



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:

Format: MM/DD/YYYY

Applicant First Name

Applicant Last Name

Primary First Name

Primary Last Name

Contact/Responsible Party

Email:

If the responsible party is not the applicant

Primary email address

Business Name:

Mailing Address:

Phone:

Other Phone:

On-call emergency phone number

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

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

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

Closure end date

Time

Format: MM/DD/YYYY

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

Receipt of Required Items

City Use Only

| | | | | |
|-------------------------------------|----------|------|-------------|----------------|
| TCP for Street/Parking Lot Closure: | Attached | Not | Required | |
| TPARP for Sidewalk Closure: | Attached | Not | Required | |
| Certificate of General Liability: | Attached | Not | Required | Property Owner |
| Payment Received: | Check | Cash | Credit Card | |

Record of Approvals

Americans with Disabilities Act
Coordinator

Transportation Division
Manager

Permit Expiration Date



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

XBP Confirmation Number: **239762832**

| | | | |
|---|-------------------------------|--------------------------------|-------------|
| ▶ Transaction detail for payment to City of The Dalles. | | Date: 08/11/2025 - 12:08 PM MT | |
| Transaction Number: 249430844 Mastercard — XXXX-XXXX-XXXX-1631 Status: Successful | | | |
| Account # | Item | Quantity | Item Amount |
| | SidewalkStreet Closure Permit | 1 | \$10.00 |

TOTAL: **\$10.00**

Billing Information
Justin Cardwell
97058

Transaction taken by: Admin JCorbin

1N 13E 10 AA 5300

Taxlot **1N 13E 10 AA 5300**

Account Number **6184**

Taxpayer **CARDWELL JUSTIN P**

Mailing Address **1312 E 16TH ST**

Address Line 2

Address Line 3

City **THE DALLES**

State **Oregon**

ZIP **97058**

GIS Acres **0.12**

For more information click below:

[Assessor's Web Tax/ Clerk's Research Room](#)

Related tables:

Taxlots - Owners



[Zoom to](#)

