



CITY OF THE DALLES PUBLIC WORKS

1215 WEST FIRST STREET
THE DALLES, OREGON 97058
(541) 296-5401

Application Fee	\$10
Expedite Fee	\$25
Deployment Fee	\$50

SIDEWALK/STREET CLOSURE PERMIT

This application must be submitted at least five (5) business days prior to the proposed sidewalk/street closure date. Applications may be submitted in person or mailed to the Public Works office at the address above or emailed to publicworks@ci.the-dalles.or.us. Applicant agrees to comply with the provisions of the Charter, Ordinances (2.24.060), Resolutions, and Policies of the City of The Dalles pertaining to such closures; and with the instructions and requirements as listed below.

Please complete the entire form

Applicant Name: Jaime Castro Date: 05/13/25
Address: 5573 Hwy 30W TD 97058 Phone: 541 380 1431
Contact/Responsible Person Jaime Castro Phone: 541 380 1431
Email Address: Jaime.Castro@live.com Cell: _____

TYPE OF CLOSURE (Check at least 1)

- | | |
|---|--|
| <input type="checkbox"/> Street for Construction Work | <input checked="" type="checkbox"/> Sidewalk for Construction Work |
| <input type="checkbox"/> Street/Parking Lot for Event | <input type="checkbox"/> Sidewalk for Event |
| <input type="checkbox"/> Parking Lane for Dumpster | <input type="checkbox"/> Other |

CLOSURE FROM 05/19/25 to 05/30/25 (Date/Time) TO 8 am (Date/Time)

LOCATION/ADDRESS OF CLOSURE 2100 Lewis St

REASON FOR CLOSURE New Rehab Sidewalks

INSTRUCTIONS/REQUIREMENTS:

- Applicant **must** provide a Traffic Control Plan (TCP) for approval for all Street and Parking Lot Closures. Traffic Control Plan should show proposed detour routes, signs, barricades, and traffic control devices.
- Applicant **must** provide a Temporary Pedestrian Accessible Route Plan (TPARP) for approval for all Sidewalk Closures. TPARP should show proposed accessible pedestrian detours, signs, barricades, and pedestrian delineation devices. (See Standard Drawing TM844 for general TPARP examples)
- Applicant **must** notify Central Dispatch at the time of street closing and reopening. (541-298-5507)
- Applicant **must** notify adjacent property/business owners prior to closure.
- Applicant **must** provide proof of liability insurance with The City of The Dalles listed as co-insured if City Street/Parking Lot closure is for an event
- Fee **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.

ACKNOWLEDGEMENT OF APPLICANT RESPONSIBILITY

The undersigned agrees to defend, indemnify and hold the City of The Dalles, its officers, agents and employees, harmless from and against all claims, liabilities, demands, damages and actions, of whatever form or nature, including but not limited to property damage, pedestrian accessibility, personal injury and death, together with costs and attorney fees incurred in defense thereof, arising from or relating in any way to the street or sidewalk closure authorized by this permit and the undersigned's activities in connection with this permit. Applicant for City Street or Parking Lot closures for events must provide a Certificate of General Liability Insurance with a minimum of \$1,000,000 coverage, with stated purpose on the Certificate for the event and listing the City of The Dalles as a co-insured. Insurance is in addition to acknowledgement of responsibility and cannot be cancelled without prior notice to the City. In addition the Responsible Person listed on this permit shall remain on-site during the duration of the event and closure.

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.

I understand and agree to the terms of this Sidewalk/Street Closure Permit.

Applicant Signature JJ Castro Date 5/14/2025

CITY USE ONLY

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Receipt of Required Items

TCP for Street/Parking Lot Closure	<input type="checkbox"/> Attached	<input checked="" type="checkbox"/> Not Required
TPARP for Sidewalk Closure	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Not Required
Certificate of General Liability	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Not Required
Payment Received <input type="checkbox"/> Check <input type="checkbox"/> Cash		<input type="checkbox"/> Credit Card

RELATED PERMITS Row Permit

ROUTING ORDER

Department	Approval	Date
Public Works – ADA Coordinator		
Public Works – Transportation Manager		

THIS PERMIT IS:

- ☐ **APPROVED** AND EXPIRES ON _____
- ☐ **APPROVED** WITH REVISIONS AND EXPIRES ON _____
- ☐ **DENIED** FOR FOLLOWING REASON: _____

Authorized by: David Mills Title: _____

Public Works to notify Applicant of final decision

W

E 21st St

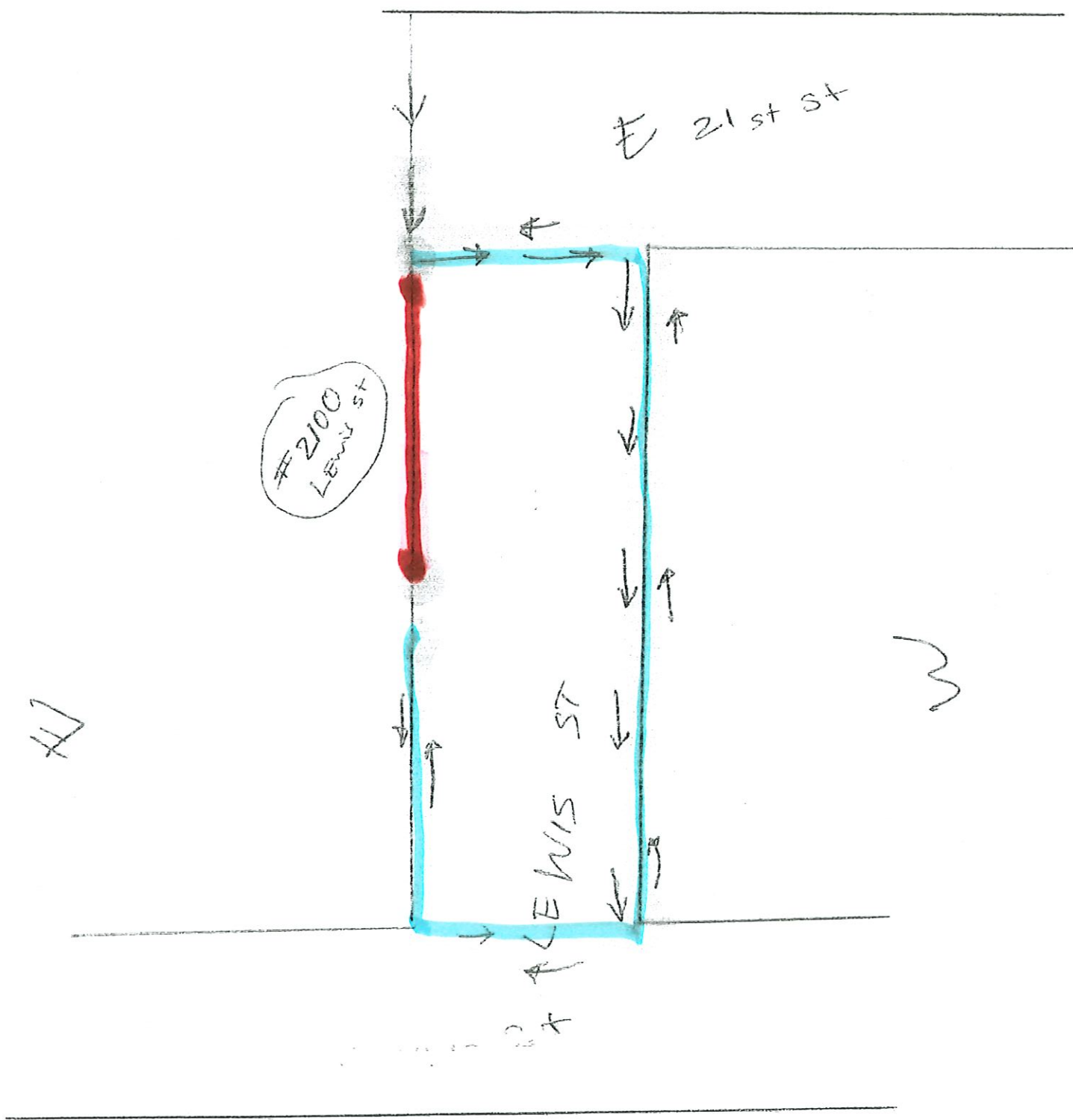
#2100
LEWIS ST

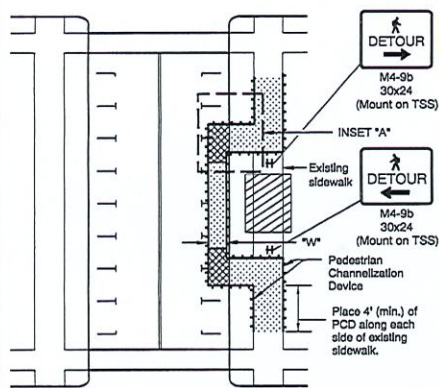
LEWIS ST

2nd

3

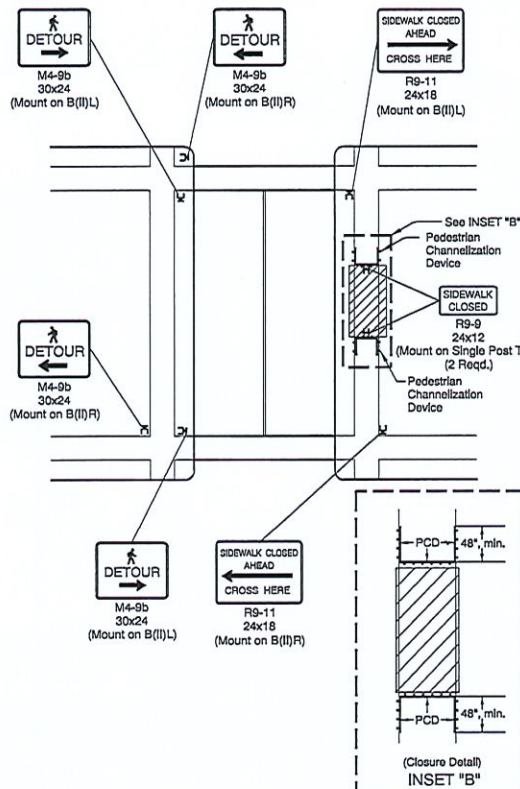
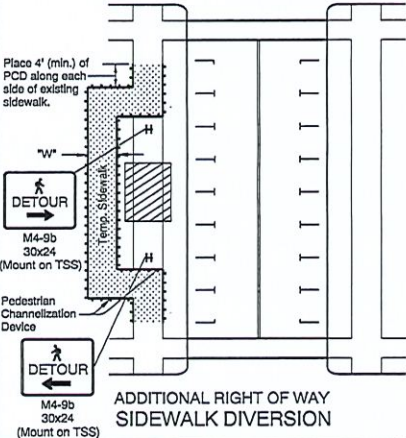
N





WITHIN ROADWAY SIDEWALK DIVERSION

- NOTES:
- Ramp size will vary. Ramp must meet ADA requirements incl. max grade of 7.5% and max cross slope of 2%.
- INSET "A"
- Temp. Sidewalk Ramp
- Place 4' (min.) of PCD along each side of existing sidewalk.
- Temp. Sidewalk Ramp
- INSET "A"



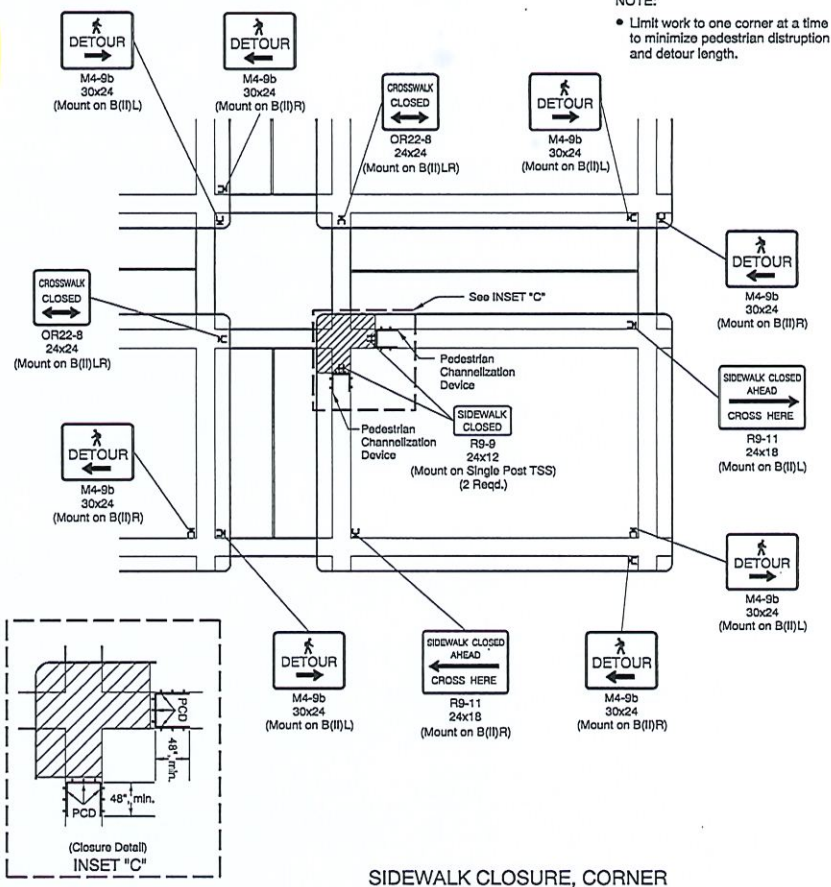
SIDEWALK CLOSURE, MIDBLOCK

GENERAL NOTES FOR ALL DETAILS:

- When closing or relocating crosswalks or other pedestrian facilities provide ADA compliant facilities. Include accessibility features consistent with existing pedestrian facilities by providing adequate slope transitions and surfacing.
- Provide non-slip, 60 inch minimum wide surface through entire pedestrian route. If not possible, provide 48" min. width with 60" x 60" passing spaces every 200 feet along the route.
- Only TCD for pedestrians are shown. Other devices may be necessary to control vehicular traffic.
- Stage work, as necessary, to provide a temporary pedestrian access route at all times. For roadways with no available detours, maintain one open sidewalk at all times.
- Minimize pedestrian out-of-direction travel.

- UNDER PEDESTRIAN TRAFFIC
- UNDER CONSTRUCTION
- PEDESTRIAN CHANNELIZATION DEVICE

To be accompanied by Drg. Nos. TM820 & TM821



SIDEWALK CLOSURE, CORNER

NOTE: All material and workmanship shall be in accordance with the current City of The Dalles Standard Specifications

CITY OF THE DALLES STANDARD DRAWING

TEMPORARY PEDESTRIAN ACCESS ROUTING

2018

DATE	REVISION	DESCRIPTION

The selection and use of this Standard Drawing, while designed in accordance with generally accepted engineering principles and practices, is the sole responsibility of the user and should not be used without consulting a Registered Professional Engineer.

Jean Corbin

From: Jean Corbin <jcorbin7@yahoo.com>
Sent: Monday, April 21, 2025 12:55 PM
To: Jean Corbin
Subject: 2100 Lewis St

WARNING: Email from external source. Links and attachments could pose security risks. Investigate sender and think before you click.







Sent from my iPhone



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/14/2025

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 Columbia River Insurance PO Box 500 606 State St. Hood River OR 97031	CONTACT NAME: Susana Gonzalez PHONE (A/C, No, Ext): (541) 386-2444 E-MAIL ADDRESS: susana@columbiariverins.com FAX (A/C, No): (541) 386-5556
INSURED JJ Castro Construction LLC 5573 Highway 30w The Dalles OR 97058	INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Security Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 24082

COVERAGES**CERTIFICATE NUMBER:** CL2551407562**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:	Y		BLS61305488	05/16/2025	05/16/2026	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000						
	MED EXP (Any one person) \$ 15,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						

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

The certificate holder is additional insured per blanket endorsement when required by written contract Re: Concrete Sidewalks.

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
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.