



CITY OF THE DALLES PUBLIC WORKS

1215 WEST 1st STREET
THE DALLES, OREGON 97058
(541) 298-5401

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:

06/12/2025

Format: MM/DD/YYYY

Applicant First Name

Micheal

Primary First Name

Applicant Last Name

Gallagher

Primary Last Name

Contact/Responsible Party

Wilson's NAPA Auto Parts - The Dalles

If the responsible party is not the applicant

Email:

Micheal@WilsonsNAPA.com

Primary email address

Business Name:

Wilson's NAPA Auto Parts - The Dalles

Mailing Address:

29025 SW Town Center Loop W. Wilsonville, OR 97070

Phone:

(503) 318-4689

On-call emergency phone number

Other Phone:

(503) 318-4689

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

Please describe other type of right-of-way closure

Location(s) of closure

Close Union inbetween 2nd st. and 3rd st.

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

Customer appreciation event (Tool Sale) -
Open to public

Please write the addresses or sections of sidewalk/street for the requested closure.

Closure begin date

07/17/2025

Format: MM/DD/YYYY

Time

07:00

Closure end date

07/17/2025

Format: MM/DD/YYYY

Time

17:00

Please describe the project or event for the requested closure.

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:

☐ Attached
☐ Attached
☐ Attached
☐ Cash

☐ Not Required
☐ Not Required
☐ Not Required
☐ Credit Card

TPARP for Sidewalk Closure:

Certificate of General Liability:

Payment Received: ☐ Check

Record of Approvals

Americans with Disabilities Act
Coordinator

Transportation Division
Manager

Permit Expiration Date

Jean Corbin

From: Micheal Gallagher <micheal@wilsonsnapa.com>
Sent: Monday, June 16, 2025 3:54 PM
To: publicworks
Subject: Street Closure Application
Attachments: Certificate for City of The Dalles (1).pdf; The Dalles Tool Sale Permit - 2025.pdf; The Dalles Tool Sale Map - 2025.jpeg; The Dalles Tool Sale Flyer.pdf

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

Hello,

We would like to close Center Street next to our store for our Annual Tool Sale Event on July 17th.

I have attached all the documents for a special event permit to close the street. We would also like to have the city crew bring the barricades like we did last year.

Please let me know if you have any questions or need any more documents.

Thank you for your help.

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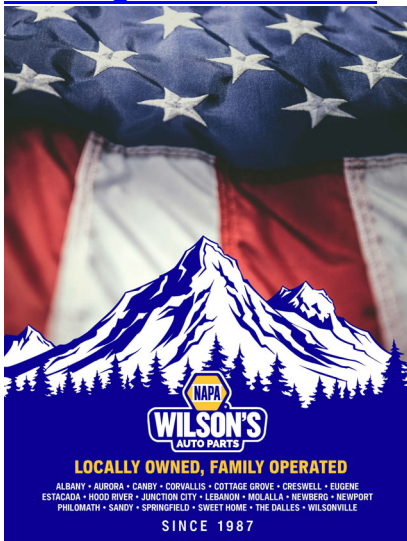
Micheal Gallagher

Wilson's NAPA Auto Parts

IT/Operations Manager

(503) 318-4689

Micheal@WilsonsnAPA.com





SAVE BIG ON TOOLS & EQUIPMENT!



THE DALLES

July 17 from 10am-3pm

101 E 2nd St, The Dalles

- Save up to **40%** on **Tools and Equipment!**
- Lunch provided 11am-1pm





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/10/2025

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 Sentry Insurance 1800 North Point Drive Stevens Point, WI 54481	CONTACT NAME: Sentry Customer Service	
	PHONE (A/C, No, Ext): 800-473-6879	FAX (A/C, No): 800-514-7191
INSURED TWGW Inc 29025 SW Town Center Loop W Wilsonville, OR 97070-9475	EMAIL ADDRESS: businessproducts_direct@sentry.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Middlesex Insurance Company	
	INSURER B: Sentry Insurance Company	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC#		

COVERAGES

CERTIFICATE NUMBER: 2958375

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		A0084832003	08/01/2024	08/01/2025	EACH OCCURRENCE	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	OTHER:							
A	AUTOMOBILE LIABILITY			A0084832001	08/01/2024	08/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			A0084832005	08/01/2024	08/01/2025	EACH OCCURRENCE	\$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 4,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						PRODUCTS - COMP/OP AGG	\$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Cyber Liability and Data Breach Response		N / A	A0084832006	08/01/2024	08/01/2025	Policy Aggregate Limit of Liability	\$ 250,000
	Retention						\$ 10,000	

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

Refer to attached

CERTIFICATE HOLDER

City of The Dalles
and its officers, agents and employees
313 Court St
The Dalles, OR 97058

CANCELLATION

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

John Heyland



AGENCY CUSTOMER ID: XXXXXX6022

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 2 of 2

AGENCY Shaun Retz		NAMED INSURED TWGW Inc
POLICY NUMBER A0084832003		
CARRIER Middlesex Insurance Company	NAIC CODE 23434	
EFFECTIVE DATE: 08/01/2024		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance**General Liability**

Store location: 101 E 2nd St, The Dalles, OR 97058. Tool Sale event on 07/17/25. Tent will be set up with road barricades on Union St, in-between East 2nd St and East 3rd St.



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

XBP Confirmation Number: **234392980**

Transaction detail for payment to City of The Dalles.		Date: 06/16/2025 - 3:45:44 PM MT	
Transaction Number: 245307146 Visa — XXXX-XXXX-XXXX-5917 Status: Successful			
Account #	Item	Quantity	Item Amount
	SidewalkStreet Closure Permit	1	\$60.00

TOTAL: **\$60.00**

Billing Information
Micheal Gallagher
97070

Transaction taken by: Admin JCorbin