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:
05/19/2026
Format: MM/DD/YYYY

Applicant First Name
Sonia
Primary First Name

Applicant Last Name
Lachino Ramirez
Primary Last Name

Contact/Responsible Party

If the responsible party is not the applicant

Email:
admin@galindo.construction
Primary email address

Business Name:
Galindo Construction, LLC

Mailing Address:
PO Box 1160, Hood River, OR 97031

Phone:
(541) 490-6346
On-call emergency phone number

Other Phone:
(541) 806-4688
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:
- [x] **Street (TCP Required)**
- [ ] **Sidewalk (TPARP Required)**
- [ ] **City-Owned Parking Lot (TCP Required)**
- [ ] **Dumpster placed in the right-of-way**
- [x] **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**

We will need to set cones to secure a parking space for our metal supplier to roll out metal roofing panels on the street.
Please describe other type of right-of-way closure

Location(s) of closure
907 E 18th Street
The Dalles, OR 97058
Please write the addresses or sections of sidewalk/street for the requested closure.

Reason for closure (e.g. event, construction, etc.)
Metal supplier will be rolling out panels on side of street. We will need to close off 100 feet of side parking to accommodate the suppliers truck and trailer.
Please describe the project or event for the requested closure.

Closure begin date
05/26/2026
Format: MM/DD/YYYY

Time
08:00

Closure end date
05/26/2026
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

Sonia Lachino for Galindo Construction

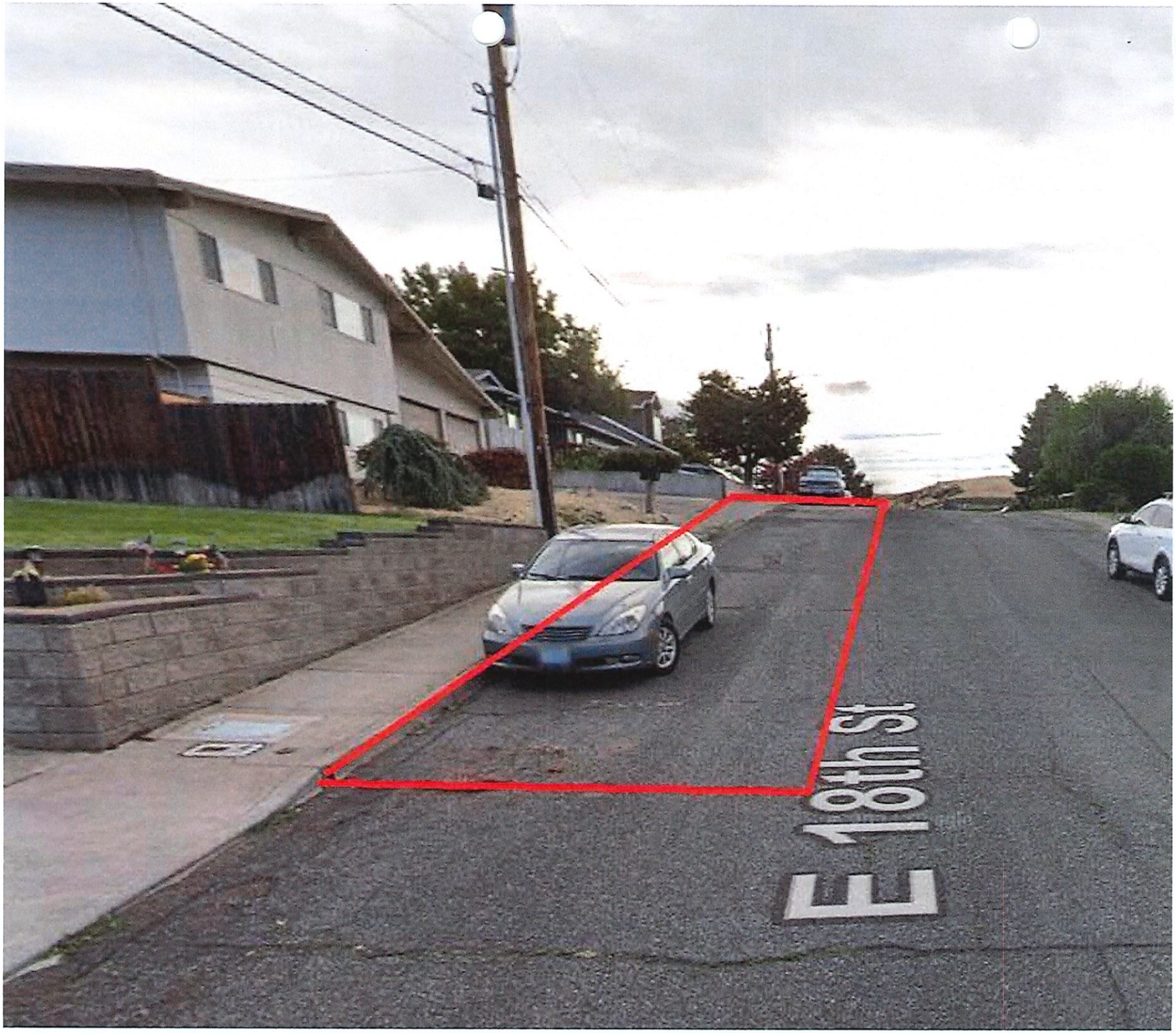
Please save the form after signing. Then click to email the form to publicworks@thedalles.gov

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	


901
905
911
902
Close off side street parking
E 18th St
E 18th St


E 18th St

1. No construction activity shall close, narrow, or adversely affect the sidewalk or pedestrian way.
2. Dumpster must have the wheels locked or wheel chocks must used.
3. Cones must be placed along the street side corners of the dumpster to alert traffic.

Record of Approvals

Michael H. Bosse

Digitally signed by Michael H. Bosse
Date: 2026.05.20 13:15:14 -07'00'

Americans with Disabilities Act Coordinator

James Sprague

Digitally signed by James Sprague
Date: 2026.05.21 07:06:20 -07'00'

Transportation Division Manager

05/27/2026

Permit Expiration Date

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/08/2025

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 Target Financial & Insurance Services, Inc. 3250 Grey Hawk Ct Carlsbad CA 92010	CONTACT NAME: Customer Service Department PHONE (A/C, No, Ext): (800) 450-8013 FAX (A/C, No): (800) 434-8053 E-MAIL ADDRESS: Certificates@tgfis.com
INSURED Galindo Construction, LLC PO Box 1160 Hood River OR 97031	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Sutton Specialty Insurance Co — 16848 INSURER B: SAIF Corporation — 36196 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** WC 24-25 GL 25-26 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			ISCP04000064754	09/08/2025	09/08/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 1,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		100061350	10/01/2024	10/01/2025	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000

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

Verification of Coverage

Subject to all policy terms, exclusions and conditions. Certificates issued outside of the Insured's domiciled state may not reflect coverage availability

CERTIFICATE HOLDER

Verification of Coverage

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

Philip Salvagio

RE: X-press billing - Lachino

CK

Cindy Keever
To Nicholas DeLeon

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

XBP Confirmation Number: 315748644

40 Col. Printer

Transaction detail for payment to City of The Dalles. **Date: 05/19/2026 - 4:07:21 PM MT**

Transaction Number: 270624387
Visa — XXXX-XXXX-XXXX-6035
Status: Successful

Account #	Item	Quantity	Item Amount
	SidewalkStreet Closure Permit	1	$50.00

TOTAL: *$50.00*

Billing Information
sonia lachino
97058

Transaction taken by: Admin ckeever

Print | Close

Email

Resend Receipt

Payment Service Provided By *www.xpressbillpay.com*