

Office Use Only MOT ID#: TAM-MOT-24010027

MAINTENANCE OF TRAFFIC (MOT) FORM

CITY OF FORT LAUDERDALE
TRANSPORTATION AND MOBILITY

SECTION 1: APPLICANT INFORMATION

Applicant Name: Nobe Sunday Black Party Applicant Phone: 754-281-1244
Applicant Email: Cathy@fishholeson33rd.com
Applicant Address: 3355 NE 33rd ST Fort Lauderdale FL 33308
(Address, City, State, Zip Code)
City Project Manager (if applicable): _____ Phone: _____
Agency responsible for this project: City County FDOT Other: Cathy Vassallo
On-site/Emergency Contact Phone: 754-281-1244

SECTION 2: PROJECT INFORMATION

ENG Permit # (obtain from Department of Sustainable Development (DSD)): Special Event
Project Name: Nobe Sunday Black Party
Project Address: 3355 NE 33rd ST Fort Lauderdale FL 33308
(Address, City, State, Zip Code)

Specific Dates and Times Requested for MOT Implementation:

Please identify a start date that is at least two weeks from the submittal date. The approval of an MOT application may require up to two weeks from the time that all required documents are received by TAM staff.

Begin Date: January 14, 2024 Begin Time: 4 PM
End Date: March 31, 2024 End Time: 10 PM

Sundays Only

SECTION 3: PROJECT DETAILS

~~Partial or Shoulder Closure~~
 Full Road Closure (detour): Under 72 Hours
 Sidewalk Closure: Under 72 Hours
 Full Road/Sidewalk Closure: More than 72 Hours
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 refer to the MOT Guidelines for crane definitions.

SECTION 4: TYPE OF WORK DESCRIPTION

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

- List the names of affected streets and the nearest intersection. Use complete street names, including directionals.
- Describe the nature of the construction and any phasing plans. A separate MOT application is required for each phase.
- Describe any specific safety hazards that the work may produce during construction (i.e., large holes, etc.).

North side of NE 33rd ST between AIA and
NE 33rd 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.)

TA-19

MAINTENANCE OF TRAFFIC (MOT) ~~FORM~~ APPROVAL

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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 detours in detail. If detours are not required, please state that below.
- State if flagmen will be provided.
- 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.

North side of NE 33rd St

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

- | | |
|--|--|
| <input type="checkbox"/> Completed Required Signatures Form | <input type="checkbox"/> Certification(s) for Traffic Control Technician or Traffic Control Supervisor must be embedded on MOT plans along with FDOT indexes/MUTCD documents |
| <input type="checkbox"/> Color aerial(s)/MOT Plan with index overlay | <input type="checkbox"/> Plan of work (optional, but preferred) |
| <input type="checkbox"/> County and State approvals (if required) | |
| <input type="checkbox"/> Crane and Parking Mitigation (if required) | |
| <input type="checkbox"/> FDOT Index MUTCD Reference Drawing(s) | |

SECTION 8: ADDITIONAL COMMENTS

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.

Catherine Vassallo CATHERINE VASSALLO
 (APPLICANT SIGNATURE) (PRINT NAME/TITLE)

1/2/24
 (DATE SIGNED)

As a consideration for the permission granted herein, CATHERINE VASSALLO agrees to indemnify and hold harmless the City of Fort Lauderdale for any damages, claims, or injuries that may result from the MOT plan approved under the PERMIT.

BY: Catherine Vassallo
 (NAME OF COMPANY) (COMPANY AUTHORIZED AGENT)

Office Use Only

MOT ID#: _____

ENG Permit#: _____

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 signatures and comments must be submitted before two-week review process begins.

M. Ferrer

Print Name

[Signature]
Signature

Police Department

1300 W. Broward Boulevard | Tel: 954-828-5477

Call for Appointment

*Required only if MOT includes a detour for any direction of travel.

1/12/24

(Date)

Print Name

Signature

Fire Rescue Department

528 N.W. 2nd Street | Tel: 954-828-6800

Call for Appointment

*Required only if MOT includes a detour for any direction of travel.

(Date)

Print Name

Signature

Broward County Traffic Engineering Division

2300 W. Commercial Boulevard | Tel: 954-847-2653

Call for Appointment. Walk-ins **NOT** accepted.

*Required only if MOT/detour affects Broward County road or intersection.

(Date)

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)

Morgan Dunn

Print Name

[Signature]

Signature

Transportation and Mobility Department

290 N.E. 3rd Avenue | Tel: 954- 828-4997 | Email: MOT@fortlauderdale.gov

Call for Appointment. Walk-ins and hard copies **NOT** accepted.

1/12/24

(Date)

Milos Majstorovic

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.

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<p>_____ Print Name</p> <p style="text-align: center;">Police Department 1300 W. Broward Boulevard Tel: 954-828-5477 <i>Call for Appointment</i></p> <p><i>*Required only if MOT includes a detour for any direction of travel.</i></p>	<p>_____ Signature</p> <p style="text-align: center;">(Date)</p>
<p>_____ Print Name</p> <p style="text-align: center;">Fire Rescue Department 528 N.W. 2nd Street Tel: 954-828-6800 <i>Call for Appointment</i></p> <p><i>*Required only if MOT includes a detour for any direction of travel.</i></p>	<p>_____ Signature</p> <p style="text-align: center;">(Date)</p>
<p>_____ Print Name</p> <p style="text-align: center;">Broward County Traffic Engineering Division 2300 W. Commercial Boulevard Tel: 954-847-2653 <i>Call for Appointment. Walk-ins NOT accepted.</i></p> <p><i>*Required only if MOT/detour affects Broward County road or intersection.</i></p>	<p>_____ Signature</p> <p style="text-align: center;">(Date)</p>

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)	
<p>_____ Print Name</p> <p style="text-align: center;">Transportation and Mobility Department 290 N.E. 3rd Avenue Tel: 954- 828-4997 Email: MOT@fortlauderdale.gov <i>Call for Appointment. Walk-ins and hard copies NOT accepted.</i></p>	<p>_____ Signature</p> <p style="text-align: center;">(Date)</p>
<p style="text-align: center;">_____ Signature</p> <p style="text-align: center;">Transportation and Mobility Department Ben Rogers, Director</p>	<p style="text-align: center;">(Date)</p>

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.

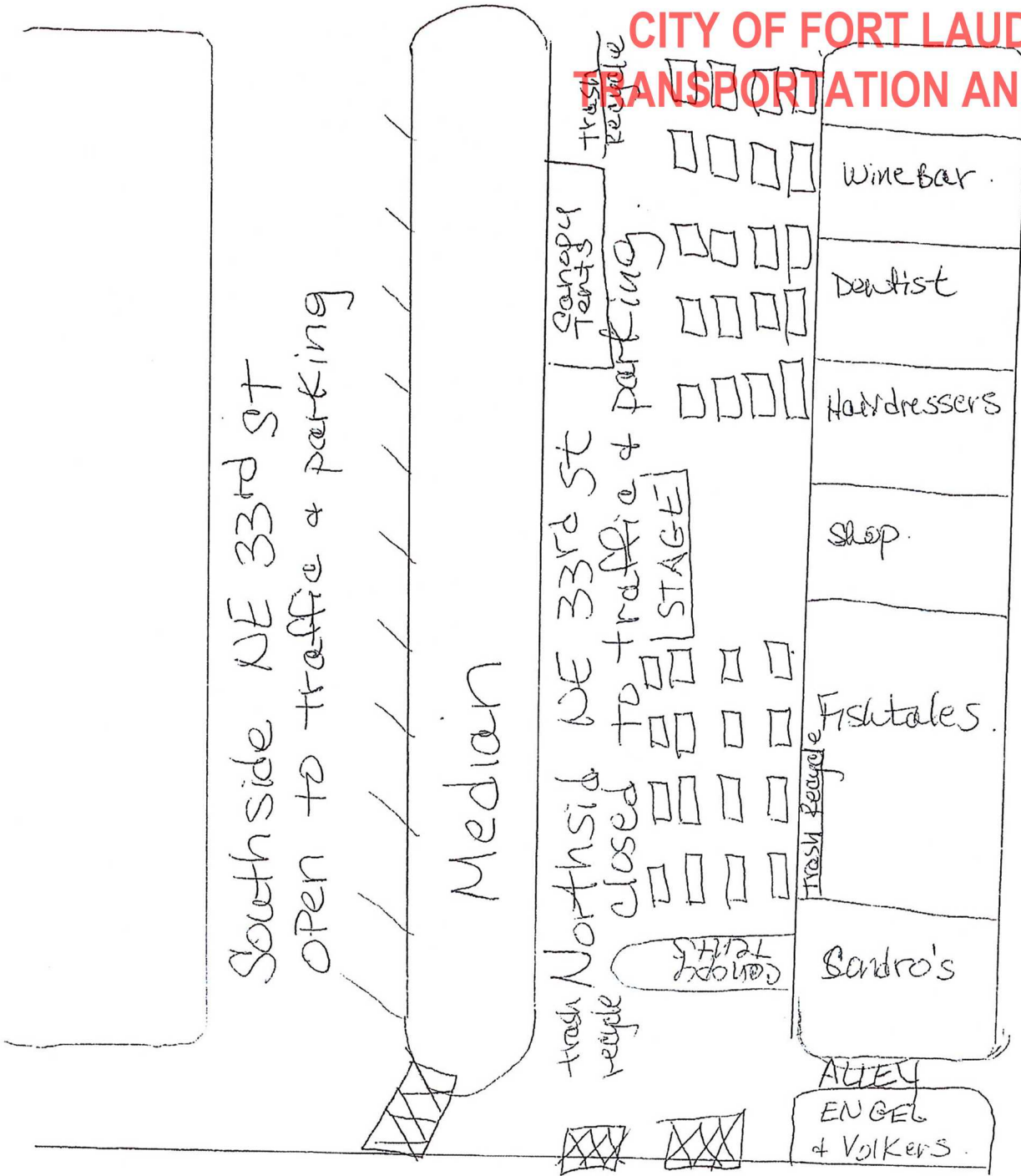
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Proposed NE 33rd St Site Plan

NE 33rd AVE

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A1A

**Notes for Figure 6H-19—Typical Application 19
Detour for One Travel Direction**

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:

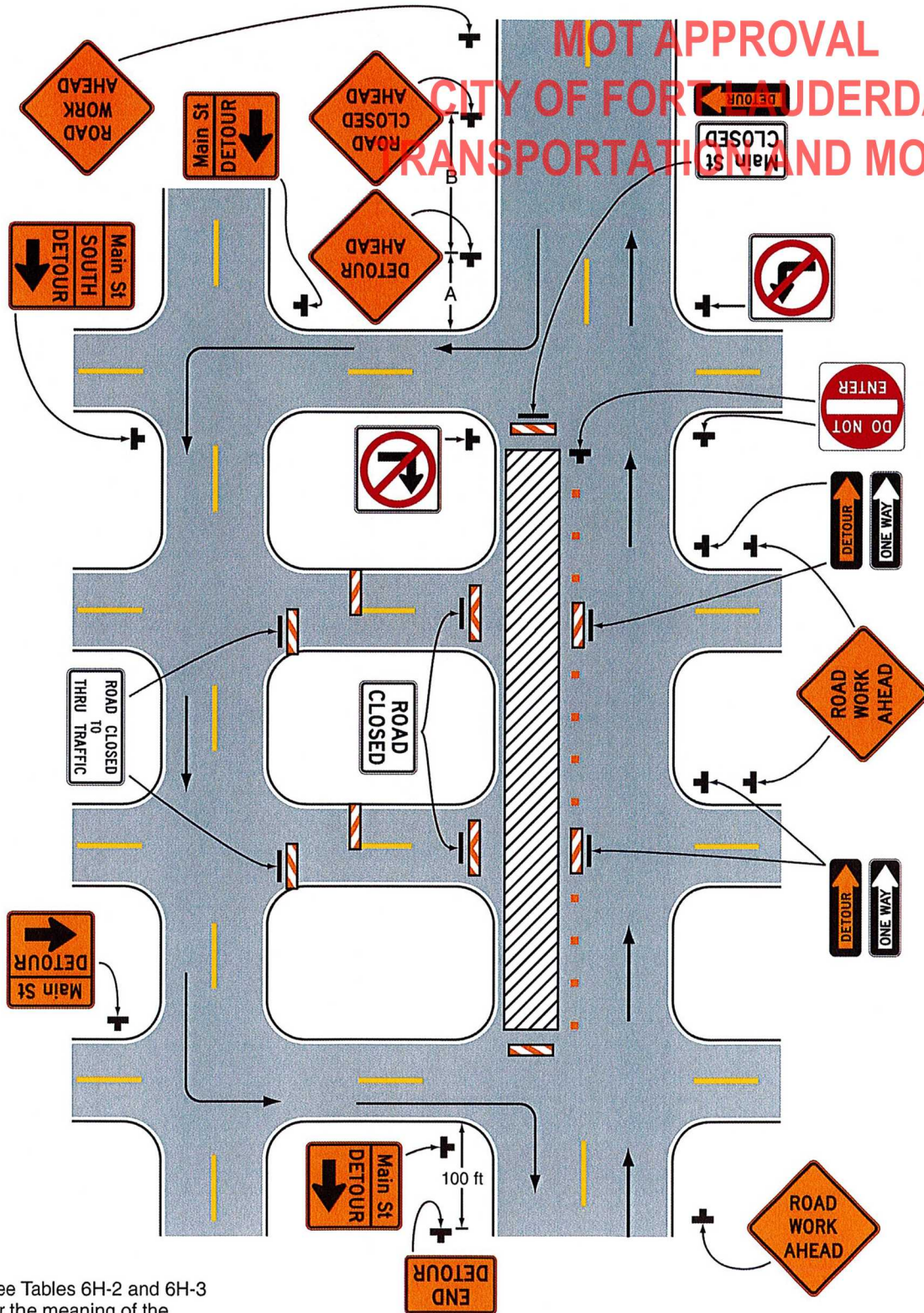
3. The STREET CLOSED legend may be used in place of ROAD CLOSED.
4. Additional DO NOT ENTER signs may be used at intersections with intervening streets.
5. Warning lights may be used on Type 3 Barricades.
6. Detour signs may be located on the far side of intersections.
7. A Street Name sign may be mounted with the Detour sign. The Street Name sign may be either white on green or black on orange.

Standard:

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

**NOT APPROVAL
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TRANSPORTATION AND MOBILITY**

Figure 6H-19. Detour for One Travel Direction (TA-19)



Note: See Tables 6H-2 and 6H-3 for the meaning of the symbols and/or letter codes used in this figure.

Typical Application 19






TAM-MOT-24010027 - NOBE Sunday Block Party

Final Audit Report

2024-01-16

Created:	2024-01-12
By:	Morgan Dunn (MDunn@fortlauderdale.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAIkeZyjABI0RSax3igEp_YYkrlip1rv3t

"TAM-MOT-24010027 - NOBE Sunday Block Party" History

-  Document created by Morgan Dunn (MDunn@fortlauderdale.gov)
2024-01-12 - 8:03:50 PM GMT- IP address: 50.232.252.93
-  Document emailed to Milos Majstorovic (MMajstorovic@fortlauderdale.gov) for signature
2024-01-12 - 8:04:17 PM GMT
-  Email viewed by Milos Majstorovic (MMajstorovic@fortlauderdale.gov)
2024-01-16 - 3:21:10 PM GMT- IP address: 50.232.252.93
-  Document e-signed by Milos Majstorovic (MMajstorovic@fortlauderdale.gov)
Signature Date: 2024-01-16 - 4:34:40 PM GMT - Time Source: server- IP address: 50.232.252.93
-  Agreement completed.
2024-01-16 - 4:34:40 PM GMT

