



OREGON 97058

CITY of THE DALLES PUBLIC WORKS

1215 WEST FIRST STREET
THE DALLES,

(541) 296-5401

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 Jcorbin@ci.the-dalles.or.us. Applicant agrees to comply with the provisions of the Charter, Ordinances, and Resolutions 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: _____ Date: _____
Address: _____ Phone: _____
Contact Person _____ Phone: _____
Email Address: _____ Cell: _____

Type of Closure: Street - Attach Traffic Control Plan
 Sidewalk – Attach Temporary Pedestrian Accessible Route Plan

DATES	STREET CLOSED	FROM	TO	START TIME	END TIME
Ex. 01/01/2020 to 01/03/2020	Second	Washington	Union	8:00am	5:00pm

Reason for Closure: _____

INSTRUCTIONS/REQUIREMENTS:

- Applicant **must** provide a Traffic Control Plan (TCP) for approval for all Street 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.

- _____
- _____
- _____

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. If required as a condition of this permit, the undersigned shall name the City of The Dalles as additional insured and shall provide the City with a Certificate of such insurance that shall provide, among other things, that the policy may not be cancelled without prior notice to the City.

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 _____

CITY USE ONLY

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

ROUTING ORDER – PLEASE EXPEDITE

Department	Approval	Date
Public Works – Transportation (Street Closures)		
Public Works – ADA Coordinator (Sidewalk Closures)		
Police Department		
City Manager		

Public Works to Notify Applicant of final decision