



## CITY OF THE DALLES PUBLIC WORKS

1215 WEST 1<sup>st</sup> 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:

11/18/2025

Format: MM/DD/YYYY

Applicant First Name

Kirsten

Primary First Name

Applicant Last Name

Benko

Primary Last Name

Contact/Responsible Party

Kirsten Benko

If the responsible party is not the applicant

Email:

info@nationalneonsignmuseum.org

Primary email address

Business Name:

The National Neon Sign Museum

Mailing Address:

PO Box 2007, The Dalles 97058

Phone:

(360) 567-7412

On-call emergency phone number

Other Phone:

(541) 370-2242

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

The sleigh from the Starlight Parade will be parking in front of the museum, generally where the ACL bus stop is located, directly in front of the building. The sleigh will be giving rides to guests downtown on Saturday, November 29, 2025 from 10-3.

Please describe other type of right-of-way closure

Location(s) of closure

Parking closure from Court and 3rd to end of museum east property. Do I need to fill out a TPARP, since we are not diverting any traffic?

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

The Starlight Parade float (Sleigh) will be giving sleigh rides to the public from 10-3 on Saturday, Nov. 29, 2025. Their stop will be in front of the museum for pick up

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

11/29/2025

08:00

Format: MM/DD/YYYY

Closure end date

Time

11/29/2025

03:00

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

Kirsten Y Benko

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

Fee Waived Community Event

# Record of Approvals

Michael H.  
Bosse

Digitally signed by  
Michael H. Bosse  
Date: 2025.11.19  
12:02:07 -08'00'

Americans with Disabilities Act  
Coordinator

James Sprague

Digitally signed by James  
Sprague  
Date: 2025.11.19 12:44:45  
-08'00'

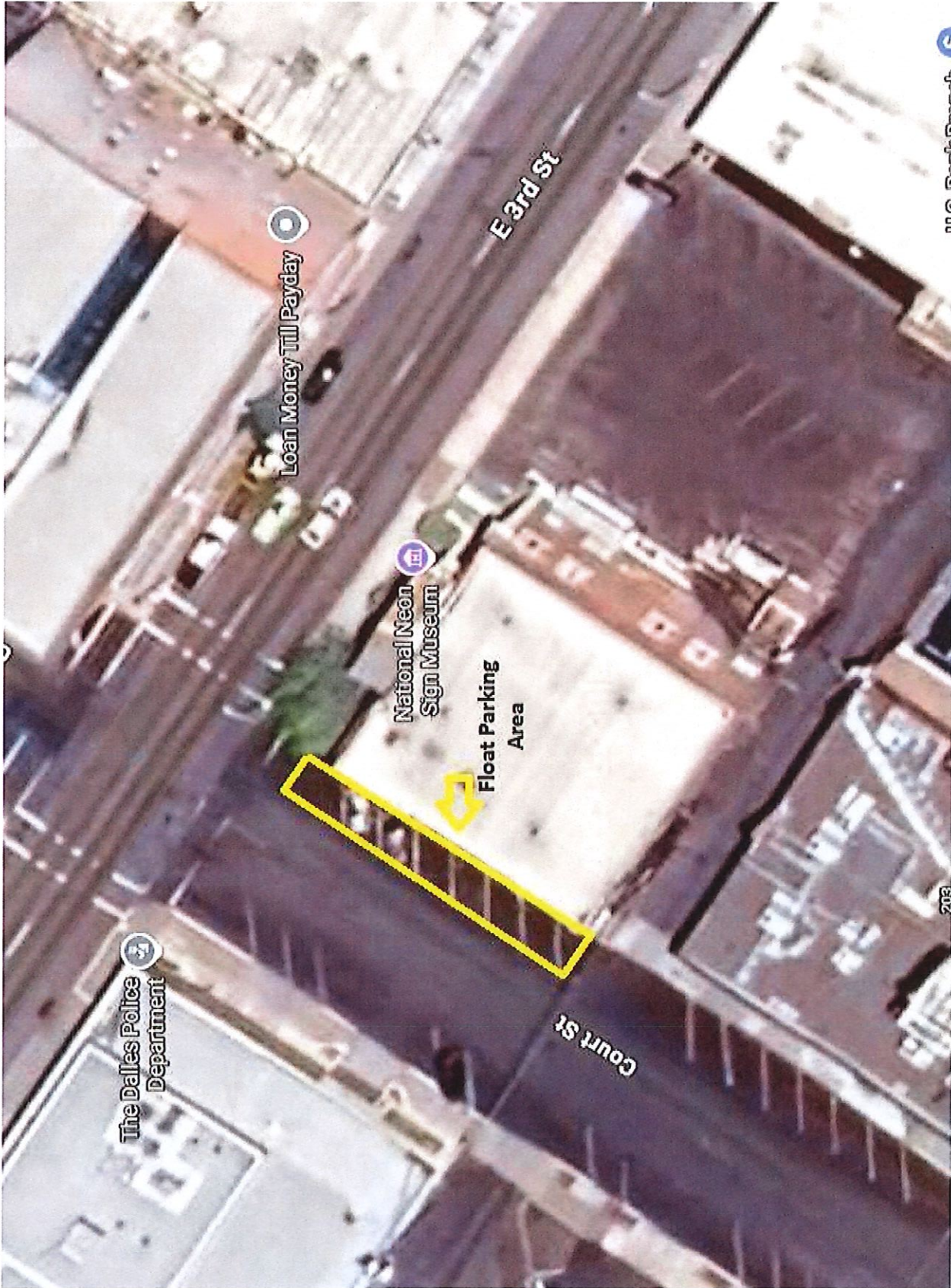
Transportation Division  
Manager

11/19/2025

Permit Expiration Date



1. No closing or narrowing of the sidewalk or pedestrian route is allowed by this permit.
2. Closure is approved for Court Street in the parking stall area between 3rd street and the alley.
3. All event vehicles must be contained to the parking area.
4. Public Works will provide the no parking signs for the event. These will be picked up at the completion of the scheduled event.





## Jean Corbin

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**From:** Kirsten Benko <info@nationalneonsignmuseum.org>  
**Sent:** Tuesday, November 18, 2025 4:44 PM  
**To:** Jean Corbin  
**Subject:** Re: Street Closure Nov 29 2025

**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.

Hi Jean-

The event is free to the public. We don't think we need the entire length of the property closed. It will pull up in front of the physical museum. I sent the map prior in a separate file. The yellow indicates the area that the float will occupy. Karen has attached the insurance document. The truck is approximately 72" wide by 14' in length. The float is 96" wide by 25" in length. Let me know if my map satisfies the other details.

Sincerely,  
Kirsten

On Tue, Nov 18, 2025 at 12:45 PM Jean Corbin <[jcorbin@ci.the-dalles.or.us](mailto:jcorbin@ci.the-dalles.or.us)> wrote:

Hello Kirsten,

I have received your application for the Sleigh Rides.

Yes, we will need a map showing the location you are wanting to have closed for the sleigh pick up and drop off location. This can be as simple as a google map.

I have a few follow up questions before we can send off for approval. What is the width of the float? Are you asking to close the parking strip all along 3<sup>rd</sup> to the end of your property next to the bank? And is this a free event to the community members?

Please feel free to call me if you have any questions.

Thank you

*Jean Corbin*

Administrative Secretary

City of The Dalles

1215 W. 1<sup>st</sup> Street

The Dalles, OR. 97058

541-506-2001

[jcorbin@ci.the-dalles.or.us](mailto:jcorbin@ci.the-dalles.or.us)

PUBLIC RECORDS LAW DISCLOSURE:

This email is a public record of the City of Dalles and is subject to public inspection unless exempt from disclosure under Oregon Public Records Law.

This email is also subject to the City's Public Records Retention Schedule.

**From:** Kirsten Benko <[info@nationalneonsignmuseum.org](mailto:info@nationalneonsignmuseum.org)>

**Sent:** Tuesday, November 18, 2025 12:07 PM

**To:** Jean Corbin <[jcorbin@ci.the-dalles.or.us](mailto:jcorbin@ci.the-dalles.or.us)>; Dean Dollarhide <[dean@deandollarhide.com](mailto:dean@deandollarhide.com)>

**Subject:** Street Closure Nov 29 2025

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

Dear Jean,

Attached please find the "street closure" for Nov. 29, 2025. The parade "Sleigh" will be parked in front of the museum for sleigh rides 10-3 on Nov. 29th. I have called State Farm for the needed insurance document. I can pay the fee to your office over the phone.

Thanks,

Kirsten

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National Neon Sign Museum

Street: 200 East 3rd Street

PO Box: 2007




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/19/2025

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).

<b>PRODUCER</b>  Dean Dollarhide 503 E 2nd St The Dalles OR 97058	<b>CONTACT</b> NAME: Dean Dollarhide PHONE (A/C, No, Ext): 541-298-3276 E-MAIL ADDRESS: dean.dollarhide.ud33@statefarm.com FAX (A/C, No): <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : State Farm Fire and Casualty Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 25143
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<b>INSURED</b> THE NATIONAL NEON SIGN MUSEUM 200 E 3RD ST THE DALLES OR 970582202	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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	ADD INSD	SUB 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	N	97-CU-Y186-2	05/13/2025	05/13/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						N/A \$
							PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT \$ 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)

**CERTIFICATE HOLDER****CANCELLATION**

The City of The Dalles 313 Court St 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 This form was system-generated on 11/19/2025
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