

Format: MM/DD/YYYY

CITY OF THE DALLES PUBLIC WORKS

1215 WEST 1st STREET THE DALLES, OREGON 97058 (541) 296-5401 Application Fee Expedite Fee \$10 \$25

Event Deployment Fee \$50
A contractor work zone is not an event.

SIDEWALK/STREET CLOSURE APPLICATION

In accordance with The Dalles <u>Municipal Code 2.24.060</u>, 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) <u>must</u> 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 f	form before filling it out.								
Date of Application: 03/14/2024									
Format: MM/DD/YYYY	-								
Applicant First Name		Арр	Applicant Last Name						
Lisa		Rundell Primary Last Name							
Primary First Name									
Contact/Responsible Party		Email:							
		e	events@theda	illeschamber.com					
If the responsible party is not the applicant	t		imary email address						
Business Name:		Mailing Address:							
The Dalles Chambe	r	40	404 W 2nd St, The Dalles, OR 97058						
Phone:		Oth	Other Phone:						
(541) 296-2231		(54	(541) 993-2994						
On-call emergency phone number			Daytime phone number						
For sidewalk closures a temporary • View the TPARP advisory m • View the TPARP options her			oust be selected.						
Type of Closure:		For sidew	alk closures, select a t	type of Temporary Pedestrian Accessible					
Street (TCP Required)		Route Plan (TPARP):							
☐ Sidewalk (TPARP Required) ☐ City-Owned Parking Lot (TCP	Poquirod)	 ☐ 1.a. Sidewalk diversion - Within roadway ☐ 1.b. Sidewalk diversion - Additional right-of-way 							
Dumpster placed in the right			2. Sidewalk closure - Mid-block						
Other (Describe below)		3. Sid	ewalk closure - Corne	r					
Please describe other type of right-of-way	closure								
Location(s) of closure			Reason for closure (e.g. event, construction, etc.)						
1st Street East from Un Connecting Side Stree alley ways. Alleyways services & public services	ts, 1st to 2nd, includir will be open for emer	ng all	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Please write the addresses or sections of sid	dewalk/street for the requested closure.		Please describe the projec	t or event for the requested closure.					
Closure begin date	Time	Clos	ure end date	Time					
04/15/2024	08:00	04/2	1/2024	07:00					

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:

- 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 <u>Oregon Temporary Traffic Control Handbook</u>.
- 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										
Lisa Rundell										
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: TPARP for Sidewalk Closure: Certificate of General Liability: Payment Received: Attached Attached Not Required Not Required Not Required Credit Card										

TS - No sidewalk closures allowed with this permit.

DM - Public Works will set out all necessary trafffic control for this event and pick it all up upon it's completion.

Record of Approvals

Americans with Disabilities Act Coordinator

Daniel Hunter Digitally signed by Daniel Hunter Date: 2024.03.27 12:19:21 -07'00'

Human Resources/Risk

Director

David Mills Digitally signed by David Mills Date: 2024.04.01 10:43:46 -07'00'

Transportation Division Manager

4/22/24

Permit Expiration Date





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/15/2024

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(les) must 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).

	tificate holder in lieu of such endors	sement	u(s).	LOOUTA					
RODU	Oregon Trail Insurance			CONTACT Michael Luebke					
409 W 4th Street				PHONE (A/C, No, Ext): (541) 296-2395 FAX (A/C, No):					296-6143
	The Dalles		OR 97058	ADDRES	ss: mike	@otrail.com			
					IN	SURER(S) AFFOR	RDING COVERAGE		NAIC #
				INSURE	RA:US Liabi	lity Insurance	Company		
URE	ED			INSURE	RB:				
	The Dalles Area Chamber of	Comm	ierce	INSURE	RC:				
404 West 2nd Street				INSURER D:					
	The Dalles		OR 97058-	INSURER E:					
				INSURE					
VI	ERAGES CER	TIFICA	ATE NUMBER:				REVISION NUMBER:		
ND CEF	IS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REC RTIFICATE MAY BE ISSUED OR MAY F CLUSIONS AND CONDITIONS OF SUCH	UIREM PERTAI POLICIE	IENT, TERM OR CONDITION O IN, THE INSURANCE AFFORI ES. LIMITS SHOWN MAY HAVE	F ANY CO	ONTRACT OR THE POLICIE EDUCED BY I	OTHER DOCU S DESCRIBER PAID CLAIMS.	JMENT WITH RESPECT TO	WHIC	H THIS
3	TYPE OF INSURANCE	ADDL S	UBR WD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
	X COMMERCIAL GENERAL LIABILITY	Y	NBP1555113F		03/05/2024	03/05/2025	EACH OCCURRENCE	s	1,000,000
Г	CLAIMS-MADE X OCCUR		1,527/101. (100/million/101/101/201/201/201/201/201/201/201/201				DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000
							MED EXP (Any one person)	s	5,000
							PERSONAL & ADV INJURY	s	Included
_	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	s	2,000,000
	V PRO								2,000,000
	TOUR TECH TOO						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER: AUTOMOBILE LIABILITY		HDD45554405		00/05/222	00/05/2225	COMBINED SINGLE LIMIT	s	1,000,000
-			NBP1555113F		03/05/2024	03/05/2025	(Ea accident)		1,000,000
_	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person)	\$	
_	AUTOS AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE	-	
4	X HIRED AUTOS X NON-OWNED AUTOS						(Per accident)	\$	
								\$	
L	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
L	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
L	DED RETENTION \$							s	
W	NORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
ANY PROPRIETOR/PATNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	s	
		N/A					E.L. DISEASE - EA EMPLOYEE	s	
İf	f yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	
	DESCRIPTION OF OPERATIONS DEIGN						E.E. DIOCHOE - I GEIOT EIMIT	10	
-	DIDTION OF OBERATIONS II COATIONS INC.	E9 /40:	OPD 404 Additional Parratio Calad	ula may t	attached if a	a enseale result	nd)		
n	RIPTION OF OPERATIONS / LOCATIONS / VEHICE In to Madison, between 1st and 2nd, Fe	ederal f	from 1st to 4th. Street Closur	es. 2024	attached if mor	e space is requir	eaj		
27	TIFICATE HOLDER			CANC	ELLATION				AI 0000
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.					
	THE DALLEG		OK 37000-	AUTHO	RIZED REPRESE	NTATIVE			
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