



CITY OF THE DALLES PUBLIC WORKS

1215 WEST 1st STREET
THE DALLES, OREGON 97058
(541) 288-5401

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:

07/11/2025

Format: MM/DD/YYYY

Applicant First Name

Leslie

Primary First Name

Applicant Last Name

Naramore

Primary Last Name

Contact/Responsible Party

Leslie Naramore

If the responsible party is not the applicant

Email:

lnaramore@mccac.com

Primary email address

Business Name:

Mid-Columbia Community Action Council

Mailing Address:

2505 West 7th Street, The Dalles, OR 97058

Phone:

(541) 705-7695

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

Please describe other type of right-of-way closure

Location(s) of closure

lincoln street between 2nd and 3rd

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

event, unveiling of new mural at The Annex

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

07/31/2025

Format: MM/DD/YYYY

Time

03:30

Closure end date

07/31/2025

Format: MM/DD/YYYY

Time

05:00

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

Leslie Naramore

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 checked="" 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 checked="" type="checkbox"/> Credit Card

1. No Sidewalk Closures or alterations of the Pedestrian Path are allowed through this Permit.
2. Public Works will set out all traffic control prior to event start.
3. Applicant is responsible for closing all signs and moving all barricades to open the street
4. Public Works will come pickup all traffic control after the completion of the event.

Record of Approvals

Michael H.
Bosse

Digitally signed by
Michael H. Bosse
Date: 2025.07.14
10:18:45 -07'00'

Americans with Disabilities Act
Coordinator

James Sprague

Digitally signed by James
Sprague
Date: 2025.07.14 11:44:34
-07'00'

Transportation Division
Manager

07/31/2025

Permit Expiration Date



Legend

- Cone
- Event Area

Manifest

- 25 x Cone
- 6 x Type II Barricade
- 3 x Detour Sign
- 2 x Road Narrows
- 2 x Road Work Ahead
- 1 x Type III Barricade (Road Closed)



Comments:

Author: David Mills Project: The Annex Mural Celebration Traffic Control Plan



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2025

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 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 The Partners Group 11850 SW 67th Ave Suite 100 Portland OR 97223	CONTACT NAME: Crystal Woods PHONE (A/C, No, Ext): (503) 241-9550 FAX (A/C, No): (503) 274-5411 E-MAIL ADDRESS: cwoods@tpgrp.com														
INSURED Mid-Columbia Community Action Council, Inc. 312 E. 4th Street The Dalles OR 97058	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Selective Insurance Group, Inc.</td><td>12572</td></tr><tr><td>INSURER B: SAIF Corporation</td><td>36196</td></tr><tr><td>INSURER C: Trisura Specialty Insurance</td><td>16188</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Selective Insurance Group, Inc.	12572	INSURER B: SAIF Corporation	36196	INSURER C: Trisura Specialty Insurance	16188	INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:****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:	X		S256657700	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			S256657700	10/1/2024	10/1/2025	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			S256657700	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
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	N/A	287210	1/1/2025	1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Prof Liab/Abuse			S256657700	10/1/2024	10/1/2025	Each oc/Aggregat \$1mil / \$3mil
C	Cyber Liability			ATB661289003	09/13/2024	09/13/2025	Aggregate Limit/Retention \$1mil / \$5,000

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

RE: Mural Unveiling at The Annex on July 31st, 2025.

City of The Dalles is Additional Insured Per the Attached Form: Commercial General Liability Coverage Form CG 00 01 04 13.

CERTIFICATE HOLDER**CANCELLATION**

City of The Dalles 1215 W 1st Street 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 Tom BeLusko/RSPCC4
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City of The Dalles
313 Court Street | PO Box 1790
The Dalles, OR 97058
(541) 296-5481

XBP Confirmation Number: 236829492

Transaction detail for payment to City of The Dalles.		Date: 07/11/2025 - 4:59:44 PM MT	
Transaction Number: 247163579			
Visa — XXXX-XXXX-XXXX-1694			
Status: Successful			
Account #	Item	Quantity	Item Amount
	SidewalkStreet Closure Permit	1	\$10.00

TOTAL: **\$10.00**

(Transaction Notes: PO Number: Kyle B)

Billing Information
Kyle Bray
97058
(541) 705-0976
kbray@mccac.com

Transaction taken by: Admin ckeever

xpress BILL PAY

Success

7/15/2025 12:51 PM

Kyle Bray

Confirmation Number: 237193302

Item	Amount
City of The Dalles	
SidewalkStreet Closure Permit	\$50.00
Transaction Number: 247451491	
Total	\$50.00

Pay Method: Visa****1694

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xpress BILL PAY