Office Use Only

MOT ID#: TAM-MOT-24010069

MAINTENANCE OF TRAFFIC (MOT) FORM

SECTION 1: APPLICANT INFORMATION	MOT APPROVAL
Applicant Name: Riverwalk Fort Lauderdale	CITY OF PROPERTY SALES
Applicant Email: genia@goriverwalk.com	CITT OF FORT LAUDERDALE
	TARESANIS PORTATION AND MOBILITY PROS, City, State, Zip Code)
City Project Manager (if applicable):	Phone:
Agency responsible for this project: ☐ City ☐ Count	ty □ FDOT ☑ Other: Riverwalk Fort Lauderdale
On-site/Emergency Contact Phone: 954-288-5983	
SECTION 2: PROJECT INFORMATION	
GMOT Permit # (obtain from Department of Sustaina	ble Development (DSD)): Special Event
Project Name: Riverwalk Fort Lauderdale Smoke on the	Water BBQ Fest
Project Address: 400 SW 2nd St., Fort Lauderdale, FL 33	
Specific Dates and Times Requested for MOT Im Please identify a start date that is at least two weeks require up to two weeks from the time that all requir Begin Date: 04/20/2024	from the submittal date. The approval of an MOT application may
End Date: 04/20/2024	End Time: 7:00pm
SECTION 3: PROJECT DETAILS Partial Closure	Daily Setup/ Breakdown ☑ YES □ NO
☑ Full Road Closure (detour): Under 72 Hours	Using Crane in ROW* ☐ YES ☑ NO
Sidewalk Closure: Under 72 Hours	Parking Meters Impacted* ☑ YES □ NO
☐ Full Road/Sidewalk Closure: More than 72 Hours	*Crane and parking meter mitigation must be done prior to MOT approval
SECTION 4: TYPE OF WORK DESCRIPTION	
 Describe the nature of the construction and any period of the constructio	mation in the description: t intersection. Use complete street names, including directionals. phasing plans. A separate MOT application is required for each phase work may produce during construction (i.e., large holes, etc.). and SW 5th Ave. and SW 4th Ave between SW 2nd St. and the New River
Special event, Smoke on the Water BBQ Fest by Riverwa	ilk Fort Lauderdale.
Food trucks and vendors on street in parking spaces.	The state of the s
(State which FDOT Standard Index 600 series will be	AWING NUMBERS/MUTCD TYPICAL APPLICATION followed. The indexes must include the north arrow and the names thes will be covered or backfilled during non-working hours.)
	OT) Form and Guidelines Page 4 c

Office Use Only

MOT ID#: TAM-MOT-24010069

MAINTENANCE OF TRAFFIC (MOT) FORM

SECTION 6: MOT DESCRIPTION

MOT APPROVAL

 List the lanes that will be open and closed on enot required, please state that below. State if flagmen will be provided. State if the MOT will be continuous or intermit State any other special considerations related Saturday, 04/20/2024 SW 2nd St. will be closed between 	
SW 4th Ave. and SW 5th Ave. will remain open.	
MOT will be continuous between 7:00am and 7:00pm	on Saturday, 04/20/2024
SECTION 7: MOT FORM CHECKLIST (Provide of	one copy of each attachment.)
☑ Completed Required Signatures Form	☐ Certification(s) for Traffic Control Technician
☐ Color aerial(s)/MOT Plan with index overlay	or Traffic Control Supervisor must be embedded on MOT plans along with FDOT indexes/MUTCD
☐ County and State approvals (If required)	documents
☐ Crane and Parking Mitigation (if required)	☑ Plan of work (optional, but preferred)
☑ FDOT Index MUTCD Reference Drawing(s)	
SECTION 8: ADDITIONAL COMMENTS	
documents in the checklist above are received by	may require up to two weeks from the time that all required y TAM staff. Any rejected MOT submittal that is corrected and sent back
needed for more complex plans or plans requiring In signing this application, I understand that separate	rate City and/or County and/or State permits may be required for this insible for ensuring that the project is completed in accordance with the
In signing this application, I understand that separ project. Furthermore, I am aware that I am respondents and specifications as stipulated in the permit	rate City and/or County and/or State permits may be required for this ensible for ensuring that the project is completed in accordance with the it approval condition. Eugenia Duncan Ellis, President/CEO (PRINT NAME/TITLE)
In signing this application, I understand that separ project. Furthermore, I am aware that I am respondents and specifications as stipulated in the permit (DATE SIGNED) As a consideration for the permission granted her	rate City and/or County and/or State permits may be required for this ensible for ensuring that the project is completed in accordance with the it approval condition. Eugenia Duncan Ellis, President/CEO (PRINT NAME/TITLE)
In signing this application, I understand that separ project. Furthermore, I am aware that I am respondents and specifications as stipulated in the permit (DATE SIGNED) As a consideration for the permission granted her	rate City and/or County and/or State permits may be required for this ensible for ensuring that the project is completed in accordance with the it approval condition. Eugenia Duncan Ellis, President/CEO (PRINT NAME/TITLE) Tein, (APPLICANT) Eugenia Duncan Ellis agrees to
In signing this application, I understand that separ project. Furthermore, I am aware that I am respondents and specifications as stipulated in the permit (DATE SIGNED) As a consideration for the permission granted her indemnify and hold harmless the City of Fort Laure	rate City and/or County and/or State permits may be required for this ensible for ensuring that the project is completed in accordance with the it approval condition. Eugenia Duncan Ellis, President/CEO (PRINT NAME/TITLE) Tein, (APPLICANT) Eugenia Duncan Ellis agrees to

Office Use Only	MOT ID#:		
	MOTIV#:	GMOT Permit#:	en e

REQUIRED SIGNATURES FORM

Applicant must collect all required signatures. To expedite proce <mark>ssing, ndividual signatures and complete to MOT@fortlauderdale.gov separately on this page. All signatures and complete two-week review process persons.</mark>	omments must be submissed
before two-week review process, begins RT	LAUDERDAL
Print Name TRANSPORTATIO	N AND MORI
Police Department	$I(I) \leq I(I)$
1300 W. Broward Boulevard Tel: 954-828-5477	100
(all lot dono ot	(Oáte)
*Required only if MOT includes a detour for any direction of travel.	(Odie)
Print Name	
Squature	***************************************
Fire Rescue Department	
320 M.W. 2" Street Tel: 954-828-6864 Email: CBotting@fortlandertale and	
Required and Association Appointment	(Date)
*Required only if MOT includes a detour for any direction of travel.	
Print Name	
Sgrature	
Broward County Traffic Engineering Division	erance(s)
2000 W. Commercial Boulevard Tel- 954 947 347	
*Required only if MOT/detaux affects Business NOT accepted.	(Date)
*Required only if MOT/detour affects Broward County road or intersection.	
After all applicable signatures are collected, applicant should submit the MOT plan and Transportation and Mobility Department at mot 65.	
Transportation and Mobility Department at mot@fortlauderdale.g	this routing form to the
OFFICE USE ONLY	10000000000000000000000000000000000000
Department Director's Signature (requested by City staff if required	
Margan Dunn	
Morgan Dunn Print Name Morgan Dunn	**
Transportation and Mobility Department	1/00/04
290 N.E. 3" Avenue Tel: 954- 828-4997 Email: MOT@fortlauderdale.gov	1/26/24
Call for Appointment, Walk-ins NOT accepted.	(Date)
Milos Majstorovic	

Signature	
Signature Transportation and Mobility Department Ben Rogers, Director	

mit 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 954-828-6075 or email basmith@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.

0111	The second of th		
Office Use Only	MOT ID#:	GMOT Permit#:	
		- CHINE	

REQUIRED SIGNATURES FORM

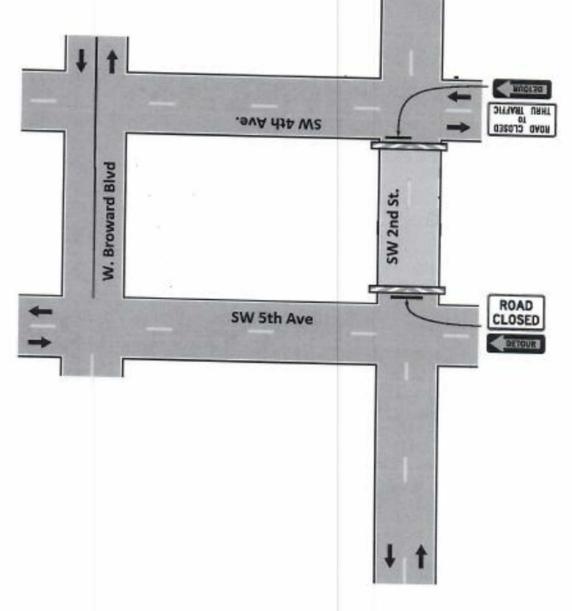
Applicant must collect all required signatures. To expedite processing, individual signatures may be obtained and submitted to MOT@fortlauderdale.gov separately on this page. All san ture and comments has be submitted before two-week review process begins. Print Name Police Department 1300 W. Broward Boulevard |Tel: 954-828-5477 Call for Appointment (Date) *Required only if MOT includes a detour for any direction of travel. Bruce Strandhagen Bruce Strandhagen Print Name Fire Rescue Department 1/25/24 528 N.W. 2nd Street | Tel: 954-828-6864 | Email: CBotting@fortlauderdale.gov Call for Appointment (Date) *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 Call for appointment. Walk-ins NOT accepted. (Date) *Required only if MOT/detour affects Broward County road or intersection. After all applicable signatures are collected, applicant should submit the MOT plan and this routing form to the Transportation and Mobility Department at mot@fortlauderdale.gov. OFFICE USE ONLY Department Director's Signature (requested by City staff if required) Print Name Signature Transportation and Mobility Department 290 N.E. 3rd Avenue | Tel: 954-828-4997 | Email: MOT@fortlauderdale.gov (Date) Call for Appointment, Walk-ins NOT accepted. 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 954-828-6075 or email basmith@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.

MOT APPROVAL CITY OF FORTILAUDERDALE TRANSPORTATION AND MOBILITY



Page 672 2009 Edition

Notes for Figure 6H-20—Typical Application 20 Detour for a Closed Street

Guidance:

- 1. This plan should be used for streets without posted route numbers.
- 2. On multi-lane streets, Detour signs with an Advance Turn Arrow should be used in advance of a turn.

Option:

- 3. Flashing warning lights and/or flags may be used to call attention to the advance warning signs.
- 4. Flashing warning lights may be used on Type 3 Barricades.
- 5. Detour signs may be located on the far side of intersections. A Detour sign with an advance arrow may be TY used in advance of a turn.
- 6. A Street Name sign may be mounted with the Detour sign. The Street Name sign may be either white on green or black on orange.

Standard:

7. When used, the Street Name sign shall be placed above the Detour sign.

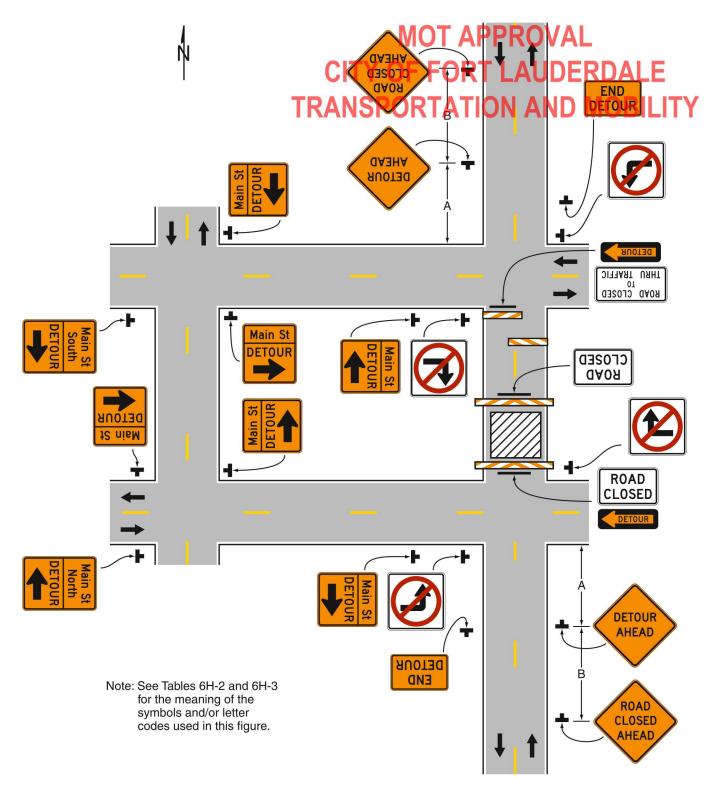
Support:

8. See Figure 6H-9 for the information for detouring a numbered highway.

Sect. 6H.01 December 2009

2009 Edition Page 673

Figure 6H-20. Detour for a Closed Street (TA-20)



Typical Application 20

December 2009 Sect. 6H.01

TAM-MOT-24010069 Riverwalk Smoke on the Water BBQ

Final Audit Report 2024-01-26

Created: 2024-01-26

By: Morgan Dunn (MDunn@fortlauderdale.gov)

Status: Signed

Transaction ID: CBJCHBCAABAAhcLvnsPH7oebCwRPAlOxy6q4k3udFYY2

"TAM-MOT-24010069 Riverwalk Smoke on the Water BBQ" Hist ory

- Document created by Morgan Dunn (MDunn@fortlauderdale.gov) 2024-01-26 3:09:38 PM GMT- IP address: 50.232.252.93
- Document emailed to Milos Majstorovic (MMajstorovic@fortlauderdale.gov) for signature 2024-01-26 3:09:53 PM GMT
- Email viewed by Milos Majstorovic (MMajstorovic@fortlauderdale.gov) 2024-01-26 6:39:08 PM GMT- IP address: 104.47.65.254
- Document e-signed by Milos Majstorovic (MMajstorovic@fortlauderdale.gov)

 Signature Date: 2024-01-26 6:42:01 PM GMT Time Source: server- IP address: 50.232.252.93
- Agreement completed. 2024-01-26 - 6:42:01 PM GMT