CITY OF THE DALLES PUBLIC WORKS
1215 WEST 1st STREET
THE DALLES, OREGON 97058
(541) 296-5401

Application Fee	$50
Expedite Fee	$50
Event Deployment Fee	$100

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:
04/10/2026

Format: MM/DD/YYYY

Applicant First Name
Michelle

Primary First Name

Applicant Last Name
Anslinger

Primary Last Name

Contact/Responsible Party
The Dalles Swim Team

If the responsible party is not the applicant

Email:
tdswimteam@gmail.com

Primary email address

Business Name:
The Dalles Swim Team

Mailing Address:
PO Box 157, The Dalles, OR 97058

Phone:
(503) 709-1818

On-call emergency phone number

Other Phone:

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
West 2nd Street across from aquatic center "No Parking" signage barricades and if available reader board "EVENT IN PROGRESS"; we would also like 6 additional barricades to use to block off NO PARKING areas on parking lot

Please write the addresses or sections of sidewalk/street for the requested closure.

Reason for closure (e.g. event, construction, etc.)
Swim meet in progress, Friday June 12th (3pm) through Sunday June 14th (5pm)

Please describe the project or event for the requested closure.

Closure begin date
06/12/2026

Format: MM/DD/YYYY

Time
14:00

Closure end date
06/14/2026

Format: MM/DD/YYYY

Time
17:00

Sidewalk/Street Closure Fees

Fee(s) must be paid in full before application will be processed.

1. Application Fee: $50.00
2. Expedited Fee (when application is turned in less than 5 days prior to the event): $50.00
3. Event Deployment Fee (on for profit events which require use of City signs and barricades that staff deliver to event):$100.00
   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

Michelle Anslinger

Please save the form after signing. Then click to email the form to publicworks@thedalles.gov

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

1. Public Works staff will setup all traffic control prior to the event and collect all traffic control Monday, June 15th 2026.

Record of Approvals

Michael H. Bosse

Digitally signed by Michael H. Bosse
Date: 2026.04.13 08:04:31 -07'00'

Americans with Disabilities Act Coordinator

James Sprague

Digitally signed by James Sprague
Date: 2026.04.13 09:05:09 -07'00'

Transportation Division Manager

06/15/2026

Permit Expiration Date

Manifest
6 x SPARE TYPE II W/NO PARKING SIGN
5 x TYPE II W/NO PARKING SIGN

Legend

EVENT AREA

PCMS BOARD

Date: 5/9/2024 **Author:** David Mills **Project:** The Dalles Swim Meet

Comments:

1. Public Works will set out the barricades with no parking signs on the North side of 2nd Street.
2. Public Works will leave 5 barricades with no parking signs for the applicant to place in the parking lot as needed.

CERTIFICATE OF INSURANCE

PRINT DATE: 4/10/2026

CERTIFICATE NUMBER: 202604091195567

AGENCY:

Edgewood Partners Insurance Center
5909 Peachtree Dunwoody Road, Suite 800
Atlanta, GA 30328
678-324-3300 (Phone), 678-324-3303 (Fax)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

NAMED INSURED:

USA Swimming, Inc.
1 Olympic Plaza
Colorado Springs CO 80909

The Dalles Swim Team
PO Box 157
The Dalles OR 97058-0157

INSURERS AFFORDING COVERAGE:

INSURER A: Accredited Surety and Casualty Company, Inc. NAIC# 26379
INSURER B: United States Fire Insurance Company NAIC#: 21113

EVENT INFORMATION:

Ted Walker Invitational (6/12/2026 - 6/14/2026)

POLICY/COVERAGE INFORMATION:

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS	TYPE OF INSURANCE:	POLICY NUMBER(S):	EFFECTIVE:	EXPIRES:	LIMITS:	
A	GENERAL LIABILITY					
	X Occurrence X Participant Legal Liability X Sexual Abuse & Molestation	1-RSL-CO-17-01538639-01	1/1/2026 12:01 AM	1/1/2027 12:01 AM	General Aggregate (Policy Aggregate Cap)	$20,000,000
					General Aggregate (Per Event)	$4,000,000
					Each Occurrence	$2,000,000
					Damage to Rented Premises (Each Occ.)	$2,000,000
					Medical Expense (Any one person)	Excluded
					Personal & Advertising Injury	$2,000,000
					Products-Comp/Op Agg	$2,000,000
					Abuse-Molestation (Each Occurrence)	$2,000,000
					Abuse-Molestation (Annual Aggregate)	$4,000,000
A	UMBRELLA/EXCESS LIABILITY					
	X Occurrence	1-RSL-CO-17-01538640-01	1/1/2026 12:01 AM	1/1/2027 12:01 AM	Each Occurrence	$3,000,000
					Aggregate	$3,000,000
B	PARTICIPANT ACCIDENT					
	X EXCESS MEDICAL	US2166905	1/1/2026 12:01 AM	1/1/2027 12:01 AM	Excess Medical	$50,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

Certificate holder is additional insured as required by written contract as per RSCG 03 03 (09/21).

Verification of General Liability and Excess Liability coverage for COVERED ACTIVITIES (see attached).

30 Day Notice of cancellation applies per policy provisions.

Other Insureds include the following: USA Swimming individual members (including but not limited to member athletes, coaches, officials, and other members), group members (including member clubs and organizational members), and volunteers; but only while such parties are acting in their capacity as such with respect to events and related activities organized, operated, sanctioned, or approved by USA Swimming, Inc. or any of its Local Swimming Committees (LSCs).

CERTIFICATE HOLDER:

City of The Dalles
313 Court Street
The Dalles OR 97058

NOTICE OF 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:

DESCRIPTIONS OF OPERATIONS (CONTINUED)

Covered activities include events and related activities organized, operated, sanctioned, or approved by USA Swimming, Inc. or any of its Local Swimming Committees (LSCs):

Swim Meets
[Competitive pool swimming events, including world, national, regional, and local swimming competitions.]

Open Water Competitions
[Competitive open water swimming events, including national, regional, and local open water swimming competitions.]

Observed Swim Meets
[Coverage is limited to the activities of the USA Swimming official acting in their capacity while assigned to observe the event for compliance with USA Swimmingâ□□s technical rules]

Swim Practices and Dryland Training Activities
[Swimming practices (pool and open water), dry land training activities, camps, and learn to swim programs where participants are USA Swimming members or U.S. Masters Swimming members and under the direct and active supervision of a USA Swimming member coach.]

Organized Practices
[Recreational swim meets hosted by a USA Swimming member club with local swim teams that are not USA Swimming member clubs. Coverage is subject to underwriting review, approval, and payment of additional premium]

Swim Tryouts
[Swim practices where a swimmer who is NOT and has NEVER been a USA Swimming member participates in swimming activities with a USA Swimming member club for up to a maximum of thirty (30) days from the first day of practice. Tryout swimmers may not participate in more than one tryout period within the same twelve month span.]

Swim-A Thons
[Swim-A-Thon fundraising events sponsored by or registered with USA Swimming, Inc.]

Educational & Safety Training Programs (for member coaches)
[Safety Training for Swim Coaches, including in-water training, CPR & AED training, and Lifeguard Certifications (all the prior training activities through approved agencies): all training conducted by USA Swimming member coaches who are member representatives of one of the approved agencies and providing training to member coaches or members completing the requirements to become a member coach.]

Approved Social Events & Fundraising Activities
[Approved social events and fundraising activities for member clubs or organizational members, including beginning/end of season parties, awards banquets, meetings, retreats, car washes, concession stand work, bake sales, parades (walking only, no riding/driving), info booth
at community events, etc.]

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

XBP Confirmation Number: 311419638

Transaction detail for payment to City of The Dalles. **Date: 04/10/2026 - 2:53:44 PM MT**

Transaction Number: 267644730
Visa — XXXX-XXXX-XXXX-9468
Status: Successful

Account #	Item	Quantity	Item Amount
	SidewalkStreet Closure Permit	1	$150.00

TOTAL: ***$150.00***

Billing Information
The Dalles Swim Team
97058

Transaction taken by: Admin JCorbin