

Format: MM/DD/YYYY

CITY OF THE DALLES PUBLIC WORKS

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

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: 06/26/2024				
Format: MM/DD/YYYY				
Applicant First Name		Applicant Last Name		
Grant		Swanson		
Primary First Name		Primary Last Name		
Contact/Responsible Party	,	Email:		
		Grant.swany@	gmail.com	
If the responsible party is not the a	pplicant	Primary email address		
Business Name:		Mailing Address:		
		1105 E 11th Stre	et, The Dalles, OR. 97058	3
Phone:		Other Phone:		
(971) 998-6129		(971) 998-6129		
On-call emergency phone number		Daytime phone number		
 View the TPARP advis 	porary pedestrian accessible route plar sory memorandum <u>here</u> . ons <u>here</u> and then select the type you w			
Type of Closure:		For sidewalk closures, select a	type of Temporary Pedestrian Acces	ssible
Street (TCP Required)		Route Plan (TPARP):		
Sidewalk (TPARP Requi		1.a. Sidewalk diversion - V	•	
✓ City-Owned Parking Lo✓ Dumpster placed in the	-	1.b. Sidewalk diversion - A 2. Sidewalk closure - Mid-		
Other (Describe below)		3. Sidewalk closure - Corne		
Please describe other type of right-	of-way closure			
Location(s) of closure		Reason for closure	(e.g. event, construction, etc.)	
1105 E 11th Street Placed infront of he Should fit in norma		30 yard dump street. Width: 7.5 fee Length: 20 fe		ne
Please write the addresses or section	ons of sidewalk/street for the requested closure.	Please describe the proje	ct or event for the requested closure.	
Closure begin date	Time	Closure end date	Time	
07/19/2024	14:00	07/24/2024	14:00	

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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.

Attached

Cash

Certificate of General Liability:

Check

Payment Received:

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 office 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 price 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
Grant M. Swanson
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: Attached Attached Not Required Not Required

Not Required

Credit Card

PROPERTY OWNER

Record of Approvals

Coordinator	Coordinator Human Resources/Risk	Coordinator Human Resources/Risk		
Human Resources/Risk		Human Resources/Risk Director	Americans with Disabilities Act Coordinator	
duman Resources/Risk				
			Human Resources/Risk	
			Transportation Division	Permit Expiration Date