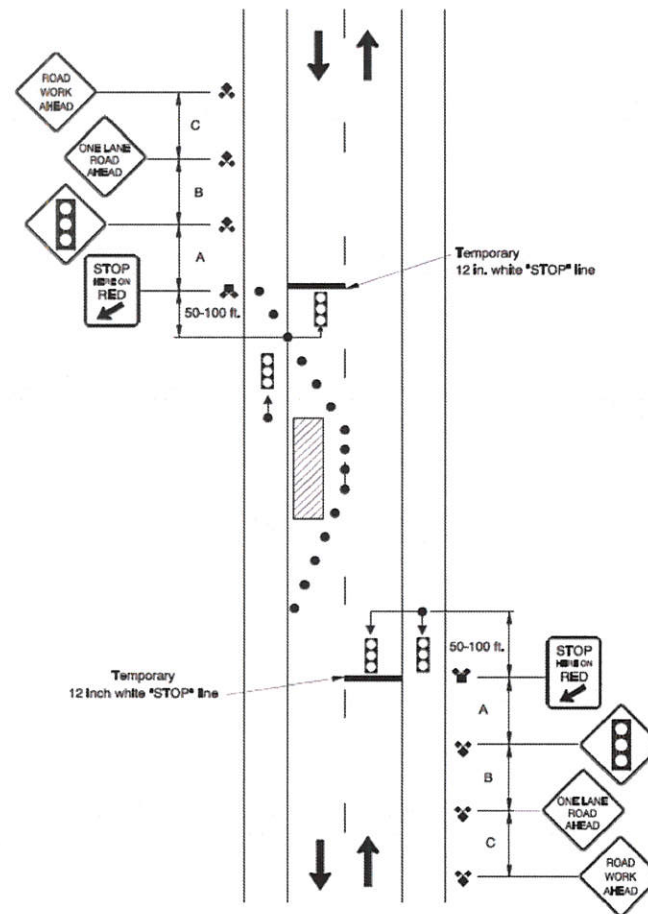
Use this detail for a lane closure on a two-lane, two-way road using portable traffic signals. The distance between STOP bars should be less than 1,000 feet. Traffic volumes should be less than 3500 ADT.

Place one dual-head unit each direction with the overhead signal head between the center of the approach lane and centerline, and the pole mounted signal head on the shoulder.

1. Provide line of sight at all times between stop bars.
2. The signal timing parameters on which the signal timing will be based **shall** be provided by the traffic engineering staff of the road jurisdiction. The parameters **shall** not be changed without approval. The red light time **shall** allow sufficient time for all vehicles to clear the work space completely before opposing traffic is released. Consider bicycle or pedestrian traffic when relevant.
3. Place enough warning signs to provide adequate warning for traffic approaching the end of the traffic queue. It may be necessary to add a second set of signs or adjust the placement during the day. There **shall** be a Signal Ahead warning sign at distance A from the stop bar.
4. A temporary stop bar is required for work that will be in place for more than one hour.
5. The closest edge of the signal head on the pole and/or the trailer **shall** be at least two feet back from the edge of travel lane.
6. The bottom of the pole-mounted signal head **shall** be eight to 19 feet above the road surface or sidewalk. The bottom of the overhead signal head **shall** be 17 to 19 feet above the road surface.
7. Direct each head for maximum visibility of the lens to vehicles approaching at 550 feet in rural areas to a minimum of 200 feet on low speed urban streets.
8. On state highways, approval from the State Traffic Engineer is required before the required permit is issued for portable traffic control signals. Also for state highways, equipment **shall** be listed on the ODOT Qualified Products List (QPL). On local roads, check with local jurisdictions for signal approval and approved equipment lists.

**Sign Spacing and Buffer Lengths (feet)**

Posted Speed	Spacing Between Signs			"Buffer" Space
	A	B	C	
20				50
25	100	100	100	75
30				100
35				125
40	350	350	350	150
45				180
50	500	500	500	210
55				250
60				285
65	700	700	700	325
70				365

**Lane Closure with Portable Traffic Signals Diagram 330**





SENNCON-01

BWHITAKER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/20/2023

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 License # 0C36861 Alliant Insurance Services, Inc. 916 Main St Vancouver, WA 98660	CONTACT NAME: Bri Whitaker	
	PHONE (A/C, No, Ext): (360) 695-3301 FAX (A/C, No):	
	E-MAIL ADDRESS: bri.whitaker@alliant.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Middlesex Insurance Company	23434
	INSURER B : SAIF Corporation	36196
	INSURER C : Westchester Surplus Lines Insurance Company	10172
	INSURER D : State Compensation Fund General Insurance	00000
	INSURER E :	
	INSURER F :	

## 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 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		A0193077003	4/25/2023	4/25/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 STOP GAP INCL C \$ Included
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			A0193077001	4/25/2023	4/25/2024	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"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			A0193077004	4/25/2023	4/25/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	100045226	5/1/2023	5/1/2024	<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 Liability			G71802103 004	4/20/2023	4/20/2024	Each Condition/Agg. \$ 5,000,000
D	Workers Compensation			9316712	4/25/2023	4/25/2024	CA \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
City of The Dalles. Additional Insured is determined by policy forms and conditions as interests may appear.

## CERTIFICATE HOLDER

## CANCELLATION

City of The Dalles 1215 W. 1st 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 