

PW Street Banner Permit

Print

Submitted by: Laura Johnson

Submitted On: 2024-03-05 15:01:50

Submission IP: (71.95.96.24)

proxy-IP (raw-IP)

Status: Completed

Priority: Normal

Assigned To: Jean Corbin

Due Date: Open

Attachments

- [MG Insurance coverage.jpeg](#) - 2024-03-05 03:01:50 pm



CITY OF THE DALLES PUBLIC WORKS

1215 WEST 1st STREET
THE DALLES, OREGON 97058
(541) 296-5401

Banner Permit Fee \$25

STREET BANNER PERMIT APPLICATION

A Street Banner Permit is required for display of a banner within the City Limits. The banner must meet all requirements and specifications in the City of The Dalles [Street Banner Permit Policy](#). Upon approval it is the applicant's responsibility to deliver the banner and all required hardware to the Public Works Department office at 1215 West 1st Street, The Dalles before the preferred date of placement. The City will place and remove the banner.

The location of the banner will be across East Second Street at the intersection of Jefferson Street, The Dalles.

* Date of Application:

05/06/2024

Format: MM/DD/YYYY

* Applicant First Name

Laura

Primary First Name

* Applicant Last Name

Johnson

Primary Last Name

Contact/Responsible Party

* Email:

lakjohnson2011@gmail.com

Primary email address

If the responsible party is not the applicant

* **Contact Phone:**

6164037512

Daytime phone number

Cell Phone:

6164037512

* **Name of Event:**

Wasco County Master Gardeners Spring Plant Fair

* **Location of Event:**

City Park The Dalles OR

* **Type of event promoted on the banner**

- ☐ Education
☐ Youth Event
☐ Fair
☒ Community Market
☐ Other Civic Event

Other Civic Event

* **Start Date of Event:**

05/11/2024

Format: MM/DD/YYYY

* **End Date of Event:**

05/11/2024

Format: MM/DD/YYYY

- *
☒ I, the applicant, certify that the event promoted is an activity sponsored by a user who may be any civic, charitable non-profit, government, school, social or other group promoting community events, activities, or items of special interest and not for commercial gain.

* **Preferred Date of Placement**

05/06/2024

Format: MM/DD/YYYY

* **Preferred Duration:**

- ☒ One week
☐ Two weeks

Read the Street Banner Policy [here](#).

There is a \$25 Street Banner Permit Fee.

- To pay by credit card, call the Public Works Department at (541) 296-5401. There is a processing fee.
- 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.

*

- ☒ I, the applicant, certify that I have read and understand the Street Banner Permit Policy

* **Please indicate method of payment**

- ☐ Credit Card
☒ Check
☐ Cash

* **Liability Release for Street Banner Placement**

- ☒ Private Organization
☐ Public Agency
☐ Individual

* **Upload Proof of Liability Insurance**

No file chosen

The Upload Proof of Liability Insurance field is required

Liability insurance must be valid on the preferred date of placement and at least one month following the date of preferred placement.

* **Release between:**

Waco County Master Gardeners

Name of private organization, public agency or individual

hereinafter known as "the Permittee" and the City of The Dalles.

The Permittee shall hold harmless and release the City of The Dalles, its employees, agents and representatives, against any and all damages, claims, demands, action, causes of action, cost, and expenses of whatsoever nature arising from the condition of the street banner which is provided to the City for placement.

For public agencies this release applies only to the extent permitted by Article XI, Section 7 of the Oregon Constitution and by the Oregon Tort Claims Act.

Acknowledgement of Permittee Responsibility

Failure of the Permittee to meet the requirements of this permit and the Street Banner Permit Policy 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

Laura Johnson

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.

History

Update By: Jean Corbin

Public - 5 days ago - #1

- Changed status from **Open** to **Acknowledged**
- Sent templated email: **Permit - Application Received - Public**

Update By: Jean Corbin

Private - 5 days ago - #2

- Changed status from **Acknowledged** to **Reviewed**
- Changed assigned user from **Public Works** to **Eric Hansen**

Update By: Eric Hansen

Private - 5 days ago - #3

- Changed assigned user from **Eric Hansen** to **Jean Corbin**
- Sent templated email: **Banner Permit - Application Accepted - Internal**

Banner will be placed on 5/6/2024

Update By: Jean Corbin

Private - 5 days ago - #4

- Changed status from **Reviewed** to **Payment Required**

Update By: Jean Corbin

Public - 1 second ago - #5

- Changed status from **Payment Required** to **Completed**
- Sent templated email: **Banner Permit - Issued - Public**

Check #2089 and Cert of Liability received via mail on 3/11/2024 JMC




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/05/2024

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  Jared Langford, Agent 506 Cascade Ave Hood River, OR 97031	CONTACT NAME: Jared Langford PHONE (A/C, No, Ext): 541-386-2366 FAX (A/C, No): 541-386-5569 E-MAIL ADDRESS: jared.langford.KL98@statefarm.com																					
INSURED Wasco County Master Gardners Association 400 E Scenic Dr Ste 2278 The Dalles, OR 97058	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>State Farm Fire and Casualty Company</td><td>25143</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	State Farm Fire and Casualty Company	25143	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Miscellaneous Policy GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			97-CP-C179-9	02/10/2024	02/10/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 3,000,000 \$ 300,000 \$ 10,000 \$ 3,000,000 \$ 6,000,000 \$ 6,000,000
	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	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				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)

CERTIFICATE HOLDER**CANCELLATION**

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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