



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:

05/06/2026

Format: MM/DD/YYYY

Applicant First Name

Chrissy

Primary First Name

Applicant Last Name

Zaugg

Primary Last Name

Contact/Responsible Party

Email:

chrissyz@wascocountyor.gov

Primary email address

If the responsible party is not the applicant

Business Name:

Wasco County Clerk

Mailing Address:

401 E 3rd St., Ste. 100, The Dalles

Phone:

(541) 980-4021

On-call emergency phone number

Other Phone:

(541) 506-2530

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

401 E 3rd St. outside Wasco County Clerk's Office

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

Ballot collection, with tent, by local Rotarians on Election Day, May 19, 2026

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

Closure begin date

05/19/2026

Format: MM/DD/YYYY

Time

06:30

Closure end date

05/19/2026

Format: MM/DD/YYYY

Time

20:00

Please describe the project or event for the requested closure.

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



Please save the form after signing. Then [click to email the form to publicworks@thedalles.gov](mailto: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

On May 19, 2026 the local Rotary Club will have a ballot collection station set up on the sidewalk in front of the Clerk's office at 401 E 3rd St. I was advised a permit is not required for this type of event, but submitting one would be beneficial to the City. A shade will and table will be set up for the Rotarians. This will not impede pedestrian traffic. No access will be blocked to surrounding businesses.

* NOT TO SCALE

WASCO COUNTY BUILDING

PED
TRAFFIC

TENT

TABLE

BALLOT
BOX

LOADING ZONE

ADA PARKING

3rd Street

Record of Approvals

Americans with Disabilities Act
Coordinator

Transportation Division
Manager

Permit Expiration Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/04/2026

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 INSURER A: CityCounty Insurance Services INSURER B: SAIF Corporation INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 52524 36196	

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR	Y		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 \$						
GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							Annual Aggregate \$ 30,000,000
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ 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) \$						
							\$
	UMBRELLA LIAB ☐ EXCESS LIAB DED ☐ RETENTION \$						EACH OCCURRENCE \$
	OCCUR ☐ CLAIMS-MADE ☐						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	Y / N ☐	N / A	482892	07/01/2025	07/01/2026	☒ PER STATUTE ☐ 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)

RE: Sidewalk Closure on 05/19/2026.

The City of The Dalles is Additional Member per attached form: GL Additional Insured endorsement - CIS - GL/JAL (7/1/25).

CERTIFICATE HOLDER

CANCELLATION

The 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

- (4) Sums sought or awarded for claims of unjust enrichment, money had and received or replevin.
 - (5) Sums due to taxing authorities, insurance programs, or retirement plans as a result of an award of damages or claim settlement.
 - (6) Fines or penalties assessed to the Member for non-payment of taxes, insurance contributions or retirement plan contributions.
- G. **"Employee benefit programs"** shall mean group life insurance, group health insurance, profit sharing plans, pension plan, employee stock subscription plans, workers' compensation, unemployment insurance, social security, disability benefits insurance and travel, savings or vacation plans.
- H. **"Fungus or fungi"** includes but is not limited to any form or type of mold, mushroom or mildew.
- I. **"Hazardous properties"** means radioactive, toxic or explosive properties.
- J. **"Hospital" or "nursing home"** means any facility with an organized medical staff, with permanent facilities that include inpatient beds and with medical services, including physician services and continuous nursing services under the supervision of registered nurses, to provide diagnosis and medical or surgical treatment including but not limited to providing treatment for 1) acutely ill patients and accident victims, 2) mentally ill patients or 3) patients in special inpatient care facilities. However, in-patient care facilities incidental to correctional facilities shall not be considered a **hospital** or **nursing home**.
- K. **"Member"** means the entity named on the declarations page and its officers, employees and agents including volunteers, authorized to act on behalf of the **named member**, all acting within the scope of their employment or duties whether arising out of a governmental or proprietary function. The term **member** shall also include **additional members** to the extent coverage is afforded under the definition of **additional member**.
 - (1) **"Named member"** means the entity named as such on the Declarations page of the Coverage Agreement,
 - (2) **"Additional member"** means any party whom a public body covered under this Coverage Agreement has agreed to hold harmless, indemnify or defend pursuant to a contract or other agreement lawfully entered into by such public body. However, in no event shall coverage under this Coverage Agreement extend to such party for any **claim** arising out of an **occurrence** after the expiration of this Coverage Agreement or the expiration of the contract or agreement entered into by the public body, whichever shall occur first. Further, in no event shall coverage under this Coverage Agreement extend to such party for any **claim**, however or whenever asserted, arising out of such party's sole negligence. Except as specified in this paragraph, such party shall have no rights under the **Trust Agreement**, **Bylaws** or **Rules of the Trust**. The term "additional insured" if used on a certificate of coverage, shall be understood to mean the same as **additional member**.
- L. **"Nuclear Facility"** means:
 - (1) Any nuclear reactor;
 - (2) Any equipment or device designed or used for: