



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: M. L. Cook

Date: 5-21-25

Address: 500 W. 13th St.

Phone: 574-389-1520

Contact/Responsible Person: "

Phone: "

Email Address: cookie82479@gmail.com

Cell: "

TYPE OF CLOSURE (Check at least 1)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Street for Construction Work | <input 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 5/23/25 (Date/Time) TO 5/30/25 (Date/Time)

LOCATION/ADDRESS OF CLOSURE 500 W 13th St.

REASON FOR CLOSURE house work

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 _____

Date _____

5-21-25

CITY USE ONLY

☐☐☐☐

Receipt of Required Items

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

RELATED PERMITS _____

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: _____

James Sprague

Title: _____

Public Works to notify Applicant of final decision



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

XBP Confirmation Number: **232061875**

▶ Transaction detail for payment to City of The Dalles.		Date: 05/21/2025 - 12:08:57 PM MT	
Transaction Number: 243533070 Mastercard — XXXX-XXXX-XXXX-1214 Status: Successful			
Account #	Item	Quantity	Item Amount
	SidewalkStreet Closure Permit	1	\$10.00

TOTAL: **\$10.00**

Billing Information
Mike Cook
97058

Transaction taken by: Admin JCorbin