



# 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 five (5) 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: Josh Green Date: 9/3/2025  
Address: 2658 Reed Rd Hood River, OR 97031 Phone: 541-806-0366  
Contact/Responsible Person: Josh Green Phone: " "  
Email Address: concretecowboysllc@yahoo.com Cell: 541-806-0366

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

- |   |  |
|---|--|
| <input type="checkbox"/> Street for Construction Work | <input checked="" 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 type="checkbox"/> Other                                     |

CLOSURE FROM 9/5/2025 (Date/Time) TO 9/20/2025 (Date/Time)

LOCATION/ADDRESS OF CLOSURE 822 E. 2nd St The Dalles, OR 97058

REASON FOR CLOSURE Paving curbs, sidewalk & ADA

### 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.

**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.**

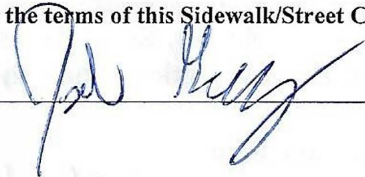
## ACKNOWLEDGEMENT OF APPLICANT RESPONSIBILITY

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

9/3/2025

### CITY USE ONLY

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

#### Receipt of Required Items

TCP for Street/Parking Lot Closure	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Required
TPARP for Sidewalk Closure	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Required
Certificate of General Liability	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Required
Payment Received	<input type="checkbox"/> Check <input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card

### RELATED PERMITS

### ROUTING ORDER

Department	Approval	Date
Public Works – ADA Coordinator		
Public Works – Transportation Manager		

#### 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



# Record of Approvals

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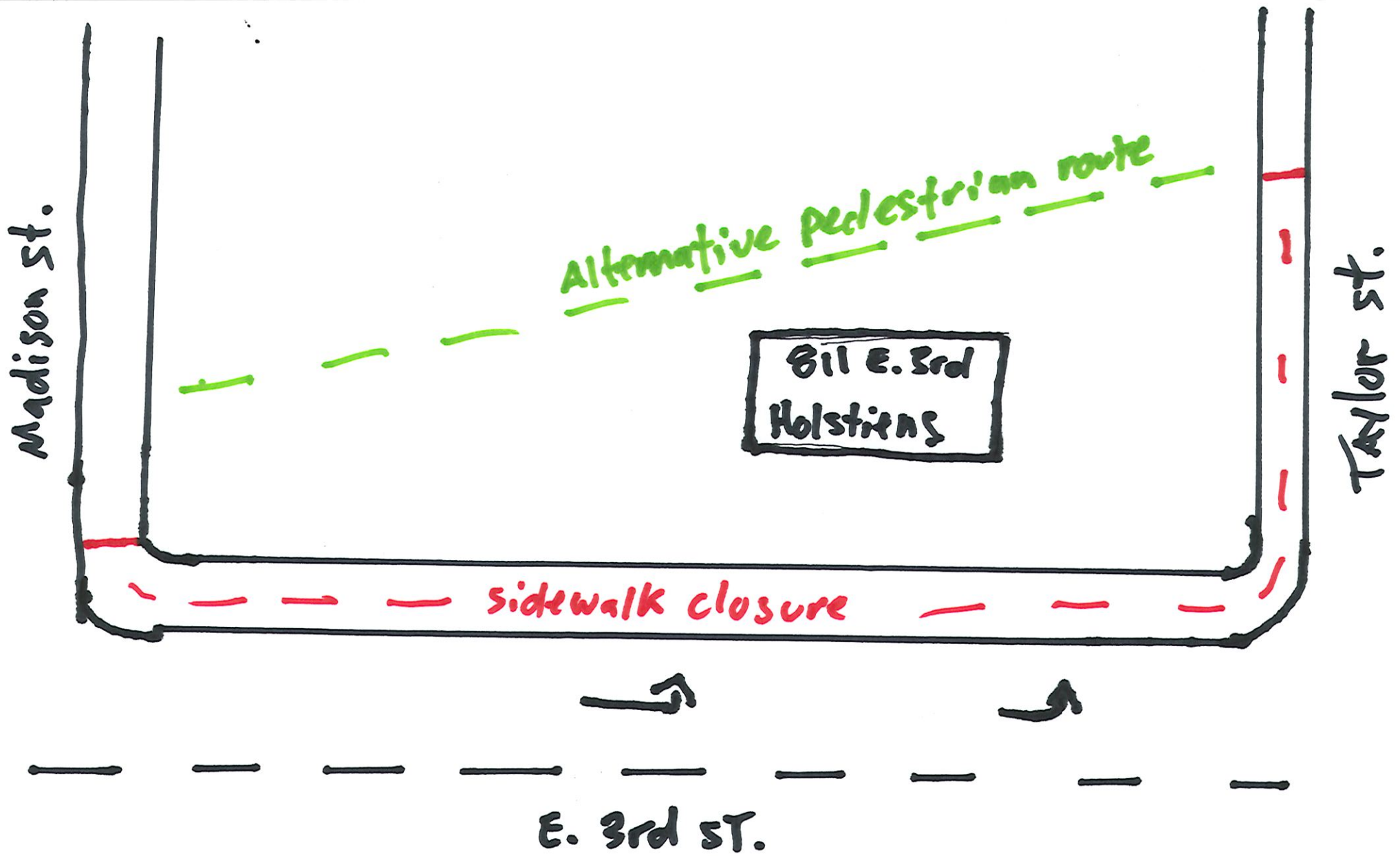
Americans with Disabilities Act  
Coordinator

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Transportation Division  
Manager

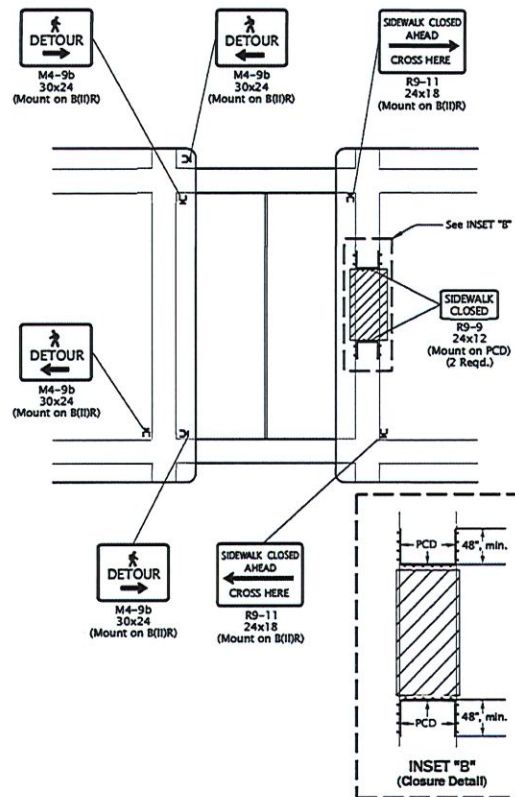
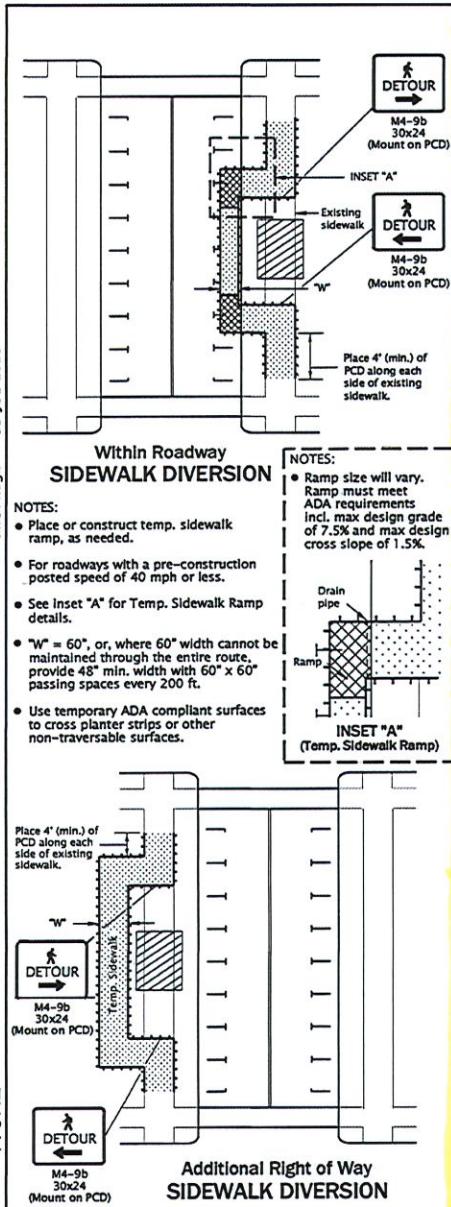
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Permit Expiration Date



- Sidewalk will have barricades on each end with sidewalk closed signage.

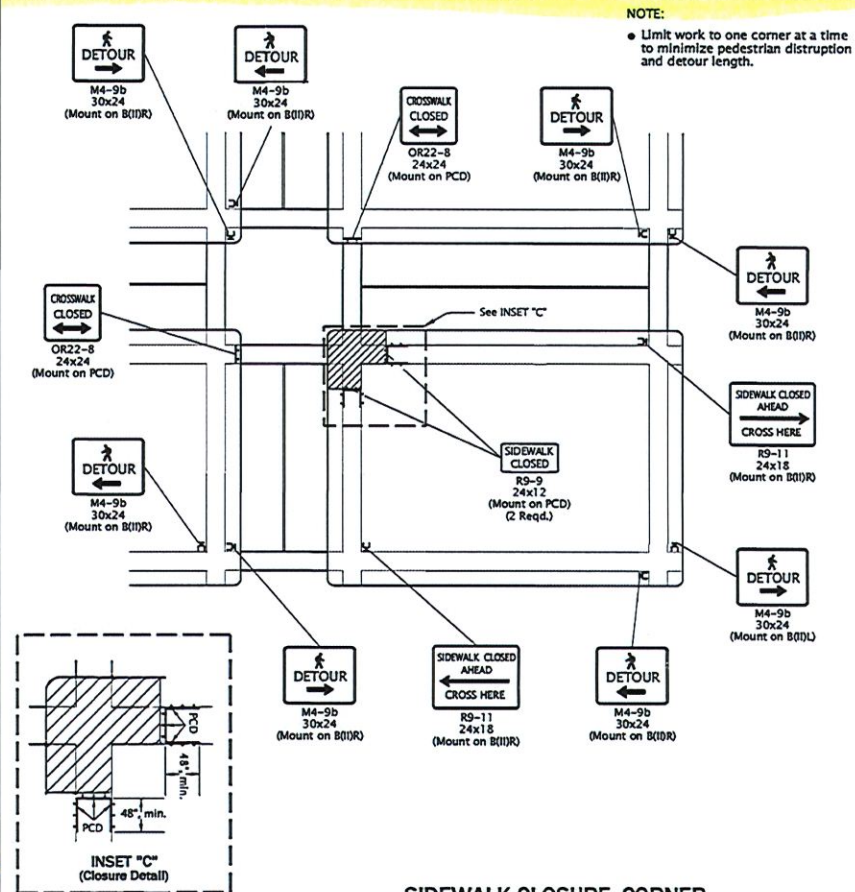
- Sullivan Excavating  
- (TRARP)



#### 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.

- UNDER PEDESTRIAN TRAFFIC
- UNDER CONSTRUCTION
- PEDESTRIAN CHANNELIZING DEVICE (PCD)



CALC. BOOK NO.	N/A	SDR DATE	01-JUL-2020
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			
2022			
DATE	REVISION	DESCRIPTION	

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 consulting a Registered Professional Engineer.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/05/2025

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).

<b>PRODUCER</b>  <b>Gelfand Insurance Group</b> <b>1975 SW 8th Ave</b> <b>West Linn, OR 97068</b>	<b>CONTACT NAME:</b> Claudia Gonzalez <b>PHONE (A/C, No. Ext):</b> 503-650-3727 <b>E-MAIL ADDRESS:</b> claudia@gelfandinsurance.com <b>FAX (A/C, No):</b> (541)248-6252
<b>INSURED</b>  <b>GORGE CONCRETE COWBOYS LLC</b> <b>2658 Reed Rd</b> <b>Hood River, OR 97031</b>	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Contractors Bonding and Insurance Company <b>INSURER B:</b> OHIO SECURITY INSURANCE CO <b>INSURER C:</b> SAIF Corp <b>INSURER D:</b> WESTERN SURETY COMPANY <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b>  <b>24082</b> <b>36196</b>


**COVERAGES****CERTIFICATE NUMBER: 00009587-0****REVISION NUMBER: 96**

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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:	<b>Y</b>		<b>CKA0528277</b>	<b>03/17/2025</b>	<b>03/17/2026</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
<b>B</b>	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			<b>BAS56669396</b>	<b>04/23/2025</b>	<b>04/23/2026</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y / N</b> <input type="checkbox"/> <b>N / A</b>		<b>853412</b>	<b>08/01/2025</b>	<b>08/01/2026</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
<b>D</b>	<b>Bond</b>			<b>63297242</b>	<b>08/01/2025</b>	<b>08/01/2026</b>	\$ <b>55,000</b>

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

**Certificate holder is additional insured.****CERTIFICATE HOLDER****CANCELLATION**

<b>City of The Dalles - Public works Department</b> <b>1215 W. 1st Street</b> <b>The Dalles, OR 97058</b>	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b>  (CGC)
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