



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 [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:

10/28/2024
Format: MM/DD/YYYY

Applicant First Name

Karlee
Primary First Name

Applicant Last Name

Boon
Primary Last Name

Contact/Responsible Party

If the responsible party is not the applicant

Email:

karlee.boon@revery.is
Primary email address

Business Name:

Revery, Inc

Mailing Address:

2222 NE Oregon St, #111, Portland, OR 97232

Phone:

602.531.0994
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

Street Parking Closure
Please describe other type of right-of-way closure

Location(s) of closure

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

Street Closure: SE Monroe St (from E 2nd Street to dead end / railroad tracks)

Sidewalk / Parking Closures:
- E 2nd Street (between Madison St and Taylor St)
- Monroe St (between E 2nd Street and E 3rd St)

Film Production

See map attached to this application for reference. // 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

11/18/2024
Format: MM/DD/YYYY

Closure end date

Time

11/20/2024
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: | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required | |
| TPARP for Sidewalk Closure: | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required | |
| Certificate of General Liability: | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Required | |
| Payment Received: | <input type="checkbox"/> Check | <input type="checkbox"/> Cash | <input type="checkbox"/> Credit Card |
| | | | Pd for Deployment |

Record of Approvals

Americans with Disabilities Act
Coordinator

Human Resources/Risk
Director

Transportation Division
Manager

Permit Expiration Date



Date: 10/29/2024 **Author:** David Mills **Project:** Short Film Traffic Plan
Comments:
Full Street Closure of Monroe Street from E 2nd Street to end of pavement.

| Manifest |
|---------------------------------------|
| 8 x Cone |
| 4 x Sidewalk Closed |
| 4 x Type II Barricade |
| 2 x Pedestrian Detour Right |
| 2 x Road Closed Ahead |
| 2 x Sidewalk Closed Ahead/Cross Left |
| 2 x Sidewalk Closed Ahead/Cross Right |
| 1 x Road Closed |
| 1 x Sidewalk Closed/Cross Left |

| Legend |
|--------------------------|
| Closure Area |
| Cone |
| Sidewalk/Parking Closure |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2024

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).

| | |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRODUCER JD Fulwiler & Co Insurance, Inc 5727 SW Macadam Ave Portland OR 97239 | CONTACT NAME: Andrew Ferebee-Sporko PHONE (A/C, No, Ext): 503-977-5634 E-MAIL ADDRESS: aferebee-sporko@jdfulwiler.com FAX (A/C, No): 503-977-5634 |
| INSURED Revery, Inc. 2222 NE Oregon St Suite 111 Portland OR 97232 | INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Inc INSURER B: State National Ins Co Inc INSURER C: INSURER D: INSURER E: INSURER F: |

COVERAGES

CERTIFICATE NUMBER: 117018687

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------|-------------------|-------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | USUEN272001623 | 12/1/2023 | 12/1/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| A | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HiredAutoPD* | | | USUEN272001623 | 12/1/2023 | 12/1/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$ | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | USUEN272001623UMB | 12/1/2023 | 12/1/2024 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N <input type="checkbox"/> N / A | | HSW277554223 | 12/1/2023 | 12/1/2024 | <input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Leased & Rented Equipment Props Sets Wardrobe Third Party Prop Damage | | | USUEN272001623 | 12/1/2023 | 12/1/2024 | Limit: 1,000,000 Limit: 1,000,000 Limit: 1,000,000 Ded: 5,000 Ded: 2,000 Ded: 2,500 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*Hired Auto Physical Damage - \$1,000,000 Limit - Deductible: 10% of the Loss subject to \$2,500 Minimum and \$7,500 Maximum.

Policy #USUEN2720016.22 does not have an unattended vehicle exclusion.

CERTIFICATE HOLDER**CANCELLATION**City of The Dalles
313 Court St
The Dalles OR 97058

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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

XBP Confirmation Number: **213667963**

40 Col. Printer



► Transaction detail for payment to City of The Dalles.

Date: 10/29/2024 - 9:57:55 AM MT

Transaction Number: 229260602
Visa — XXXX-XXXX-XXXX-4856
Status: Successful

| Account # | Item | Quantity | Item Amount |
|-----------|-------------------------------|----------|-------------|
| | SidewalkStreet Closure Permit | 1 | \$60.00 |

TOTAL: **\$60.00**

Billing Information
Karlee Boon
97213

Transaction taken by: Admin JCorbin

Print

| Close

Email



karlee.boon@revery.is

Resend Receipt

Payment Service Provided By www.xpressbillpay.com

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