



## CITY OF THE DALLES PUBLIC WORKS

1215 WEST 1<sup>st</sup> STREET  
THE DALLES, OREGON 97058  
(541) 293-5401

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 2.24.020, 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. Fees 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:

01/27/2024

Format: MM/DD/YYYY

Applicant First Name

Jennifer

Primary First Name

Applicant Last Name

Goodman

Primary Last Name

Contact/Responsible Party

Email:

lastdaysofjesus1979@gmail.com

Primary email address

If the responsible party is not the applicant

Business Name:

The Last Days of Jesus, Inc.

Mailing Address:

511 E. 9th St. The Dalles, OR 97058

Phone:

(541) 300-9061

Other Phone:

(541) 296-3391

On-call emergency phone number

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

Duration(s) of closure

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

Please see letter & map included with dates, times and locations, especially since the boxes below won't allow separate dates & times for each site.

Passion Play

Please indicate 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

03/28/2024

19:45

Format: MM/DD/YYYY

Closure end date

Time

03/31/2023

09:00

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 [Traffic Control Plan and Accessible Route Plan](#).
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](#).

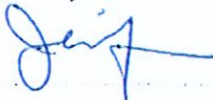
## Acknowledgment of Applicant Responsibility

- ☒ 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 sidewalks 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 for 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 for 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 for the Responsible Party listed in this Application will notify City Public Works Central Dispatch at the time of each closure and reopening by calling (541) 296-5507.

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 posting 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



Secretary for The Last Days of Jesus, Inc.

Please save the form after signing. Then [click to email the form to 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 checked="" type="checkbox"/> Attached	<input type="checkbox"/> Not Required
Certificate of General Liability:	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Not Required
Payment Received:	<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card



1. This permit does not include the closures of any sidewalks.
2. Public Works will set out signs and barricades for the event. Public Works will pick up the signs and barricades on Monday, April 1st.
3. The applicant is responsible for setting up and taking down the signs and barricades as needed.

# Record of Approvals

Michael Bosse

Digitally signed by Michael Bosse

Date: 2024.01.29 15:06:39 -08'00'

Americans with Disabilities Act Coordinator

Daniel Hunter

Digitally signed by Daniel Hunter

Date: 2024.01.29 15:09:30 -08'00'

Human Resources/Risk Director

David Mills

Digitally signed by David Mills

Date: 2024.01.30 07:53:14 -08'00'

Transportation Division Manager

4/1/24

Permit Expiration Date

## THURSDAY

7:00PM, March 28<sup>th</sup>

performance begins  
at *The Dalles High  
School Auditorium*

...

and then progresses  
to *The Dalles City  
Park*

## FRIDAY

7:00PM, March 29<sup>th</sup>

performance begins  
on the steps of the  
*Wasco County  
Courthouse*

...

and then progresses  
to the 8th Street  
front yard of *First  
Christian Church*

...

and ends at the  
"Tomb" in the south  
parking lot of *First  
Christian Church*

## FRIDAY TO

## SUNDAY

March 29-31

Guards stand duty  
in front of the  
"Tomb"

## EASTER

## SUNDAY

March 31<sup>st</sup>

8:00am

performance begins  
in the south parking  
lot of *First  
Christian Church*

# *Last Days of Jesus 2024 PERFORMANCE MAP*

*Last Supper*  
TDHS Auditorium

FCC South  
Parking Lot

Burial  
and the  
Resurrection

Crucifixion

FCC 8th St  
front yard

*Garden*  
TD City  
Park

*Trials*  
Courthouse  
Steps

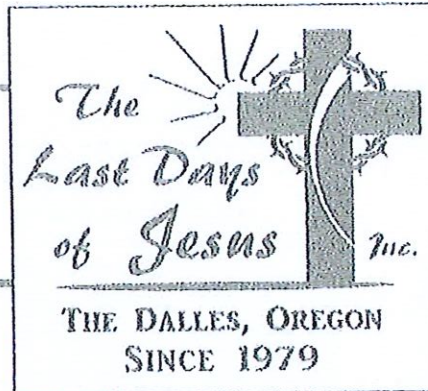


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## The Last Days of Jesus, Inc.

511 East 9th Street  
The Dalles, Oregon 97058  
[www.ldoj.org](http://www.ldoj.org)

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January 27<sup>th</sup>, 2024

Dave Anderson  
Public Works  
1215 West First Street  
The Dalles, OR 97058

Dear Mr. Anderson:

On behalf of *The Last Days of Jesus, Inc.* and the community of churches in the Mid-Columbia area:  
*Greetings!*

Now in our 46<sup>th</sup> season, our Board of Directors, led by Crystle Durham as President, Sarah Pickette as Vice-President, Lurel Smith as Treasurer, and Jennifer Goodman (myself) as Secretary, has begun.

As you know, this pageant is portrayed over a several-day period and is interactive with its audience of many hundreds of people from the region. The cast and audience progress from place to place, scene to scene, through the streets of The Dalles, as outlined on the enclosed map.

For the protection of our cast, crew and audience, we ask for your help with the *temporary closing of certain streets* during scenes and scene progressions as well as *assistance in traffic control and crowd movement* during the progression from scene to scene:

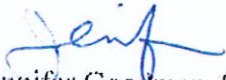
So, for the protection of our cast, crew and audience, we ask for your help with the following:

1. On Thursday, March 28th, 2024 (7:45-9:00pm):
  - a. Closure of 10<sup>th</sup> Street (between Washington & Union Streets) and of Union Street (from 10<sup>th</sup> to 5<sup>th</sup> Streets) during the *Crowd's Progression* from *The Dalles High School* down to *The Dalles City Park*.
  - b. Closure of Union Street (between 5<sup>th</sup> & 7<sup>th</sup> Streets) during "*The Garden*" scene at *The Dalles City Park*.
2. On Friday, March 29th, 2024 (6:00-9:30pm):
  - a. Closure of Washington Street (between 4<sup>th</sup> & 6<sup>th</sup> Streets) during "*The Trial*" scene at the *Wasco County Courthouse*.

- b. Closure of 5<sup>th</sup> Street (between Washington & Court Streets) and of Court Street (from 5<sup>th</sup> to 9<sup>th</sup> Streets) for the *Crowd's Progression* from the *Wasco County Courthouse* to the 8<sup>th</sup> & Court street front yard of *First Christian Church*.
  - c. Closure of East 8<sup>th</sup> Street (between Court & Union Streets) during "*The Crucifixion*" scene.
  - d. Closure of 9<sup>th</sup> Place adjacent to the parking lot of *First Christian Church* (between Court & Union Streets) during "*The Burial*" scene.
3. On Sunday, March 31st, 2024 (7:00-9:00am): Closure of 9<sup>th</sup> Place adjacent to the parking lot of *First Christian Church* (between Court & Union Streets) during "*The Resurrection*" scene.

If you have any questions, please contact me at [lastdaysofjesus1979@gmail.com](mailto:lastdaysofjesus1979@gmail.com) or (541)300-9061. Thank you very much for your time and consideration of these requests.

Sincerely,



Jennifer Goodman, Secretary  
*The Last Days of Jesus, Inc.*





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/19/24

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> James Reed & Associates Insurance 915 Lancaster Dr SE Salem, OR 97317	<b>CONTACT NAME:</b> Toby Hill <b>PHONE (A/C, No, Ext):</b> 503-588-8229 <b>FAX (A/C, No):</b> 503-588-9440 <b>E-MAIL ADDRESS:</b> Toby@jamesreedagency.com														
<b>INSURED</b> The Last Days of Jesus, INC. 511 E 9th St The Dalles, OR 97058-2638	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Brotherhood Mutual Insurance Company</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Brotherhood Mutual Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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 VVO	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y		36MEA0472151	01/01/2024	01/01/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO REHITED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Coverage for Hanging Church Banner Across 2nd Street in the Dalles. Coverage for Street Closures for rehearsals and performances.

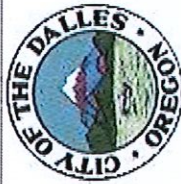
The City of The Dalles, its officers, directors, agents, employees and volunteers are named as Additional Insured.

**CERTIFICATE HOLDER****CANCELLATION**

City of The Dalles Public Works Department 1215 W. 1st 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: 164335600

40 Col. Printer

Transaction detail for payment to City of The Dalles. Date: 01/29/2024 - 2:20:25 PM MT

Transaction Number: 212260927  
Visa — XXXX-XXXX-XXXX-9702  
Status: Successful

Account #	Item	Quantity	Item Amount
	SidewalkStreet Closure Permit	1	\$35.00

**TOTAL: \$35.00**

Billing Information  
Sarah Pickette  
97058

Transaction taken by: Admin JCorbin

Print | Close

Email

Resend Receipt

Payment Service Provided By [www.xpressbillpay.com](http://www.xpressbillpay.com)

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