



## 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 seven (7) 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](mailto: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: Still Waters Massage & Esthetics llc Date: 8/14/2025  
Address: 203 Washington st The Dalles Or 97058 Phone: 5099939874  
Contact/Responsible Person Crystal Breedlove Phone: 5099939874  
Email Address: Stillwatersmande@gmail.com Cell: \_\_\_\_\_

### TYPE OF CLOSURE (Check at least 1)

- |   |   |
|---|---|
| <input 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 checked="" type="checkbox"/> Other               |

CLOSURE FROM 10/18/2025 3pm (Date/Time) TO 10/18/2025 12:00am (Date/Time)

LOCATION/ADDRESS OF CLOSURE Between 205 and 203

REASON FOR CLOSURE We want to participate it witches walk, we will be blocking 4 parking spots in front of my building. We will put up a DJ booth with some music and lights. We will post signs to block the spots. The sidewalk will remain open

### 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.
  - 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

**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.**

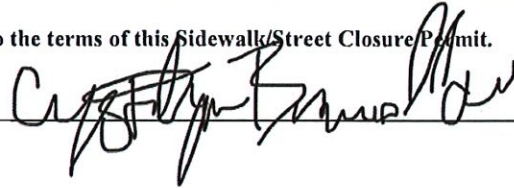
## ACKNOWLEDGEMENT OF APPLICANT RESPONSIBILITY

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

8/14/25

## CITY USE ONLY

☐

No sidewalk closure with this permit - TS

☐

Proposed tents must stay confined to parking spaces

☐☐

### 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


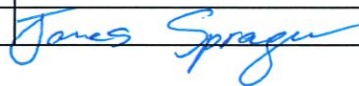
☐ Check

☐ Cash

☒ Credit Card

## RELATED PERMITS

## ROUTING ORDER

Department	Approval	Date
Public Works – ADA Coordinator		8/25/25
Human Resources - Risk Manager		
Public Works – Transportation Manager		8/25/25

### THIS PERMIT IS:

☐

APPROVED AND EXPIRES ON \_\_\_\_\_

☐

APPROVED WITH REVISIONS AND EXPIRES ON \_\_\_\_\_

☐

DENIED FOR FOLLOWING REASON: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Title: \_\_\_\_\_

Public Works to notify Applicant of final decision

## Jean Corbin

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**From:** Crystal Breedlove <stillwatersmande@gmail.com>  
**Sent:** Monday, August 18, 2025 1:56 PM  
**To:** Jean Corbin  
**Subject:** Still waters

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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

We plan on blocking 4 spots. I put two tents we may only use one but figured better over estimate to be covered. There will be some music and some lights to attract people. I will keep the space in front of and around my location clear on the sidewalks

Also I lied lol we do have a sidewalk across the street. Not sure why I thought there wasn't









# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/08/2025

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	JUDITH MORRISON (73-71-34) ) Po Box 1151 Stevenson, WA 98648		CONTACT NAME:		
			PHONE (A/C, NO, EXT):	(509) 427-5517	FAX (A/C, NO): 999-999-9999
			E-MAIL ADDRESS:	jmorrison@farmersagent.com	
			INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	STILL WATERS ESTHETICS STILL WATERS ESTHETICS 203 WASHINGTON ST THE DALLES, OR 97058-2134		INSURER A:	Truck Insurance Exchange	21709
			INSURER B:	Farmers Insurance Exchange	21652
			INSURER C:	Mid Century Insurance Company	21687
			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 NAME 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		ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			607051781	09/07/2025	09/07/2026	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/>	CLAIMS-MADE						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$75,000
	<input checked="" type="checkbox"/>	OCCUR						MED EXP (Any one person)	\$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$1,000,000
	<input checked="" type="checkbox"/>	POLICY						GENERAL AGGREGATE	\$2,000,000
	<input type="checkbox"/>	PROJECT						PRODUCTS - COMP/OP AGG	\$1,000,000
		LOC							\$
		OTHER:							
<input type="checkbox"/>	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	HIRED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/>	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	NON-OWNED AUTOS ONLY							\$
<input type="checkbox"/>	<input type="checkbox"/>	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/>	EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/>	DED							\$
		RETENTION \$							
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTHER \$
	<input type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$
		If yes, describe under DESCRIPTION OF OPERATIONS below						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)  
203 WASHINGTON ST, THE DALLES, OR, 97058

CERTIFICATE HOLDER

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



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

XBP Confirmation Number: **241185228**

Transaction detail for payment to City of The Dalles.		Date: 08/25/2025 - 10:12 AM MT	
Transaction Number: 250533399 Visa — XXXX-XXXX-XXXX-3334 Status: Successful			
Account #	Item	Quantity	Item Amount
	SidewalkStreet Closure Permit	1	\$10.00

**TOTAL:** **\$10.00**

**Billing Information**  
Crystal Breedlove  
97058

**Transaction taken by:** Admin JCorbin