



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

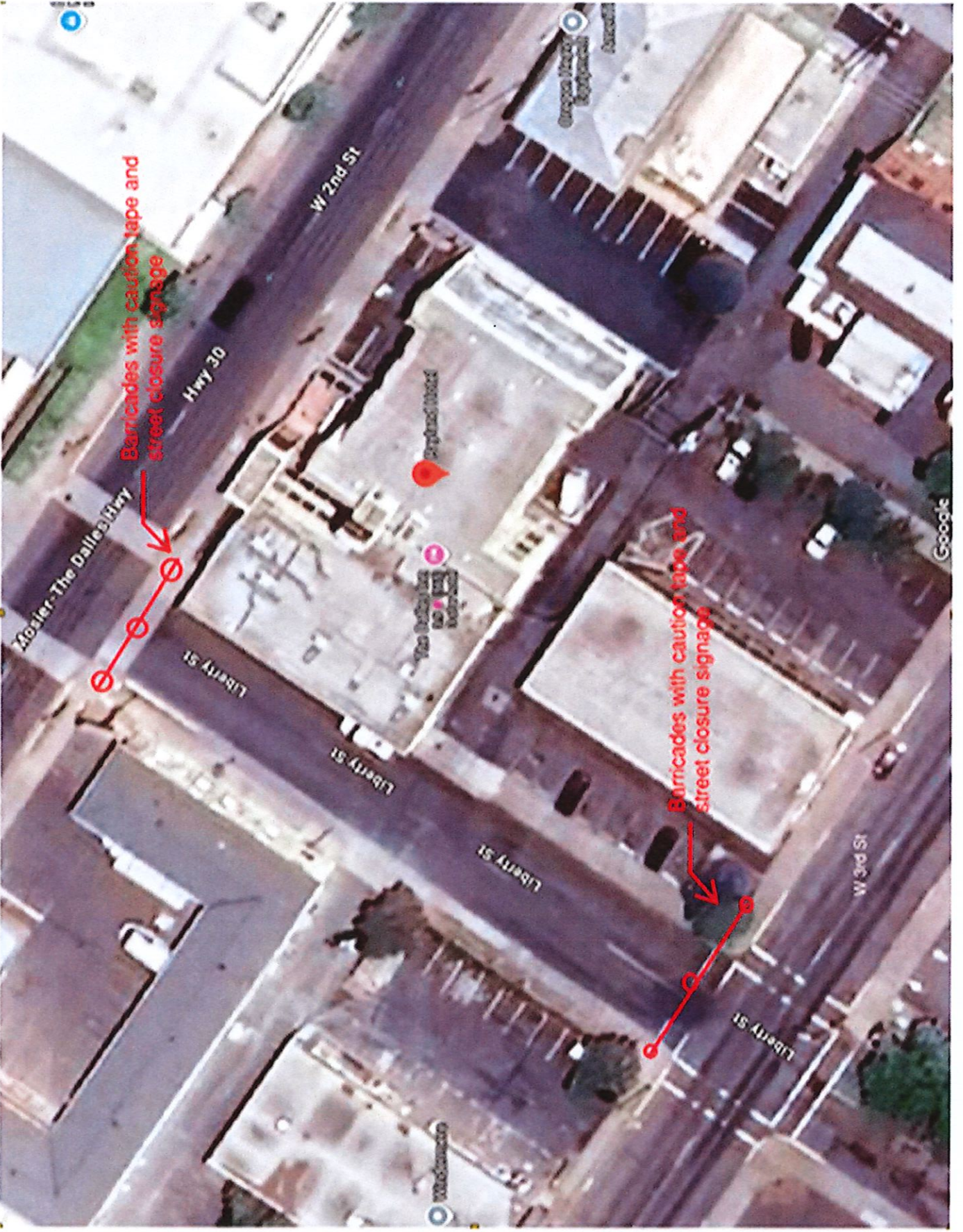
TCP for Street/Parking Lot Closure:	Attached	Not Required
TPARP for Sidewalk Closure:	Attached	Not Required
Certificate of General Liability:	Attached	Not Required
Payment Received:	Check Cash	Credit Card

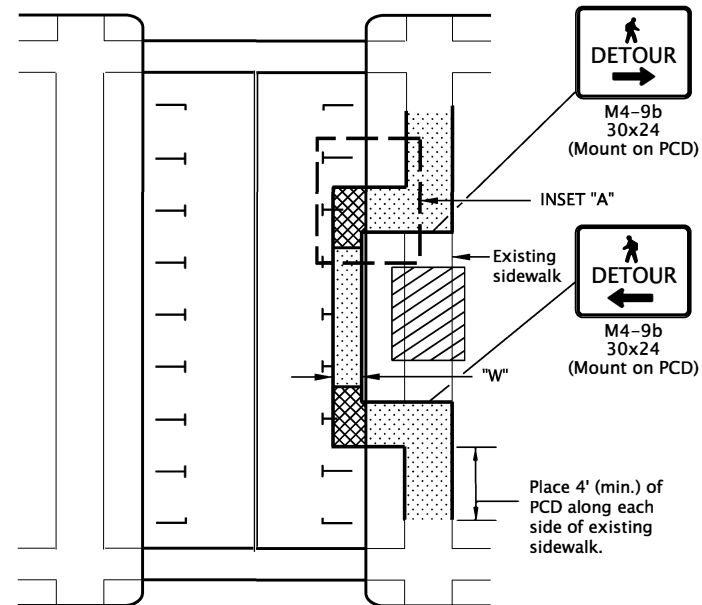
Record of Approvals

Americans with Disabilities Act
Coordinator

Transportation Division
Manager

Permit Expiration Date





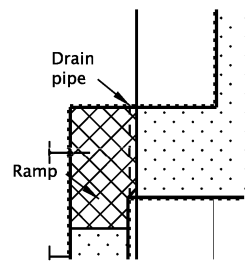
Within Roadway SIDEWALK DIVERSION

NOTES:

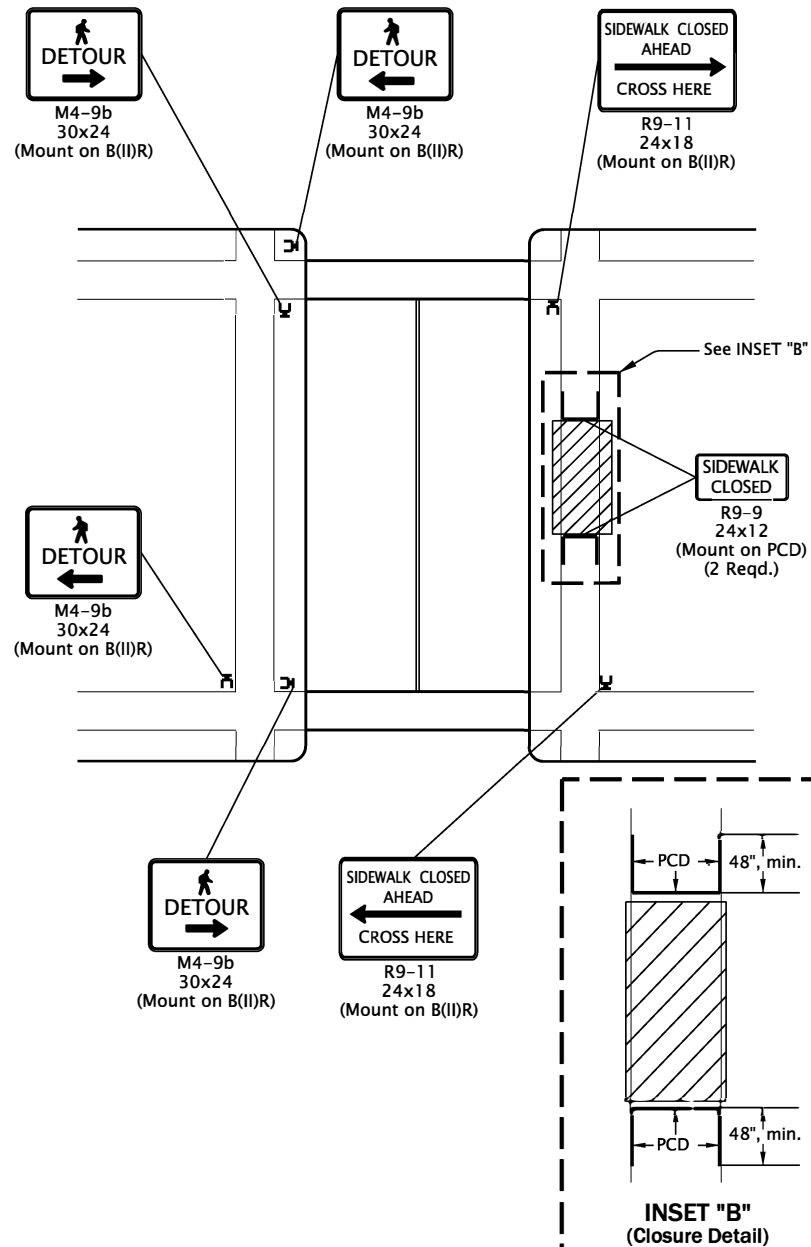
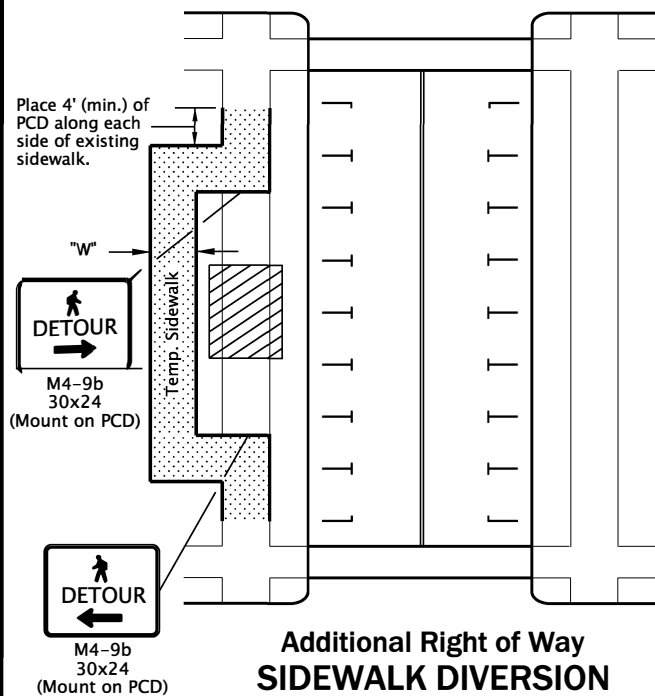
- Place or construct temp. sidewalk ramp, as needed.
- For roadways with a pre-construction posted speed of 40 mph or less.
- See inset "A" for Temp. Sidewalk Ramp details.
- "W" = 60", or, where 60" width cannot be maintained through the entire route, provide 48" min. width with 60" x 60" passing spaces every 200 ft.
- Use temporary ADA compliant surfaces to cross planter strips or other non-traversable surfaces.

NOTES:

- Ramp size will vary. Ramp must meet ADA requirements incl. max. finished surf. slope of 8.3% and max. finished cross slope of 2.0%.



INSET "A"
(Temp. Sidewalk Ramp)



SIDEWALK CLOSURE, MIDBLOCK

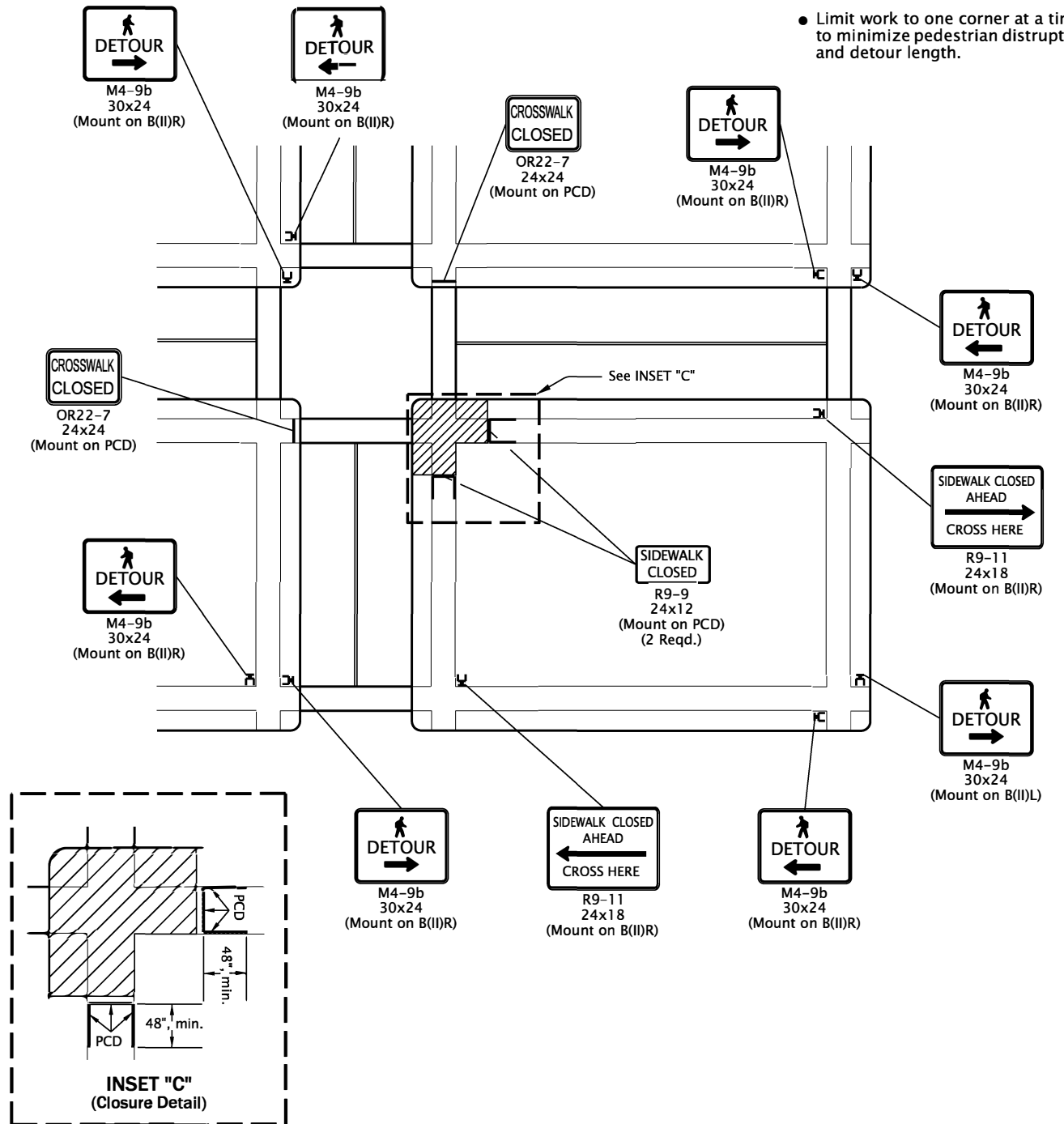
GENERAL NOTES FOR ALL DETAILS:

- When closing or relocating crosswalks or other pedestrian facilities provide ADA compliant facilities. Include accessibility features consistent with existing pedestrian facilities by providing adequate slope transitions and surfacing.
- Provide non-slip, 60 inch minimum wide surface through entire pedestrian route. If not possible, provide 48" min. width with 60" x 60" passing spaces every 200 feet along the route.
- Only TCD for pedestrians are shown. Other devices may be necessary to control vehicular traffic.
- Stage work, as necessary, to provide a temporary pedestrian access route at all times. For roadways with no available detours, maintain one open sidewalk at all times.
- Minimize pedestrian out-of-direction travel.
- To be accompanied by Dwg. Nos. TM820 & TM821.

UNDER PEDESTRIAN TRAFFIC

UNDER CONSTRUCTION

PEDESTRIAN CHANNELIZING DEVICE (PCD)



SIDEWALK CLOSURE, CORNER

NOTE:

- Limit work to one corner at a time to minimize pedestrian disruption and detour length.

The selection and use of this Standard Drawing, while designed in accordance with generally accepted engineering principles and practices, is the sole responsibility of the user and should not be used without first consulting a Registered Professional Engineer.

NOTE: All material and workmanship shall be in accordance with the current City of The Dalles Standard Specifications

CITY OF THE DALLES STANDARD DRAWINGS TEMPORARY PEDESTRIAN ACCESSIBLE ROUTES

2025

DATE	REVISION	DESCRIPTION
01-2022	REVISION DESCRIPTION	
07-2023	Revised notes for temporary sidewalk ramp.	
	OR22-8 signs were replaced with OR22-7 signs.	

CALC. BOOK NO. - - - N/A - - - SDR DATE - 14-JUL-2023 - **TM844**



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

XBP Confirmation Number: 241309981

Transaction detail for payment to City of The Dalles.		Date: 08/26/2025 - 1:03 PM MT	
Transaction Number: 250622741 Mastercard — XXXX-XXXX-XXXX-6491 Status: Successful			
Account #	Item	Quantity	Item Amount
	SidewalkStreet Closure Permit	1	\$10.00

TOTAL: **\$10.00**

Billing Information
Devco Mechanical
97058
(541) 298-8889
alex@devcomechanical.com

Transaction taken by: Admin ckeever



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/19/2025

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 FEDERATED MUTUAL INSURANCE COMPANY AND ITS AFFILIATES INCLUDING PRIMARY SOURCE INSURANCE AGENCY 121 E. PARK SQUARE OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
INSURED DEVCO MECHANICAL, INC. 1539 BARGEWAY RD THE DALLES, OR 97058-3584	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: CERTAIN UNDERWRITERS AT LLOYDS LONDON	15792
	INSURER B: FEDERATED RESERVE INSURANCE COMPANY	16024
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 311

REVISION NUMBER: 1

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						
B	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			Y	N	9239817	01/01/2025	01/01/2026	EACH OCCURRENCE		\$1,000,000			
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		\$100,000			
	<input type="checkbox"/>									MED EXP (Any one person)		\$5,000			
	<input type="checkbox"/>									PERSONAL & ADV INJURY		\$1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE						\$2,000,000					
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT						<input type="checkbox"/>	LOC	PRODUCTS & COMP/OP ACC		\$2,000,000	
	<input type="checkbox"/>	OTHER:													
B	AUTOMOBILE LIABILITY				N	N	9239817	01/01/2025	01/01/2026	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)					
	<input type="checkbox"/>														
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB		<input checked="" type="checkbox"/>	OCCUR	N	N	9239819	01/01/2025	01/01/2026	EACH OCCURRENCE		\$5,000,000		
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE						AGGREGATE		\$5,000,000		
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION											
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				Y/N	N/A	N	9239818	01/01/2025	01/01/2026	<input checked="" type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTHER	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)										E.L EACH ACCIDENT		\$1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L DISEASE EA EMPLOYEE		\$1,000,000		
											E.L DISEASE - POLICY LIMIT		\$1,000,000		
A	CONTRACTORS POLLUTION LIABILITY				Y	Y	CPLI00542001	08/11/2025	08/11/2026	EACH LIMIT		\$1,000,000			
										AGGREGATE		\$1,000,000			

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

SEE ATTACHED PAGE

CERTIFICATE HOLDER

CITY OF THE DALLES
313 COURT ST
THE DALLES, OR 97058-2111

311 1

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

Nicholas R. Lower



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 1 of 1

AGENCY FEDERATED MUTUAL INSURANCE COMPANY AND ITS AFFILIATES INCLUDING PRIMARY SOURCE INSURANCE AGENCY		NAMED INSURED DEVCO MECHANICAL, INC. 1539 BARGEWAY RD THE DALLES, OR 97058-3584
POLICY NUMBER SEE CERTIFICATE # 311.1		
CARRIER SEE CERTIFICATE # 311.1	NAIC CODE	EFFECTIVE DATE: SEE CERTIFICATE # 311.1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

POLICY COVERAGE AS OF 08/18/2025

SECONDARY POLICY(S)

EL	N/A	N	9239818	01/01/2025	01/01/2026	WC STATUTORY LIMITS	YES
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE-EA EMPL	\$1,000,000
						E.L. DISEASE-POL LIMIT	\$1,000,000

STOP-GAP (EMPLOYER'S LIABILITY) COVERED STATE(S) WA

FINANCE OFFICE HEAT PUMP SYSTEM REPLACEMENT: 313 COURT STREET THE DALLES, OR
THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED SUBJECT TO THE CONDITIONS OF THE ADDITIONAL INSURED - OWNERS,
LESSEES OR CONTRACTORS - AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN CONSTRUCTION AGREEMENT WITH YOU ENDORSEMENT
FOR GENERAL LIABILITY.
PROJECT NAME: POMONA WAREHOUSE; LOCATION: 730 POMONA STREET WEST , THE DALLES, OREGON, 97058.
THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED SUBJECT TO THE CONDITIONS OF THE ADDITIONAL INSURED ENDORSEMENT FOR
CONTRACTORS POLLUTION LIABILITY. THE CONTRACTORS POLLUTION LIABILITY COVERAGE CONTAINS A WAIVER OF SUBROGATION IN
FAVOR OF THE CERTIFICATE HOLDER SUBJECT TO THE CONDITIONS OF THE WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST
OTHERS TO US. INSURANCE PROVIDED BY THE CONTRACTORS POLLUTION LIABILITY IS PRIMARY AND NONCONTRIBUTORY OVER OTHER
INSURANCE SUBJECT TO THE CONDITIONS OF THE PRIMARY NON-CONTRIBUTORY ENDORSEMENT.