



CITY OF THE DALLES PUBLIC WORKS

1215 WEST FIRST STREET
THE DALLES, OREGON 97048
(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: Michael Spaulding / Davey Tree Expert Co Date: 1/4/2024
Address: 5838 NE Columbia Blvd Portland OR Phone: 206-890-5504
Contact/Responsible Person Michael Spaulding Phone: _____
Email Address: michael.spaulding@davey.com Cell: 206-890-5504

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 checked="" type="checkbox"/> Parking Lane for <u>Dumpster chip truck</u> | <input type="checkbox"/> Other |

CLOSURE FROM 1/8/2024 (Date/Time) TO 1/12/2024 (Date/Time)

LOCATION/ADDRESS OF CLOSURE No closures

REASON FOR CLOSURE chip truck & chipper for City street tree pruning

INSTRUCTIONS/REQUIREMENTS:

- map - 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.
- NA - 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)
- No closures - Applicant **must** notify Central Dispatch at the time of street closing and reopening. (541-298-5507)
- 1/5 notification - Applicant **must** notify adjacent property/business owners prior to closure.
- Attached - 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

Michael Spaulding

Date

1/4/2024

CITY USE ONLY

☒ NO SIDEWALK CLOSURES OR NARROWING TO LESS THAN 5' ALLOWED BY THIS PERMIT.
ANY DISRUPTION TO SIDEWALK USE WILL REQUIRE AN APPROVED TPARP PRIOR TO ANY WORK.

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Receipt of Required Items

TCP for Street/Parking Lot Closure

☐ Attached

☐ Not Required

TPARP for Sidewalk Closure

☐ Attached

☒ Not Required

Certificate of General Liability

☒ Attached

☐ Not Required

Payment Received

☐ Check

☐ Cash

☐ Credit Card

RELATED PERMITS

ROUTING ORDER

| Department | Approval | Date |
|---------------------------------------|--------------------|-----------------|
| Public Works – ADA Coordinator | <i>David Mills</i> | <i>1-5-2024</i> |
| Human Resources - Risk Manager | <i>David Mills</i> | |
| Public Works – Transportation Manager | <i>David Mills</i> | |

THIS PERMIT IS:

☐

APPROVED AND EXPIRES ON _____

☐

APPROVED WITH REVISIONS AND EXPIRES ON _____

☐

DENIED FOR FOLLOWING REASON: _____

Authorized by:

David Mills

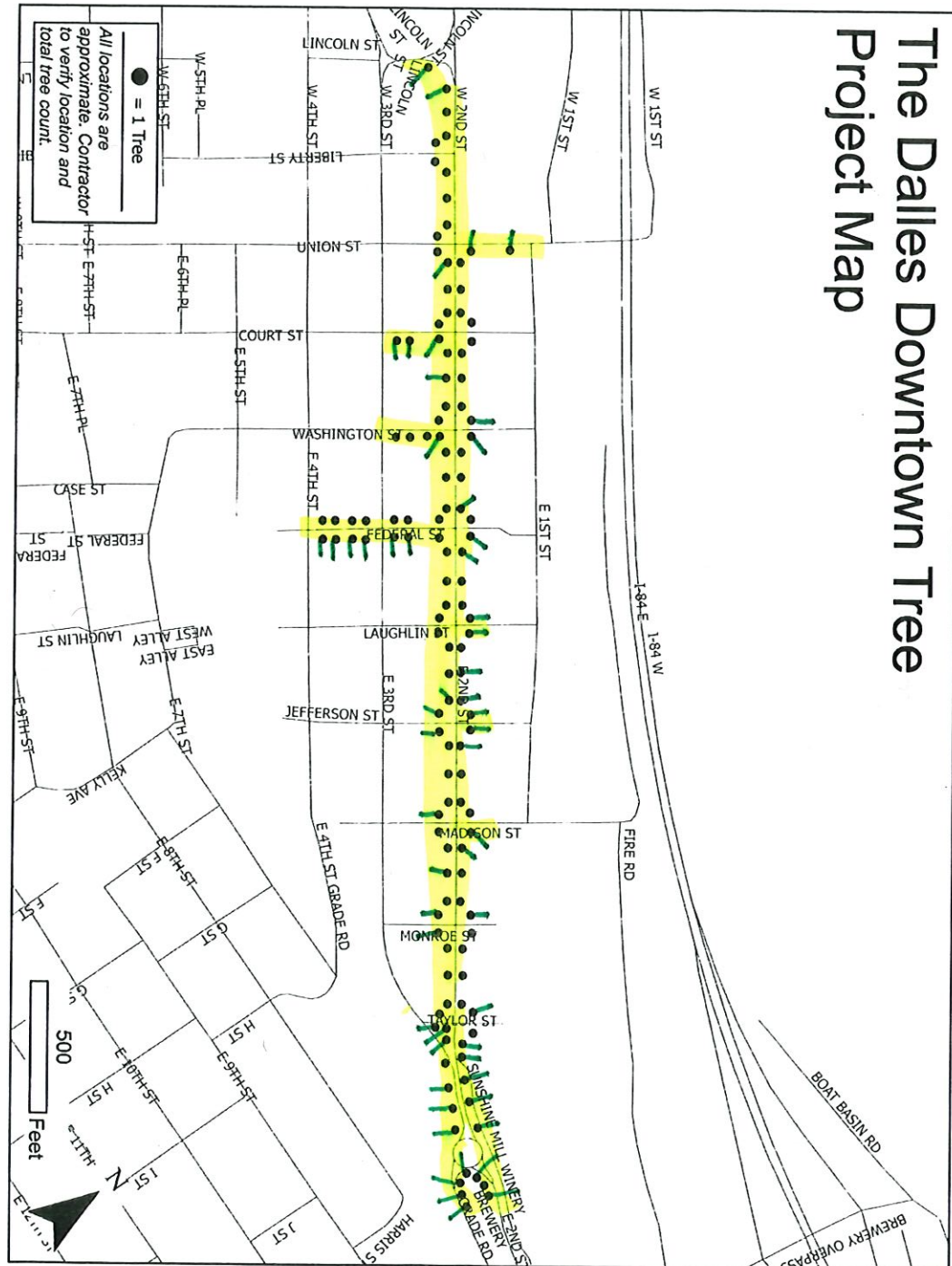
Title:

Public Works to notify Applicant of final decision

- to be pruned

EXHIBIT A

The Dalles Downtown Tree Project Map





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/06/2023

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 MARSH USA LLC. 200 Public Square, Suite 3760 Cleveland, OH 44114-1824 | CONTACT NAME: Marsh U.S. Operations PHONE (A/C, No, Ext): (866) 966-4664 E-MAIL ADDRESS: Cleveland.CertRequest@marsh.com FAX (A/C, No): |
| 138431 RESICA Allen | INSURER(S) AFFORDING COVERAGE INSURER A : Old Republic Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : |
| INSURED The Davey Tree Expert Company 1500 N. Mantua Street Kent, OH 44240 | NAIC # 24147 |

COVERAGES

CERTIFICATE NUMBER:

CLE-006633897-36

REVISION NUMBER: 15

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: | | | MWZY 314042 23 | 09/01/2023 | 09/01/2024 | EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$ |
| 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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | MWTB 314041 23 | 09/01/2023 | 09/01/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | <input checked="" type="checkbox"/> 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 | N/A | MWC 314040 23 (AOS) | 09/01/2023 | 09/01/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000 |
| A | Excess Workers Compensation | | | MWXS 314043 23 (NC, OH, PA, WA) | 09/01/2023 | 09/01/2024 | Workers Compensation Statutory |
| A | SIR: \$5,000,000 | | | MWXS 316391 23 (CA) | 09/01/2023 | 09/01/2024 | Employer's Liability 1,000,000 |

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

CERTIFICATE HOLDER

CANCELLATION

*The Davey Tree Expert Company
1500 N. Mantua Street
Kent, OH 44240

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
of Marsh USA LLC