Office Use Only MOT ID#: TAM-MOT-24010026

MAINTENANCE OF TRAFFIC (MOT) FORM

| Applicant Name: All Star Classic, Inc./Sistrunk 5K | Applicant Phone: |
|---|---|
| Applicant Email: jeanenefaison@yahoo.com | CITY OF FORT LAUDERDALE |
| Applicant Address: 1721 Northwest 35th Terrace, Lauder | hill, FL 33311 res, Ry, Auto Soft ORTATION AND MOBILI |
| City Project Manager (if applicable): | Phone: |
| Agency responsible for this project: City Count | |
| On-site/Emergency Contact Phone: Jeanene (Jaye) Fais | son / 954-588-4997 |
| SECTION 2: PROJECT INFORMATION ENG Permit # (obtain from Department of Sustainable Project Name: Sistrunk 5K Project Address: SISMUNK BIVO D | e Development (DSD)): <u>Splcial went</u> |
| | ress, City, State, Zip Code) |
| | |
| | Construction of the second state of the sec |
| Please identify a start date that is at least two weeks f | from the submittal date. The approval of an MOT application may |
| Please identify a start date that is at least two weeks f require up to two weeks from the time that all require | from the submittal date. The approval of an MOT application may ed documents are received by TAM staff. |
| Specific Dates and Times Requested for MOT Im Please identify a start date that is at least two weeks for require up to two weeks from the time that all require Begin Date: $\frac{02/24/24}{24}$ End Date: $\frac{02/24/24}{24}$ | from the submittal date. The approval of an MOT application may |
| Please identify a start date that is at least two weeks frequire up to two weeks from the time that all require Begin Date: 02/24/24 End Date: 02/24/24 End Date: 02/24/24 | from the submittal date. The approval of an MOT application may ed documents are received by TAM staff. Begin Time: <u>7:00a</u> |
| Please identify a start date that is at least two weeks f require up to two weeks from the time that all require Begin Date: 02/24/24 End Date: 02/24/24 SECTION 3: PROJECT DETAILS | from the submittal date. The approval of an MOT application may ed documents are received by TAM staff. Begin Time: 7:00a End Time: 9:00a |
| Please identify a start date that is at least two weeks frequire up to two weeks from the time that all require Begin Date: 02/24/24 End Date: 02/24/24 End Date: 02/24/24 SECTION 3: PROJECT DETAILS | from the submittal date. The approval of an MOT application may ed documents are received by TAM staff. Begin Time: 7:00a End Time: 9:00a Daily Setup/ Breakdown 🗹 YES 🗌 NO |
| Please identify a start date that is at least two weeks frequire up to two weeks from the time that all require Begin Date: 02/24/24 End Date: 02/24/24 End Date: 02/24/24 SECTION 3: PROJECT DETAILS Partial or Shoulder Closure I Full Road Closure (detour): Under 72 Hours | from the submittal date. The approval of an MOT application may ed documents are received by TAM staff. Begin Time: 7:00a End Time: 9:00a Daily Setup/ Breakdown 🗹 YES 🗌 NO Using Crane in ROW* 🗌 YES 🗭 NO |
| Please identify a start date that is at least two weeks f require up to two weeks from the time that all require Begin Date: $\frac{02/24/24}{24}$ | from the submittal date. The approval of an MOT application may ed documents are received by TAM staff. Begin Time: 7:00a End Time: 9:00a Daily Setup/ Breakdown 🗹 YES 🗌 NO Using Crane in ROW* 🗌 YES 🗭 NO Parking Meters Impacted* 🗋 YES 🗭 NO *Crane and parking meter mitigation must be done prior to MOT approval. Please |

NW 10 ave

SECTION 5: FDOT DESIGN STANDARD INDEX DRAWING NUMBERS/MUTCD TYPICAL APPLICATION

(State which FDOT Standard Index 600 series will be followed. The indexes must include the north arrow and the names of the main and cross streets. Also, state whether trenches will be covered or backfilled during non-working hours.)

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MAINTENANCE OF TRAFFIC (MOT) FORM

SECTION 6: MOT DESCRIPTION

Please make sure to include the following information in the description:

- List the lanes that will be open and closed on each street and describe any necessary detouts in cetail. For the lanes that will be open and closed on each street and describe any necessary detouts in cetail.
- not required, please state that below.
- State if flagmen will be provided.
 IRANSPORIATION AND MOBILIT
- State if the MOT will be continuous or intermittent. If intermittent, state the times of the day the MOT will be in effect.
- State any other special considerations related to this request.

5K Walk/Run down historic Sistrunk Boulevard from Delevoe Park to 10th Avenue



SECTION 7: MOT FORM CHECKLIST (Provide one copy of each attachment.)

Completed Required Signatures Form

Color aerial(s)/MOT Plan with index overlay

County and State approvals (if required)

Crane and Parking Mitigation (if required)

□ FDOT Index MUTCD Reference Drawing(s)

- SECTION 8: ADDITIONAL COMMENTS
- Certification(s) for Traffic Control Technician or Traffic Control Supervisor must be embedded on MOT plans along with FDOT indexes/MUTCD documents
- □ Plan of work (optional, but preferred)

Please Note: The approval of an MOT application may require up to two weeks from the time that all required documents in the checklist above are received by TAM staff. Any rejected MOT submittal that is corrected and sent back will be considered a new submittal, which may require up to two additional weeks to approve. Additional time may be needed for more complex plans or plans requiring additional coordination/information.

In signing this application, I understand that separate City and/or County and/or State permits may be required for this project. Furthermore, I am aware that I am responsible for ensuring that the project is completed in accordance with the plans and specifications as stipulated in the permit approval condition.

| Jeanene M. Faison Date: 2024.01.01 10:41:30 -05'00' | Jeanene M. Faison / Secretary | | | |
|---|--|--|--|--|
| (APPLICANT SIGNATURE) | (PRINT NAME/TITLE) | | | |
| 01,02,24 | | | | |
| (DATE SIGNED) | | | | |
| As a consideration for the permission granted herein, | Jeanene M. Faison agrees to | | | |
| | (APPLICANT) | | | |
| indemnify and hold harmless the City of Fort Laudero | dale for any damages, claims, or injuries that may result from | | | |
| the MOT plan approved under the PERMIT. | | | | |
| | вү: | | | |
| (NAME OF COMPANY) | (COMPANY AUTHORIZED AGENT) | | | |

ENG Permit#: _

Office Use Only

MOT ID#: _

REQUIRED SIGNATURES FORM

| be | efore two-week review process begins. | PROVAL | |
|--|---|-----------------------|--|
| | CITY OF FORT | I AUDFRDAI | |
| 1300 W. Broward B <i>Call fc</i> | e Department RANSPORTATIC oulevard Tel: 954-828-5477 or Appointment les a detour for any direction of travel. | ON AND MOBI (Date) | |
| Jason W Miller | Jason W. Miller Signature | | |
| Print Name | Signature | | |
| Fire Rescue Department 528 N.W. 2 nd Street Tel: 954-828-6800 <i>Call for Appointment</i> *Required only if MOT includes a detour for any direction of travel. | | 2/8/24 | |
| | | (Date) | |
| Print Name Broward County 1 | Signature | - | |
| 2300 W. Commercial Boulevard Tel: 954-847-2653 Call for Appointment. Walk-ins <u>NOT</u> accepted. *Required only if MOT/detour affects Broward County road or intersection. | | (Date) | |
| | llected, applicant should submit the MOT plan and and Mobility Department at mot@fortlauderdale.g | | |
| Department Directo | OFFICE USE ONLY or's Signature (requested by City staff if required | ¥) | |
| Morgan Dunn Print Name | Signature | _ | |
| Transportation and Mobility Department | | 2/8/24 | |
| 290 N.E. 3 rd Avenue Tel: 954- 828-4997 Email: <u>MOT@fortlauderdale.gov</u> Call for Appointment. Walk-ins and hard copies NOT accepted. | | (Date) | |
| Milos Majstorovio | | | |
| Signature Transportation and Mobility Department Ben Rogers, Director | | | |
| | | (Date) | |

A copy of the final permit and this MOT form shall be kept on site and be made available to the City inspector at all times.

Traffic modifications required for special events shall be coordinated through the Parks and Recreation's Special Events Department. Please call 954-828-4349 or email BHenry@fortlauderdale.gov.

MOT plans for City Capital Improvement Projects shall be coordinated through the City of Fort Lauderdale Public Works Department. Please call 954-828-5772 or email ralvarez@fortlauderdale.gov.

Office Use Only

ENG Permit#: _

REQUIRED SIGNATURES FORM

| | before two-week review process begins. A | PPROVAL |
|---|--|------------------------------|
| M. Ferrer | monica Jerron FOR | T I AUDFRDAI |
| Print Name | Signature | |
| | lice Department RANSPORIAI | ION AND MORI |
| 1300 W. Broward Cal | (Date) | |
| | udes a detour for any direction of travel. | |
| | | |
| Print Name | Signature | |
| | lescue Department | |
| | Street Tel: 954-828-6800 | (Date) |
| <i>Call for Appointment</i> *Required only if MOT includes a detour for any direction of travel. | | |
| | | |
| Print Name | Signature | - |
| Broward County Traffic Engineering Division | | |
| 2300 W. Commercial Boulevard Tel: 954-847-2653 | | (Date) |
| Call for Appointment. Walk-ins <u>NOT</u> accepted. *Required only if MOT/detour affects Broward County road or intersection. | | |
| | collected, applicant should submit the MOT plan a | and this routing form to the |
| | on and Mobility Department at mot@fortlauderdal | |
| | OFFICE USE ONLY | 10 |
| Department Dire | ctor's Signature (requested by City staff if requi | ired) |
| Print Name | Signature | - |
| Transportatio | n and Mobility Department | |
| Transportation and Mobility Department 290 N.E. 3 rd Avenue Tel: 954- 828-4997 Email: <u>MOT@fortlauderdale.gov</u> | | (Date) |
| Call for Appointment. Walk-ins and hard copies NOT accepted. | | |
| | | |
| | Signature | |
| | n and Mobility Department | |

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20 20 Hed 11/18

02

07

See letter

| Maintenance of 7 | Traffic A | pplication Forn | 1 | |
|---|-----------------------------------|-------------------------------|----------------------|--|
| January 2, 2024 Broward County | | 0.01 | TMAINT | |
| Applicant/Authorized Agent All Star Classic, I City Lauderhill State Florid | nc./Sistrunk 5K | | Vest 35 Terrace | |
| Mobile # 954-588-4997 | | anenefaison@vahoo | MD MOBILIT | |
| Full name and Mobile # of 24 hr Contact Perso | | | | |
| Name of Applicant/Authorized Agent Working | | | | |
| | | | | |
| Location of Project: Delevoe Park | Ci | ty: Fort Lauderdale | | |
| Project Boundaries, From 27th Avenue | То | 10th Avenue on Sistrunk Blvd. | | |
| Description of Work: 5K Run/Walk | | | | |
| Proposed Start Date: 02.24.24 | Proposed Com | pletion Date: 02.24.24 | T | |
| Authorized Contractor's Representative | | | | |
| Jeanene M. Faison | | canene M. Faiso | 2 01.02.24 | |
| (Print Name) | 0 | (Signature) | (Date) | |
| A copy of the certification card(s) shall be inclu | ded with every l | MOT Plan | | |
| Mark Meyers | ADV | m. m | 1/2/24 | |
| (Print Name of Certified Person Submitting MOT) | (Level) | (Signature) | (Date) | |
| Mark Meyers | ADV | mm | 1/2/24 | |
| (Print Name of Certified Person Setting Up MOT) | (Level) | (Signature) | (Date) | |
| Mark Meyers | ADV | m. Th | 1/2/24 | |
| (Print Name of Certified Person Maintaining MOT) | (Level) | (Signature) | (Date) | |
| (Print Name of Certified Person in Charge of Flagging Operation MOT) | (Level) | (Signature) BROWARD C | (Date) | |
| The following document will be required prior | to the approval (| Traffit Engineerin | genivision impacted: | |
| A filled out and signed form of ACCEPTANCE OF SIGNAL MAINTENANCE AND TIMING BY CON DURING CONSTRUCTION AND BURN-IN PERIOD. The be downloaded under the category of Maintenance of Tr webpage of | TRAFFIC TRACTOR he form can | M.O.T. PL | VED | |
| http://www.broward.org/Traffic/Pages/Publications.aspx | By | IV Lal | na | |

GASTUDIES\MOT\MOT Application Form\MOT Application Form 11-15-18.doc Page 3 Da

Date

Remarks_



PUBLIC WORKS DEPARTMENT TRAFFIC ENGINEERING DIVISION 2300 W. Commercial Boulevard • Fort Lauderdale, Florida 33309 • 954-847-2600

January 24, 2024

CITY OF FORT LAUDERDALE TRANSPORTATION AND MOBILITY

Jeanene Faison All Star Classic, Inc 1721 NW 35 Terrace Lauderhill, FL 33311

RE: Sistrunk 5K (Fort Lauderdale)

Dear Ms. Faison,

This is in response to your submittal to the Broward County Traffic Engineering Division (BCTED) regarding the approval of the Maintenance of Traffic plan for the Sistrunk 5K which will be held on February 24, 2024. BCTED reviewed and approved this plan. Please note that following comments are applied with this approval:

- Any traffic control devices should be set up in accordance with MUTCD and FDOT Design Standards;
- BCTED's review and approval is only for the County right-of-way within the City of Fort Lauderdale;
- Road closure of any city streets should be approved by the City; and
- Broward County Transit review and approval of any bus route diversion is required.

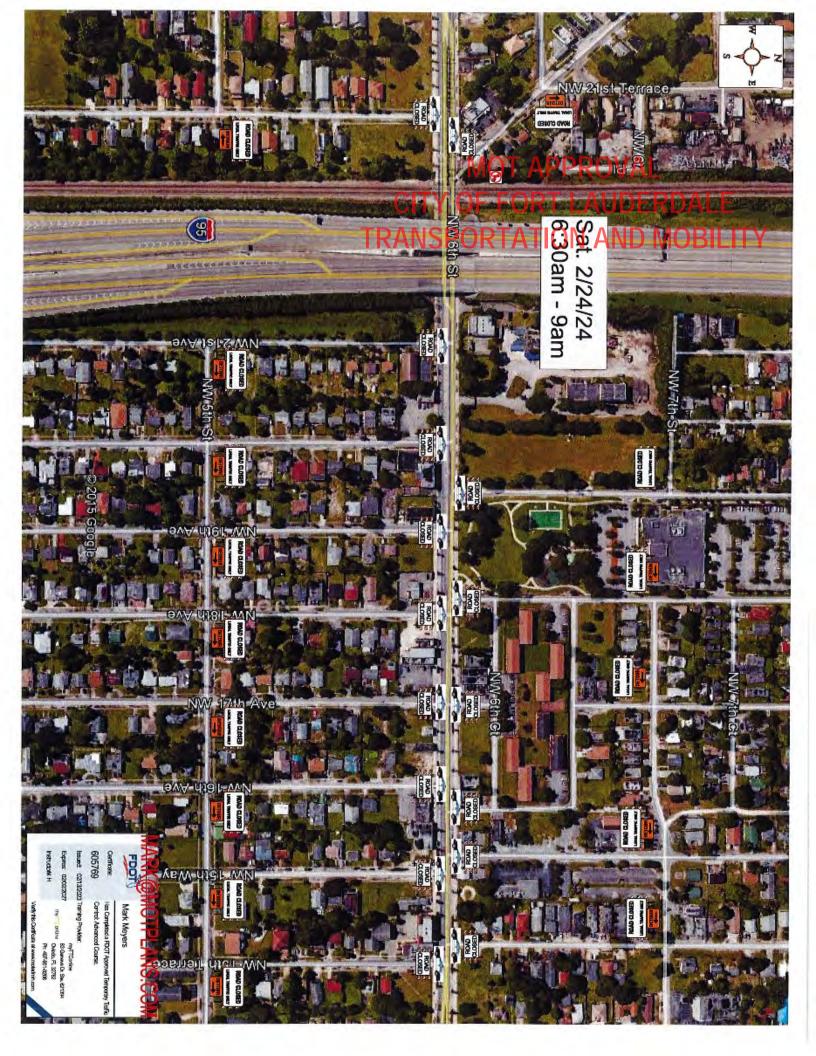
Should you have any further questions please call me at any time at 954-847-2622.

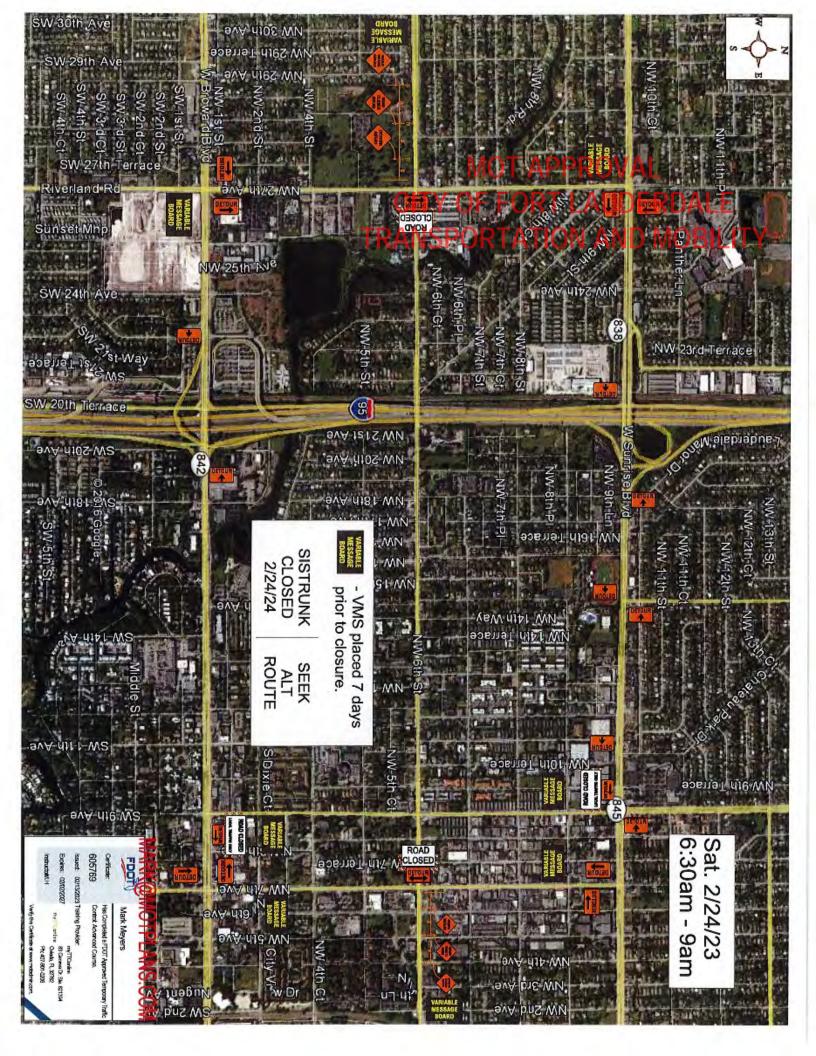
Very truly yours,

Manoucheka Fidelia MF/mf

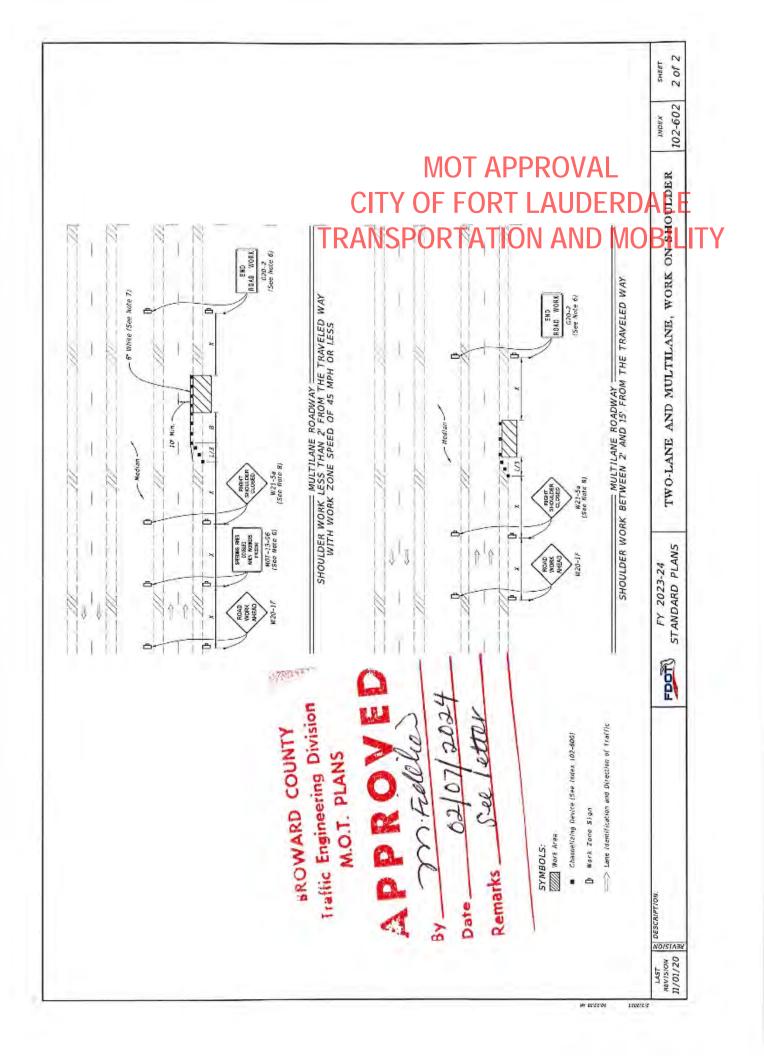


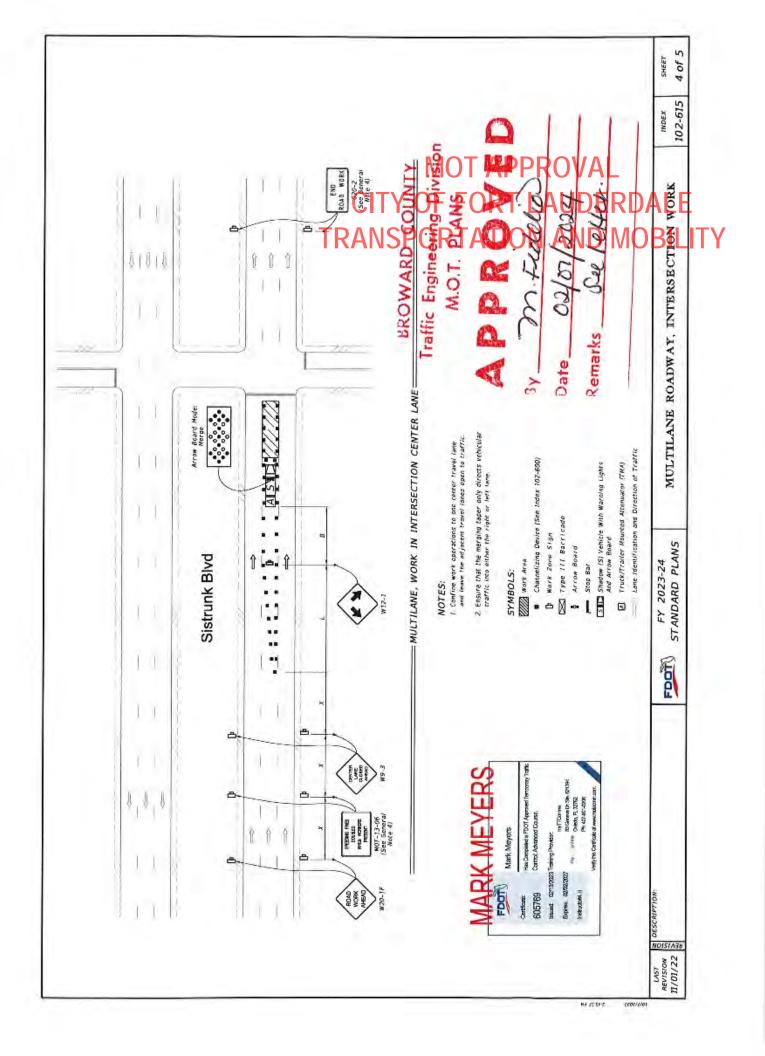


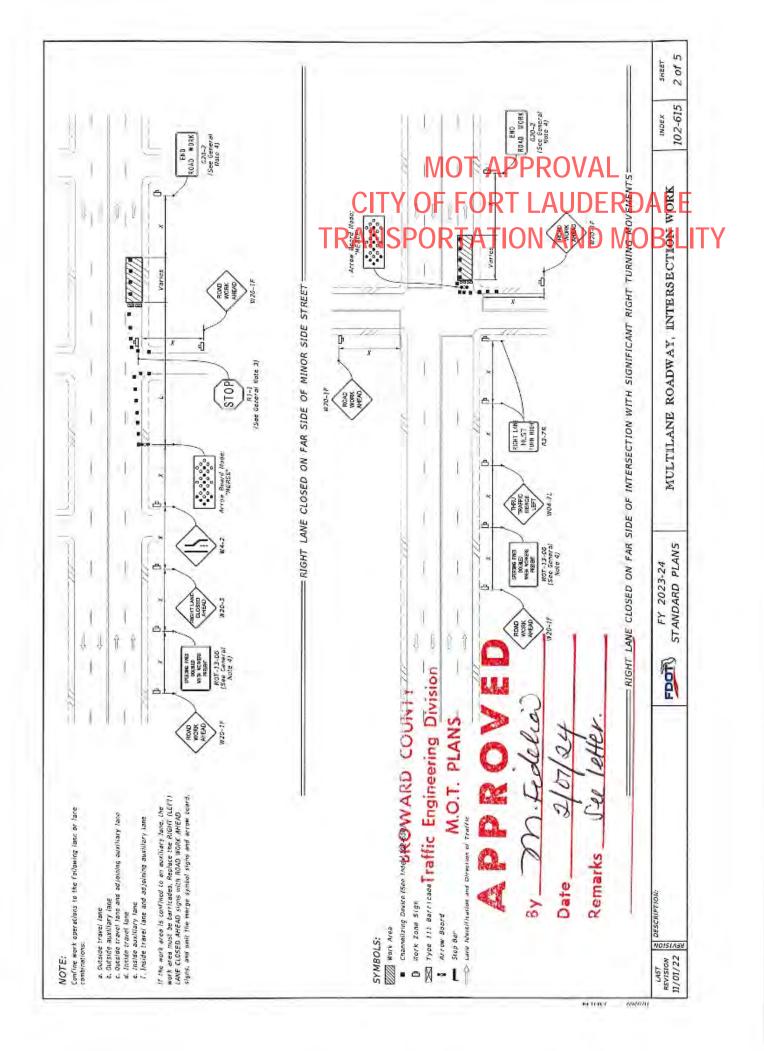












December 2009

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