



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 form before filling it out.

Date of Application: 09/17/2024

Format: MM/DD/YYYY

Applicant First Name	Applicant Last Name
Hannah	Mapes
Primary First Name	Primary Last Name
Contact/Responsible Party	Email:
The Dalles Mainstreet	contact@studiofittd.com
If the responsible party is not the applicant	Primary email address
Business Name:	Mailing Address:
Studio Fit The Dalles	402 E 2nd St The Dalles
Phone:	Other Phone:
(541) 965-9175	

On-call emergency phone number

10/31/2024

Format: MM/DD/YYYY

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.

02:00

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.)
Side streets between 2nd & 3rd street	Trick or Treat Downtown The Dalles
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

10/31/2023

Format: MM/DD/YYYY

06:00

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

Hannah C. Mapes

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	g Lot Closure:
TPARP for Sidewalk Cl	losure:
Certificate of General	
Payment Received:	Check

	Attached
	Attached
√	Attached
	Cash

Not Required Not Required Not Required Credit Card City Event Fee Waived 1. Public Works will close all the roads for the event. At the completion of the event Public Works will open all of the roads.

- 2. Public Works will deploy 4 digital message boards to inform motorists of the event.
- 3. Public Works will supply sign paddles and vests for volunteers if needed.

Record of Approvals

Michael Bosse	Date: 2024.09.26 07:47:28 -07'00'	
Americans Coordinato	with Disabilities Act r	
Daniel	Digitally signed by Daniel Hunter	
Hunter	Date: 2024.09.30 10:56:17 -07'00'	
Human Res Director	sources/Risk	
David Mills	Digitally signed by David Mills Date: 2024.10.01 07:58:14 -07'00'	10/31/24
Transportat Manager	ion Division	Permit Expiration Date





Red Block indicates street closures Yellow Arrows represents flow of traffic







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/23/2024

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th	is certificate does not confer rights to	o the	certi	ficate holder in lieu of su						
PRO	DUCER				CONTA NAME:	ст		~1760.2		
	Oregon Trail Insurance				PHONE (A/C, No	(541)	296-2395	FAX (A/C No):	(541) 2	96-6143
	409 W 4th Street				E-MAIL	1 d	-2			
	The Dalles			OR 97058	ADDRE					
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				No. 10 1 10 10 10 10 10 10 10 10 10 10 10 1	INSURER A : Alliance of Nonprofits For Insurance 10023					10023
INSU	RED				INSURER B :					Û.
	The Dalles Main Street Progr	am			INSURE	RC:				
	PO Box 544				INSURE	197-197				
	The Dalles			OR 97058-						
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_				NUMBER:				REVISION NUMBER:		
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INSR	TYPE OF INSURANCE	ADDL				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	JNSD Y	WW	2024-48324		07/01/2024	07/01/2025	EACH OCCURRENCE	\$	1,000,000
		<u> </u>		2024-40324		0110112024	0110112020	DAMAGE TO RENTED	· · · ·	200,000
	CLAIMS-MADE CLAIMS-MADE							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	20,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
									\$	
-	OTHER:							COMBINED SINGLE LIMIT	North Contraction	
								(Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY								\$	
<u> </u>							1.5.5.		1 11 12	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	10	
	DESCRIPTION OF OPERATIONS below							E.E. DIGLAGE - TOLIGT LIMIT	Ψ	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requir	ed)		
Hai	oween Event October 31, 2024.									
			3		CAN	CELLATION				AI 013927
	RTIFICATE HOLDER	_		Reality Contraction Contraction	T	VELEN ION	10 UNU1111			
City of The Dalles 313 Court Street			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 Dalles OR 97058-			AUTHO	RIZED REPRES	ENTATIVE	11/1	-			
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