

CITY OF THE DALLES PUBLIC WORKS

1216 WEST 1¹² 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.

\$60

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: 10/08/2024							
Format: MM/DD/YYYY							
Applicant First Name	Applicant Last Name						
Connie	Thomasian						
Primary First Name	Primary Last Name						
Contact/Responsible Party	Email:						
Johna LaRoque	thedallesww@gmail.com						
If the responsible party is not the applicant	Primary email address						
Business Name:	Mailing Address:						
Windermere Real Estate	122 E 2nd Street						
Phone:	Other Phone:						
(541) 993-8445	(541) 288-7288						
On-call emergency phone number	Daytime phone number						
 For sidewalk closures a temporary pedestrian accessible route plan View the TPARP advisory memorandum here. View the TPARP options here and then select the type you will be a select the type you will be a select the type. 							
Type of Closure:	sidewalk closures, select a type of Temporary Pedestrian Accessible						
Street (TCP Required)	oute Plan (TPARP):						
☐ Sidewalk (TPARP Required) ☐ City-Owned Parking Lot (TCP Required)	_ 1.a. Sidewalk diversion - Within roadway _ 1.b. Sidewalk diversion - Additional right-of-way						
Dumpster placed in the right-of-way	2. Sidewalk closure - Mid-block						
Other (Describe below)	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.)						
Federal Street between 2nd Street and alley north	to the The Dalles Witches Walk Dance						
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						
10/19/2024 06:00 AM	10/19/2024 11:59 PM						

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 Amue Am a									
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: Credit Card Attached Not Required Not Required Not Required Not Required Pd \$60 Cash for Fee and Event Deployment									

1. No narrowing or closure of the pedestrian route/sidewalk is allowed per this Permit.

2. The traffic plan provided by the applicant DOES NOT comply with the Oregon Temporary Traffic Control Handbook. An amended traffic control plan has been provided and must be followed for the event.

3. Public Works will set out all of the required traffic control and two "NO PARKING" signs for the event on

Thursday, October 17,2024 at the locations noted on the amended map.

4. The applicant is responsible for opening ALL seven (7) of the signs at 6:00 am on October, 19, 2024 to close the road for the event. The alley must remain open at all times. At the completion of the event, the applicant is responsible for closing ALL seven (7) of the signs and opening the road to traffic by 11:59 pm on October 19,2024. There shall be no traffic control left on the roads upon completion of the event.

5. Public Works will pick up the borrowed signs and barricades on Monday, October 21, 2024.

*** Please note the amended traffic control plan map attached***

Record of Approvals

Michael H.

Digitally signed by Michael H. Bosse Date: 2024.10.08 14:35:53 -07'00'

Bosse

Americans with Disabilities Act Coordinator

Daniel Hunter

Digitally signed by **Daniel Hunter** Date: 2024.10.09 16:02:57 -07'00'

Human Resources/Risk Director

David

Digitally signed by

Mills

David Mills Date: 2024.10.10 08:09:47 -07'00'

10/19/24

Transportation Division Manager

Permit Expiration Date









CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/09/2024

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(ies) must have ADDITIONAL INSURED provisions or 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).

PRO	DUCER	Moreland Insurance				NAME:	Tatya	ına Campton				
		PO Box 14756				PHONE (A/C, N	o, Ext): (855)	974-4100		FAX (A/C, No):	(509)5	505-5566
Spokane, WA 99214 License #: CA - 0L96655				E-MAIL ADDRESS: tatyana@morelandagency.com								
				INSURER(S) AFFORDING COVERAGE						NAIC#		
Licelise #. CA - 0L90000					INSURE	INSURER A: The Hanover					41840	
INSL	JRED	Western Carles as Inc				INSURER B:						
Western Springs Inc. DBA Windermere Real Estate Columbia River Gorge						INSURER C:						
		PO Box 657	ale	COIL	illibia River Gorge	INSURER D:						
Hood River, OR 97031-0020						INSURER E:						
						INSURER F:						
СО	VER/	AGES CER	TIFIC	CATE	NUMBER: 95950227-1	26097			REVISION NUM	IBER:	3	
C	IDICA'	TO CERTIFY THAT THE POLICIES (TED. NOTWITHSTANDING ANY RE- TICATE MAY BE ISSUED OR MAY PE SIONS AND CONDITIONS OF SUCH	QUIRE	EMEN N, TH	T, TERM OR CONDITION OF EINSURANCE AFFORDED	F ANY C	CONTRACT OF POLICIES DE	OTHER DOC	UMENT WITH RE	SPECT TO	O WHI	CH THIS
NSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α		COMMERCIAL GENERAL LIABILITY	Υ		Z22J672515		03/18/2024	03/18/2025	EACH OCCURRENCE	CE	\$	2,000,000
		CLAIMS-MADE X OCCUR			2220072010				DAMAGE TO RENTI PREMISES (Ea occu		\$	1,000,000
									MED EXP (Any one person)		\$	5,000
		VL AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY		\$	2,000,000
	GEN'I								GENERAL AGGREGATE		\$	4,000,000
X		POLICY PRO- LOC							PRODUCTS - COMP/OP AGG		\$	4,000,000
		OTHER:									\$	
A AU		TOMOBILE LIABILITY			Z22J672515		03/18/2024	03/18/2025	COMBINED SINGLE (Ea accident)	LIMIT	\$	2,000,000
Х		ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)		\$	
							BODILY INJURY (Pe			\$		
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iΕ	\$	
		A Control of the Cont									\$	
A X	X	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			Z22J672515		03/18/2024	03/18/2025	EACH OCCURRENCE	CE	\$	1,000,000
	1								AGGREGATE		\$	1,000,000
		DED X RETENTION\$ 0									\$	
		VORKERS COMPENSATION							PER STATUTE	OTH- ER		
	ANY P	ROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	NT.	\$	
	(Mand	ICER/MEMBER EXCLUDED?							E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, DESC	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		\$	
		×										
		ON OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	ed)			
		The Dalles Witches Walk october 18th, 2024										
		Address: SW 2nd Street, The	Dall	AS (OR 97058							
_,	01167	taarooo, ove ziia oa oo, iiio	Dun	00, 0	JK 07000							
Ce	rtific	ate Holder is Additional Insu	red	whe	n required in written c	ontrac	t but only v	vith respec	t to the above	listed e	vent.	
								•				
CE	RTIFI	CATE HOLDER				CANO	CELLATION					
					_ = _	SHO	III D ANY OF T	HE ABOVE D	ESCRIBED POLICE	ES BE CA	NCEL	I FD BFFORF
City of The Dellas					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
	City of The Dalles						ORDANCE WI	TH THE POLIC	Y PROVISIONS.			

313 Court St

The Dalles, OR 97058

AUTHORIZED REPRESENTATIVE

Tatyana Campton