



## CITY OF THE DALLES PUBLIC WORKS

1215 WEST 1<sup>st</sup> STREET  
THE DALLES, OREGON 97058  
(541) 298-5401

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 2.24.060](#), 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:

04-01-2024

Format: MM/DD/YYYY

Applicant First Name

Alison

Primary First Name

Applicant Last Name

Hansen

Primary Last Name

Contact/Responsible Party

Email:

Ms.alisonlhansen@gmail.com

Primary email address

If the responsible party is not the applicant

Business Name:

Mailing Address:

600 E 13th St. The Dalles, OR 97058

Phone:

541-978-9296

On-call emergency phone number

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

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

The Dalles, OR

Dumster rentle, yard clean up

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

Closure end date

Time

4/16/2024

Format: MM/DD/YYYY

4/22/2024

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:

Attached

☐

Not Required

TPARP for Sidewalk Closure:

Attached

☒

Not Required

Certificate of General Liability:

☒

Attached

☐

Not Required

Payment Received: Check

Cash

☒

Credit Card

1. Dumpster shall be place in the parking strip. Placement should not affect the sidewalk or pedestrian travel in any way.
2. Dumpster must placement must allow enough room for traffic to safely get by.
3. Cones must be placed at both exterior corners. Cones can be borrowed from Public Works.



# Record of Approvals

Michael Bosse

Digitally signed by Michael Bosse

Date: 2024.04.02 07:26:08 -07'00'

Americans with Disabilities Act Coordinator

Daniel Hunter

Digitally signed by Daniel Hunter

Date: 2024.04.09 14:17:34 -07'00'

Human Resources/Risk Director

David Mills

Digitally signed by David Mills

Date: 2024.04.09 14:25:21 -07'00'

Transportation Division Manager

4/22/24

Permit Expiration Date



City of The Dalles  
313 Court Street | PO Box 1790  
The Dalles, OR 97058  
(541) 296-5481

XBP Confirmation Number: 169346646

Transaction detail for payment to City of The Dalles.		Date: 04/01/2024 - 1:26:57 PM MT	
Transaction Number: 216014581 Visa — XXXX-XXXX-XXXX-8846 Status: Successful			
Account #	Item	Quantity	Item Amount
	SidewalkStreet Closure Permit	1	\$10.00

TOTAL: **\$10.00**

Billing Information  
Alison Hansen  
97058

Transaction taken by: Admin JCorbin

**CERTIFICATE OF LIABILITY INSURANCE**

American Family Insurance Company ☐  
American Family Mutual Insurance Company, S.I. if selection box is not checked.  
6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address  
**ALLISON HANSEN & TARAN SMITH**  
600 E 13TH ST  
THE DALLES, OR 97058

Agent's Name, Address and Phone Number (Agt./Dist.)  
**Sreenan Agency LLC**  
1108 13th St  
Hood River, OR 97031  
(541) 387-5433 (127/503)

**This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.**  
**This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

COVERAGES				
This is to certify that 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.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability	36BP-0497-01	08/18/2023	08/18/2024	Bodily Injury and Property Damage Each Occurrence \$ 300,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$ ,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$ ,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$ ,000
				Farm Employer's Liability Each Occurrence \$ ,000
				Statutory *****
Workers Compensation and Employers Liability †				Each Accident \$ ,000
				Disease - Each Employee \$ ,000
				Disease - Policy Limit \$ ,000
				General Aggregate \$ ,000
General Liability <input type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>				Products - Completed Operations Aggregate \$ ,000
				Personal and Advertising Injury \$ ,000
				Each Occurrence \$ ,000
				Damage to Premises Rented to You \$ ,000
				Medical Expense (Any One Person) \$ ,000
				Each Occurrence†† \$ ,000
Aggregate†† \$ ,000				
Businessowners Liability				Common Cause Limit \$ ,000
				Aggregate Limit \$ ,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person \$ ,000
				Bodily Injury - Each Accident \$ ,000
				Property Damage \$ ,000
				Bodily Injury and Property Damage Combined \$ ,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$ ,000
Other (Miscellaneous Coverages)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS				
<div>†The individual or partners <input type="checkbox"/> Have shown as insured elected to be covered under this policy. <input type="checkbox"/> Have not</div> <div>††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.</div>				
CERTIFICATE HOLDER'S NAME AND ADDRESS		CANCELLATION		
CITY OF THE DALLES 313 COURT ST THE DALLES, OR 97058		<input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *(        days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown.		
		<input checked="" type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.		
		DATE ISSUED 04/09/2024	AUTHORIZED REPRESENTATIVE ANGIE DEHART	