COPY

CITY OF Corvallis

City of Corvallis
PERMIT APPLICATION TO USE PUBLIC RIGHT-OF-WAY & PARKING CLOSURE

Update
Re-issue

Applicant Name: Pam Burnor Phone No.: 510-710-1472

Address: 3344 NW Goldenrod Pl, Corvallis 97330

Representing: Uplands at Timberhill HOA E-Mail: p.burnor@att.net

Event/Activity: removal of cut vegetation and small branches in Timberhill greenway using a grapple

Date/Time of Use: August 24 - 28, 2026 7:00 am -5:00 pm

Street Right of Way to be Used: NW Arrowood and NW Snobrush pedestrian path access points

Between (list streets): NW Arrowood and NW Silverbelle

Are you requesting to close the street to thru traffic? Yes ☐ No ☑

If not, request for use of (check all that apply):

Impacted Right-of-Way	Direction			
	Northbound	Eastbound	Southbound	Westbound
Vehicle Lane				
Bike Lane	✓		✓	
	North Side	East Side	South Side	West Side
Sidewalk		✓		
Parking Stalls				
List Number of Parking Spaces Impacted:				

Are you requesting "No Parking" signs? (Maximum 1 sign per parking space) Yes ☐ No ☑

If YES, attach or draw map of affected parking on back of sheet.

Date Application Received: 8/20/26

CITY OF Corvallis

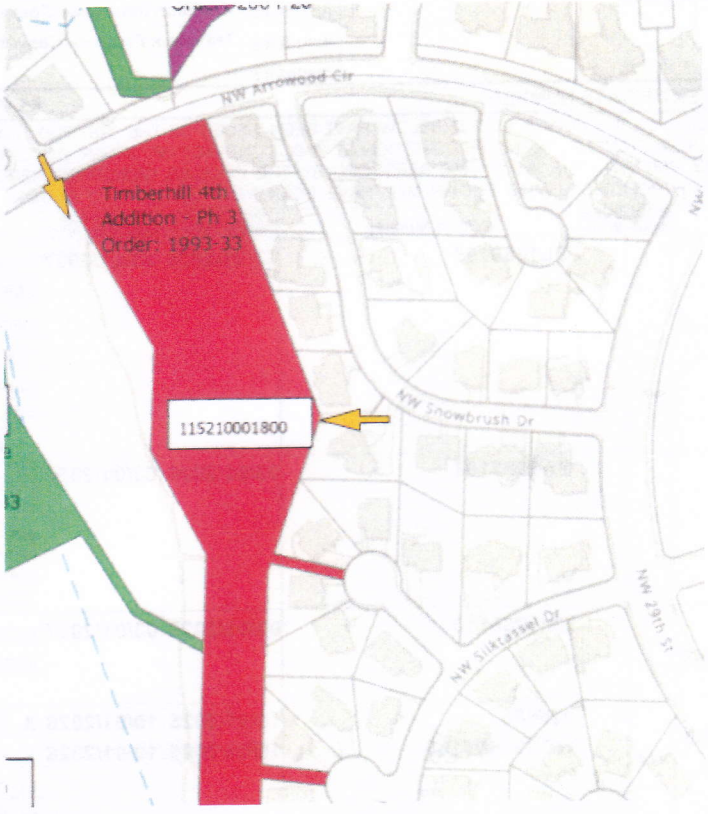
City of Corvallis
PERMIT TO USE PUBLIC RIGHT-OF-WAY

Staff USE ONLY	
City Approval: Ron Wheeler (Signature) Date: 08/21/2026	
Attachments:	
☑ Conditions of Approval	N/A Traffic Control Plan
☑ Insurance Requirements	☑ Certificate of Insurance
N/A Notification to Impacted Properties	N/A Crane Plan
Fee: Fee waived per JM.	Date Paid: N/A 8/21/26

Conditions and Department Approvals

1. Conditions of Permit:
   Note and comply with all right-of-way permit terms and conditions.
   Place signs and barriers to warn and protect the public.
   Complete and sign City insurance requirements form.

Applicant: _____ Date: _____
(Signature)



The cut vegetation debris piles are located along the pedestrian pathway, adjacent to tax lot #115210001800. Crews will access the paved greenway path by entry points off of NW Arrowood, and, or, NW Snowbrush with the grapple, loading the debris into trucks or trailers parked on either NW Arrowood or NW Snobrush.

Client#: 2103380 OSPRELAN1

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/27/2026

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Bambi Brown, CIC, CRM	
USI Insurance Services, LLC 825 NE Multnomah, Suite 1500 Portland, OR 97232 503 224-8390	PHONE (A/C, No, Ext): 503.295.8312	FAX (A/C, No): 610.362.8189
	E-MAIL ADDRESS: bambi.brown@usi.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Alaska National Insurance Company	38733
INSURER B : SAIF Corporation	36196
INSURER C : Zurich American Insurance Company	16535
INSURER D : Coalition Insurance Company	29530
INSURER E : Travelers Property Casualty Co of Ameri	25674
INSURER F :	

INSURED
Pacific Landscape Management
Pacscape Landscape Services
7997 NE Walker Road
Hillsboro, OR 97124

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 INSR	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: POLICY X PRO-JECT LOC OTHER:			GL1065109	03/01/2026	03/01/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG WA Stop Gap	$1,000,000 $1,000,000 $10,000 $1,000,000 $2,000,000 $2.000.000 $1,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY X Hired Auto PD			CA1065108	03/01/2026	03/01/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Comp/Coll	$1,000,000 $ $ $ $1,000 Ded
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $0			UM1065110	03/01/2026	03/01/2027	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000 $
B C	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		928685 WC327904103	10/01/2025 10/01/2025	10/01/2026 10/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
D A	Cyber Liability Limited Herbicide & Pesticide Endt			C4LWN129433CYBER20 GL1065109	03/01/2026 03/01/2026	03/01/2027 03/01/2027	$2,000,000 } $5,000 Ded $1,000,000 Aggregate	

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

The General Liability, Automobile Liability, and Umbrella coverages include additional insured primary non contributory coverage when required under written contract or written agreement as per endorsements CGL1187, CG2001, CA1150, CU0001, and CU1149. The General Liability and Auto Liability and Workers Compensation waiver of subrogation coverage is included per the endorsements GL1187 and CA1150 and WC000313. Umbrella Liability follows form and attaches to Employers Liability, Automobile

(See Attached Descriptions)

CERTIFICATE HOLDER

Pacific Landscape Management, LLC
7997 NE Walker Road
Hillsboro, 97124

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

Clayton S. Bunker

CITY OF Corvallis

City of Corvallis
PERMIT TO USE PUBLIC RIGHT-OF-WAY
TERMS AND CONDITIONS

1. Applicant shall comply with approved Traffic Control Plans.

2. All traffic control signing and barricades must conform to the latest edition of the Manual on Uniform Traffic Control Devices (MUTCD).

3. Applicant shall be responsible for securing and maintaining traffic control signing and barricades as outlined on the Permit/Map.

4. Street closures that require traffic to be detoured around the street closure will require the Applicant to obtain additional traffic control signs and barricades and to set the signs and barricades up according to the approved Traffic Control Plan.

5. In the event that the permit allows for a street closure, Applicant will maintain a 20-foot wide emergency vehicle access aisle in the street for the duration of the closure.

6. Applicant shall be responsible to mitigate and provide accessible parking spaces if impacted, as required by ADA National Network (adata.org).

7. Applicant shall complete the "ROW Notification to Impacted Properties" form, if applicable.

8. Applicant shall not use private parking spaces.

9. If parking is to be restricted, the provided "No Parking" signs **need to be placed 48 hours in advance of the event.**

10. Applicant shall coordinate with Republic Services: 541-754-0444 and United States Postal Service: 541-752-4358.

11. Applicant shall protect the existing structures and other improvements. Damage to any of existing structures shall be repaired and replaced by the Applicant at the Applicant's expense.

12. Applicant is responsible for insuring that the public right-of-way (ROW) is returned to its condition prior to the permitted activity. The Applicant shall not chalk, paint or otherwise mark the surface of bike paths, streets or sidewalk.

13. City reserves the right to revoke this permit without notice if the Applicant does not comply with the terms and conditions of the permit or if the City finds it causes an adverse impact to the public.

CITY OF Corvallis

City of Corvallis
INSURANCE REQUIREMENTS
for Use of Public Right-of-Way

Applicant agrees to indemnify, protect, defend, and hold City, its officers, agents, volunteers, and employees harmless against any actions, claim for injury or damage and all loss, liability, cost or expense, including court costs and attorney's fees, arising out of or resulting directly or indirectly from the performance of this contract, except, to the extent not prohibited by ORS 30.140, for that resulting from the sole negligence of the City. Nothing in this agreement should be interpreted as imposing any liability on the City beyond the limits of the Oregon Tort Claims Act.

Applicant shall provide insurance as indicated. All policies must be of the occurrence form with combined single limit for bodily injury and property damage. The issuing insurance companies must have a minimum current A.M. Best rating of A- VII or approved by the City. Any deviation from this requirement must be reviewed and approved by the City Risk Manager.

The types of insurance Applicant is required to obtain, submit to the City and maintain for the full period of the permit will be:

Commercial General Liability insurance, including personal injury coverage, bodily injury (including accidental death) and property damage with limits specified below. Limits may be provided by Excess or Umbrella policy.

- ☐ $1,000,000 per occurrence, $2,000,000 general aggregate
- ☐ $2,000,000 per occurrence, $2,000,000 general aggregate

The following needs to be listed in the description on the Certificate of Insurance:

The City of Corvallis, its departments, divisions, officers, agents, volunteers and employees are named as an Additional Insured (and/or Subrogation is Waived) subject to the terms and conditions and/or respective to the work under this permit.

Applicant shall not cause or allow any insurance policy required above to be suspended, voided, canceled, reduced in coverage or in material limits except as agreed by City. Applicant agrees to have and maintain the policies, endorsements, certificates, and/or binders required under this permit. A lapse in any required insurance coverage during this contract shall be void of this permit.

Should any of the above-described policies be subject to cancellation or termination prior to the date of this event, Applicant shall notify the City in writing by certified mail, return receipt requested, 30 days prior to the cancellation or termination date of such policy.

Applicant shall furnish acceptable insurance certificates to City with Additional Insured endorsements required for each insurance policy signed by a person authorized by that insurer to bind coverage on its behalf. Coverage shall be primary and non-contributory with any other insurance and self-insurance. Certificates will be received and approved by City prior to its issuance of a Notice to Proceed. If additional insured status (or subrogation waiver) is requested, each line of insurance shall be marked in the appropriate box on the insurance certificate to indicate the policy endorsement ensuring the City of Corvallis, its departments, divisions, officers, agents, volunteers and employees are an Additional Insured (and/or Subrogation is Waived) subject to the terms and conditions and/or respective to the work under this permit. Insuring companies or entities are subject to City acceptance. Applicant shall be financially responsible for all pertinent deductibles, self-insured retention and/or self-insurance. All such deductibles, retention, or self-insurance must be declared to, and approved by, City.

_____

Applicant Printed Name

_____ _____

Applicant Signature Date