



**CITY OF THE DALLES PUBLIC WORKS**

1215 WEST 1<sup>st</sup> 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 [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:**

\_\_\_\_\_

Format: MM/DD/YYYY

**Applicant First Name**

**Applicant Last Name**

\_\_\_\_\_

Primary First Name

\_\_\_\_\_

Primary Last Name

**Contact/Responsible Party**

**Email:**

\_\_\_\_\_

If the responsible party is not the applicant

\_\_\_\_\_

Primary email address

**Business Name:**

**Mailing Address:**

**Phone:**

**Other Phone:**

\_\_\_\_\_

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

**Location(s) of closure**

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

\_\_\_\_\_

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**

\_\_\_\_\_

Format: MM/DD/YYYY

\_\_\_\_\_

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

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**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



# Record of Approvals

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Americans with Disabilities Act  
Coordinator

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Human Resources/Risk  
Director

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Transportation Division  
Manager

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Permit Expiration Date



H-15-9D7B-FB62 F H4

GLENN, VERONICA  
21 LYDIA LN  
TROUT LAKE WA 98650-2023

## RENEWAL DECLARATIONS

AMOUNT DUE: None

Payment is due by **BILLED THROUGH SFPP**

Policy Number: 37-C5-Q323-6

Policy Period: 12 Months

Effective Dates: JUN 12 2024 to JUN 12 2025

The policy period begins and ends at 12:01 am standard time at the residence premises.

Your State Farm Agent

DEAN DOLLARHIDE INS AGCY INC

503 E 2ND ST

THE DALLES OR 97058-2413

Phone: (541) 298-3276

### Renters Policy

#### Location of Residence Premises

1018 E 9TH ST  
THE DALLES OR  
97058-2706

### Automatic Renewal

If the **POLICY PERIOD** is shown as **12 MONTHS**, this policy will be renewed automatically subject to the premiums, rules, and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

### IMPORTANT MESSAGES

This policy does not provide earthquake coverage. If you are interested in obtaining earthquake coverage, please contact your State Farm agent for more information concerning the coverage and eligibility criteria.

### PREMIUM

Annual Premium \$375.00

Your premium has already been adjusted by the following:

Home/Auto Discount                      Claim Record Discount  
Loyal Customer

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**Total Premium** **\$375.00**

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**NAMED INSURED**
**MORTGAGEE AND ADDITIONAL INTERESTS**

GLENN, VERONICA

**Notice Only:**  
 PHILIP DUVIC  
 914 COURT ST  
 THE DALLES OR 97058-2239

Loan Number:  
 N/A

**SECTION I - PROPERTY COVERAGES AND LIMITS**

Coverage	Limit of Liability
B Personal Property	\$ 51,600
C Loss of Use	\$ 46,440
<b>Additional Coverages</b>	
Arson Reward	\$1,000
Bed Bugs	\$1,000
Credit Card, Bank Fund Transfer Card, Forgery, and Counterfeit Money	\$1,000
Debris Removal	Additional 5% available
Fuel Oil Release	\$10,000
Locks and Remote Devices	\$1,000
Trees, Shrubs, and Landscaping	10% of Coverage B amount/\$750 per item

**SECTION II - LIABILITY COVERAGES AND LIMITS**

Coverage	Limit of Liability
L Personal Liability (Each Occurrence)	\$ 100,000
Damage to the Property of Others	\$ 1,000
M Medical Payments to Others (Each Person)	\$ 1,000

**INFLATION**

Inflation Coverage Index: 312.3

**DEDUCTIBLES**

Section I Deductible	Deductible Amount
All Losses	\$ 500

**LOSS SETTLEMENT PROVISIONS**

B1 Limited Replacement Cost - Coverage B

**FORMS, OPTIONS, AND ENDORSEMENTS**

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H4-2137	Renters Policy
HO-2315.2	Amendatory Endorsement
HO-2365	Amendatory Endorsement

**ADDITIONAL MESSAGES**

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State Farm® works hard to offer you the best combination of price, service, and protection. The amount you pay for homeowners insurance is determined by many factors such as the coverages you have, the type of construction, the likelihood of future claims, and information from consumers reports.

**Other limits and exclusions may apply - refer to your policy**

Your policy consists of these Declarations, the Renters Policy shown above, and any other forms and endorsements that apply, including those shown above as well as those issued subsequent to the issuance of this policy.

This policy is issued by the State Farm Fire and Casualty Company.

**Participating Policy**

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

*Lynne M. Yauvel*  
Secretary

*Michael J. Tignor*  
President

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**Your coverage amount....**

It is up to you to choose the coverage and limits that meet your needs. We encourage you to periodically review your coverages and limits with your agent.



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

XBP Confirmation Number: **204536826**

40 Col. Printer 

▶ Transaction detail for payment to City of The Dalles. Date: 07/11/2024 - 11:11:21 AM MT

Transaction Number: 222318547  
Mastercard — XXXX-XXXX-XXXX-8205  
Status: Successful

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

**TOTAL:** **\$35.00**

Billing Information  
Veronica Glenn  
97058

Transaction taken by: Admin JCorbin

Print | Close

Email



veronica.glenn93@gmail.com

Resend Receipt

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

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