



CITY OF THE DALLES PUBLIC WORKS

1215 WEST FIRST STREET
THE DALLES, OREGON 97058
(541) 296-5401

Application Fee	\$50
Expedite Fee	\$50
Deployment Fee	\$100

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. 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: William Rios / Wasco County Date: 2/19/2026
 Address: 401 E 14th Street Phone: (541) 980-3332
 Contact/Responsible Person William Rios Phone: _____
 Email Address: Williamr@wascocountyor.gov Cell: (541) 980-3332

<u>TYPE OF CLOSURE (Check at least 1)</u>	
<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 2/24/26 8am (Date/Time) TO 2/24/26 4:30pm (Date/Time)

LOCATION/ADDRESS OF CLOSURE Federal St between 2nd and 3rd

REASON FOR CLOSURE Unloading Building Supplies

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.
- 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 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 2/19/26

CITY USE ONLY

- _____
- _____
- _____
- _____

<u>Receipt of Required Items</u>			
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
			No Fee Required

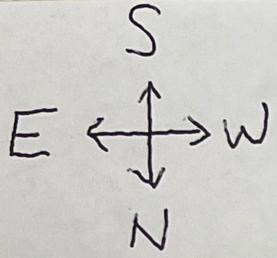
RELATED PERMITS _____

ROUTING ORDER

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

THIS PERMIT IS:	
<input type="checkbox"/>	APPROVED AND EXPIRES ON _____
<input type="checkbox"/>	APPROVED WITH REVISIONS AND EXPIRES ON _____
<input type="checkbox"/>	DENIED FOR FOLLOWING REASON: _____
Authorized by: _____	Title: _____

Public Works to notify Applicant of final decision



3rd

SIDEWALK
CLOSED

SIDEWALK
CLOSED AHEAD

DETOUR

Work
Area
Entrance

FEDERAL

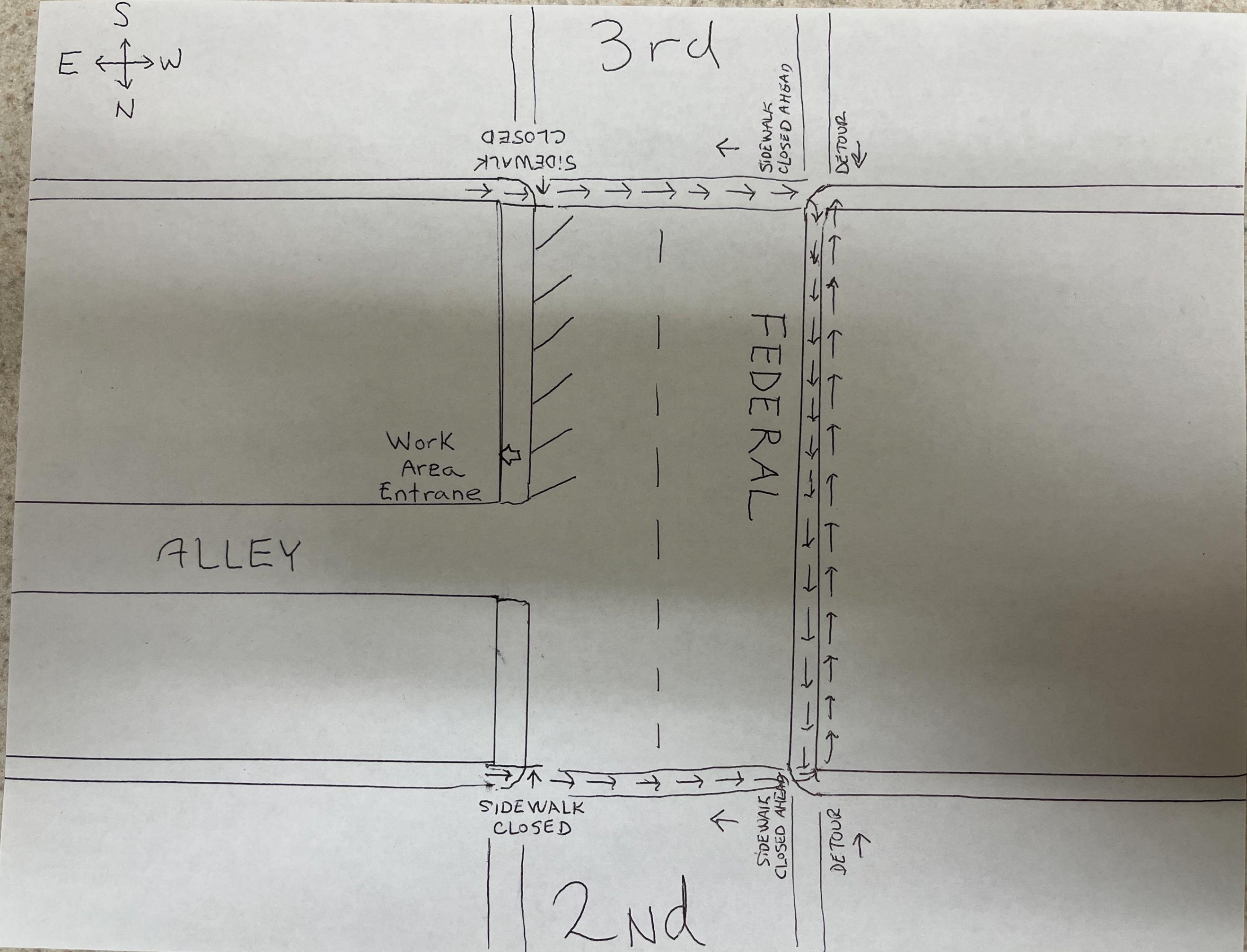
ALLEY

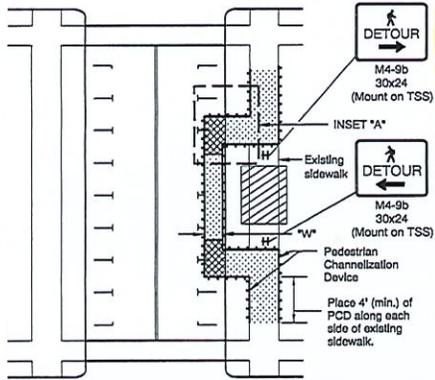
SIDEWALK
CLOSED

SIDEWALK
CLOSED AHEAD

DETOUR

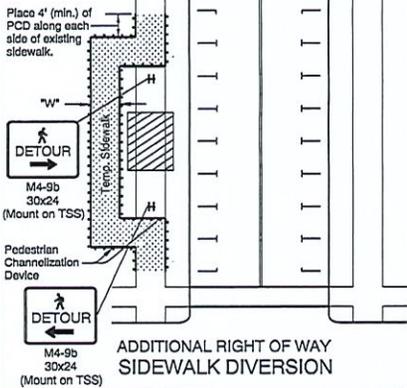
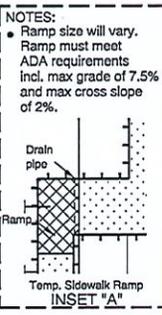
2nd



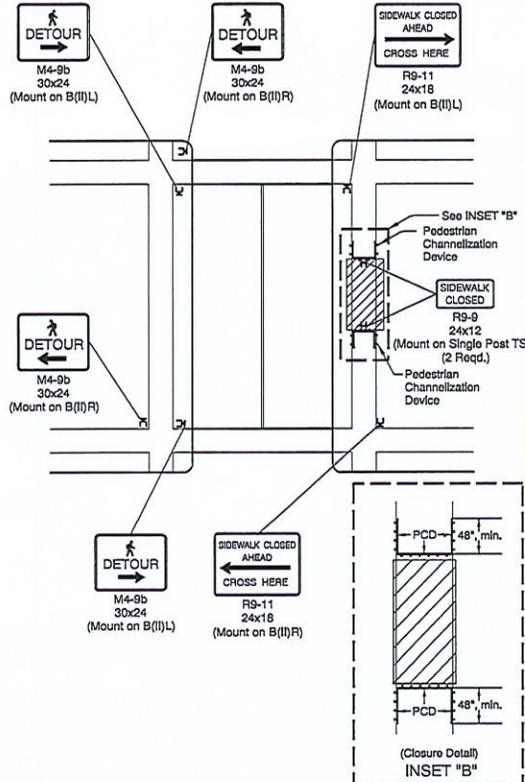


WITHIN ROADWAY SIDEWALK DIVERSION

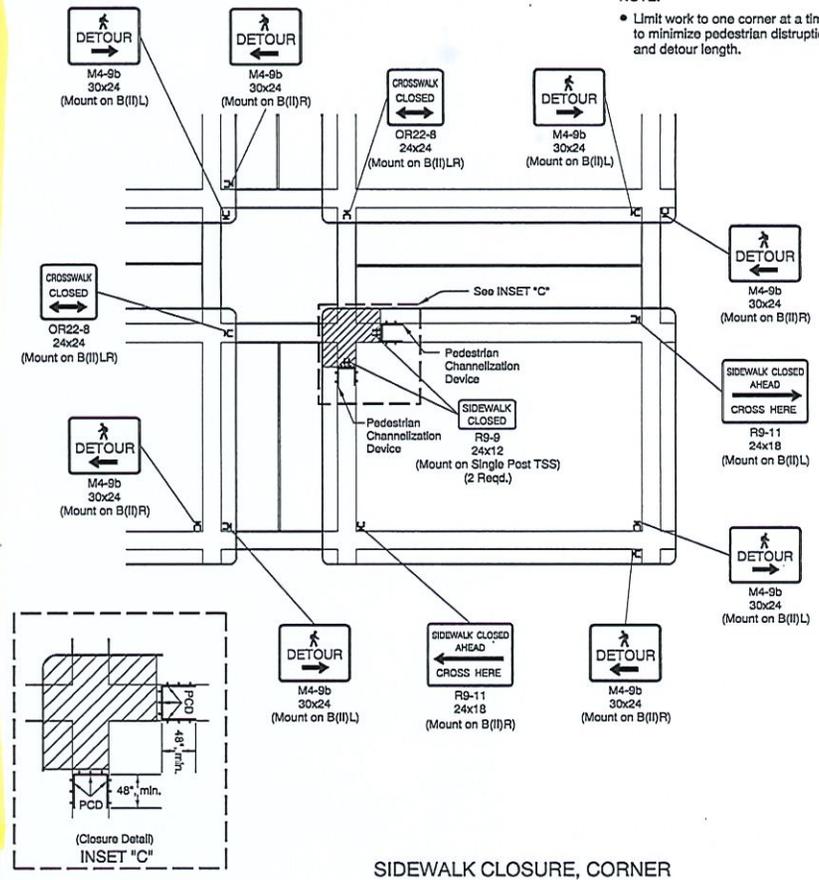
- NOTES:**
- Ramp size will vary. Ramp must meet ADA requirements incl. max grade of 7.5% and max cross slope of 2%.
 - For roadways with a pre-construction posted speed of 40 mph or less.
 - See inset "A" for Temp. Sidewalk Ramp details.
 - "W" = 60", or, where 60" width cannot be maintained through 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.



ADDITIONAL RIGHT OF WAY SIDEWALK DIVERSION



SIDEWALK CLOSURE, MIDBLOCK



SIDEWALK CLOSURE, CORNER

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 CHANNELIZATION DEVICE

To be accompanied by Drg. Nos. TM820 & TM821

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.

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

CITY OF THE DALLES STANDARD DRAWING

TEMPORARY PEDESTRIAN ACCESS ROUTING

2018

DATE	REVISION	DESCRIPTION



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

XBP Confirmation Number: **305577421**

▶ Transaction detail for payment to City of The Dalles.		Date: 02/19/2026 - 2:02:54 PM MT	
Transaction Number: 263623102 Visa — XXXX-XXXX-XXXX-0751 Status: Successful			
Account #	Item	Quantity	Item Amount
	SidewalkStreet Closure Permit	1	\$50.00

TOTAL: \$50.00

Billing Information
Wasco County
97058

Transaction taken by: Admin JCorbin



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/15/2025

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 The Partners Group LLC 1111 Lake Washington Blvd N Suite 400 Renton WA 98056		CONTACT NAME: Crystal Woods PHONE (A/C, No, Ext): (503) 241-9550 E-MAIL ADDRESS: cwoods@tpgrp.com		FAX (A/C, No): (503) 274-5411	
INSURED Wasco County 401 E 3rd St Ste 200 The Dalles OR 97058		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: CityCounty Insurance Services			52524
		INSURER B: SAIF Corporation			36196
		INSURER C:			
		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 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	
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			25LWASC	07/01/2025	07/01/2026	EACH OCCURRENCE	\$ 10,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
							Annual Aggregate	\$ 30,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			25LWASC	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 10,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	482892	07/01/2025	07/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 3,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 3,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 3,000,000
A	Professional Liability Sexual Abuse or Molestation Liability			25LWASC	07/01/2025	07/01/2026	Per claim / Aggregate	Included
							Each Occ / Aggregate	Included

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

Evidence of Insurance

CERTIFICATE HOLDER**CANCELLATION**

City of the Dalles 313 Court Street 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 
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