Office Use Only

MOT ID#: <u>TAM-MOT-23090023</u>

MAINTENANCE OF TRAFFIC (MOT) FORM

SECTION 1. ADDITION INFORMATION	MOT APPROVAL
SECTION 1: APPLICANT INFORMATION Applicant Name: Debbie Bylica	CITY OF EAST-1954-828-4622-DDALE
Applicant Name:	CITY O Applicant Phone: 954-828-4622 RDALE
Applicant Email: 150 G. Harold Martin Drive Fort Lauc (Address:	terdal State ORTATION AND MOBILIT
City Project Manager (if applicable): Debbie Bylica	Phone: X4622
	□ FDOT □ Other:
On-site/Emergency Contact Phone: Debbie Bylica (954)	683-3357
SECTION 2: PROJECT INFORMATION	
GMOT Permit # (obtain from Department of Sustainable	e Development (DSD)): City Special Event
Project Name: Sunday Jazz Brunch 2024	
Project Address: SW 4th Avenue between SW 2nd Street an (Address	d the Cul de sac / dead end
Specific Dates and Times Requested for MOT Implease identify a start date that is at least two weeks from	ementation: om the submittal date. The approval of an MOT application may
require up to two weeks from the time that all required	
Begin Date: 10/1, 11/5, 12/3, 1/7, 2/4, 3/3, 4/7, 5/5,	Begin Time: 6:30 am
End Date: 10/1, 11/5, 12/3/23, 1/7, 2/4/ 3/3, 4/7, 5/5	End Time: 4:30 pm
SECTION 3: PROJECT DETAILS	D. II. C. J. Z.
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	
Please make sure to include the following informa	tion in the description:
	tersection. Use complete street names, including directionals.
	using plans. A separate MOT application is required for each phase.
SW 4th Avenue, south of SW 2nd Street to the Cul de Sac (de	k may produce during construction (i.e., large holes, etc.).
5 W 1411 Tronde, South of 5 W 2114 Street to the Car to Stee (42	adolid Truthly
City Special Event Closure	
No hazards	
SECTION 5: FDOT DESIGN STANDARD INDEX DRAW	
	owed. 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.)

Office Use Only	MOT ID#:	-	
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MAINTENANCE OF TRAFFIC (MOT) FORM

SECTION 6: MOT DESCRIPTION

MOT APPROVAL

Please make sure to include the following information in the description ORT LAUDERDALE

- 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.

 TRANSPORTATION AND MOBILITY
- · 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.

 SW 4th Avenue, South of SW 2nd Street to the Culde Sac closed

 patons may access one way alley to parking for their building

 Special Event Closure

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

 □ Completed Required Signatures Form □ Certification(s) for Traffic Control Technician
- □ Color aerial(s)/MOT Plan with index overlay
 □ County and State approvals (if required)
 □ Crane and Parking Mitigation (if required)
 □ Plan of work (optional, but preferred)
- ☐ 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.

Debbie Bylica	Debbie Bylica / Recreation Program Supervisor
(APPLICANT SIGNATURE)	(PRINT NAME/TITLE)
9/3/23	
(DATE SIGNED)	

As a consideration for the permission granted herein, (APPLICANT) 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.

(NAME OF COMPANY)

BY: _____
(COMPANY AUTHORIZED AGENT)

Office Use Only MOT ID#: GMOT Permit#:	
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REQUIRED SIGNATURES FORM

Applicant must collect all required signatures. To expedite processing, individual signatur submitted to MOT@fortlauderdale.gov separately on this page. All signatures and comm	
before two-week review process begins.	CIDITAL DE SUBINICE
Kim Maus)// CITY OF FORT LA	AUDERDALE
Print Name Police Department	AND/MOBILIT
1300 W. Broward Boulevard Tel: 954-828-5477	(Date)
Call for Appointment	(Date)
*Required only if MOT includes a detour for any direction of travel.	
Print Name Signature	
Fire Rescue Department	
528 N.W. 2 nd Street Tel: 954-828-6864 Email: CBotting@fortlauderdale.gov <i>Call for Appointment</i>	(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	(Date)
Call for appointment. Walk-ins <u>NOT</u> accepted.	,
*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	s 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 Morgan Dunn Signature	
Print Name Signature	
Transportation and Mobility Department	9/28/23
290 N.E. 3 rd Avenue Tel: 954-828-4997 Email: MOT@fortlauderdale.gov	(Date)
Call for Appointment. Walk-ins NOT accepted.	
Lisa Marie Glover for Ben Rogers	
Lisa Marie Glover for Ben Rogers (Oct 5, 2023 10:54 EDT) Signature	
Transportation and Mobility Department Ben Rogers, Director	(Date)
Dell Nogers, Director	

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.

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Office Use Only	MOT ID#:	CNAOT Dormit#	
Office Ose Office	MOT ID#:	GMOT Permit#:	
	0 0000 000		

REQUIRED SIGNATURES FORM

	signatures. To expedite processing, individual sign	
	before two-week review process begins.	
	CITY OF FORT	LAUDERDALE
Print Name	TRANSignature RTATI	ON AND MOBILI
	olice Department	
1300 W. Broward Boulevard Tel: 954-828-5477		(Date)
	ll for Appointment	- A5
Required only if MOT inc	cludes a detour for any direction of travel.	
Jo- Ann Lorber, Asst. Chief	Jo-Ann Lorber Digitally signed by Jo-Ann Lorber Date: 2023.09.15 14:34:39 -04'00	
Print Name	Signature	
Fire	Rescue Department	09/15/23
	28-6864 Email: CBotting@fortlauderdale.gov	(Date)
	Il for Appointment cludes a detour for any direction of travel.	(2000)
neganes siny ii mo	and a decoration and an end of the end of	
Print Name	Signature	_
Broward Coun	ty Traffic Engineering Division	
	ial Boulevard Tel: 954-847-2653	(Data)
Call for appoint	tment. Walk-ins <u>NOT</u> accepted.	(Date)
*Required only if MOT/detour	affects Broward County road or intersection.	
Transportati	e collected, applicant should submit the MOT plan an on and Mobility Department at mot@fortlauderdale OFFICE USE ONLY ector's Signature (requested by City staff if require	.gov.
Print Name	Signature	_
Transportatio	Signature on and Mobility Department - 828-4997 Email: MOT@fortlauderdale.gov	(Date)
Transportatio 290 N.E. 3 rd Avenue Tel: 954-	on and Mobility Department	(Date)
Transportatio 290 N.E. 3 rd Avenue Tel: 954-	on and Mobility Department - 828-4997 Email: <u>MOT@fortlauderdale.gov</u>	(Date)
Transportatio 290 N.E. 3 rd Avenue Tel: 954- <i>Call for Appoint</i>	on and Mobility Department - 828-4997 Email: MOT@fortlauderdale.gov tment. Walk-ins NOT accepted. Signature	(Date)
Transportation 290 N.E. 3 rd Avenue Tel: 954- Call for Appoint	on and Mobility Department - 828-4997 Email: <u>MOT@fortlauderdale.gov</u> tment. Walk-ins NOT accepted.	(Date)

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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.

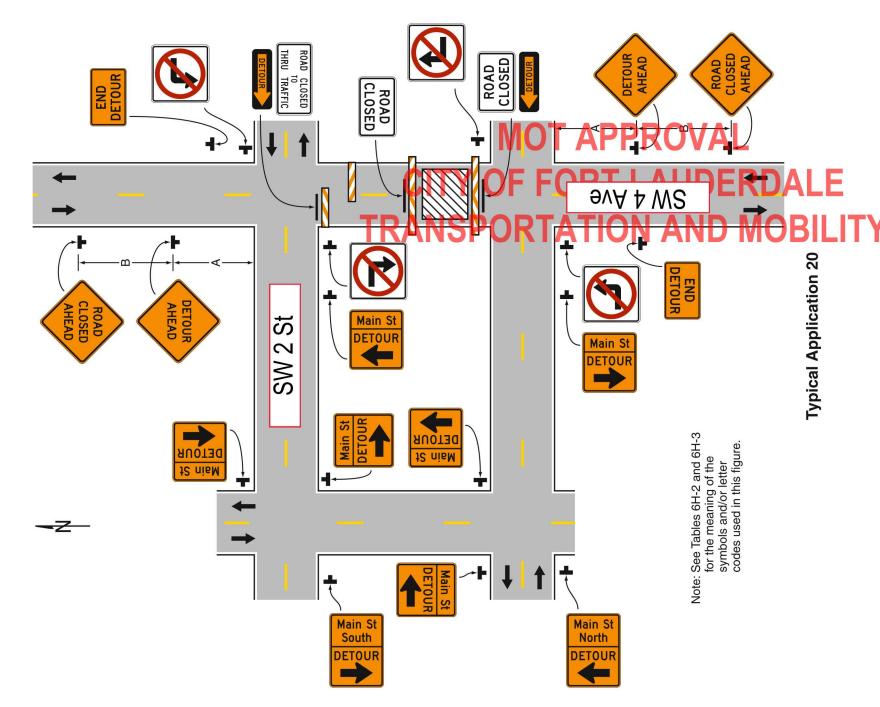
Support:

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

Sect. 6H.01 December 2009

2009 Edition

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



Sect. 6H.01 December 2009 Page 672 2009 Edition

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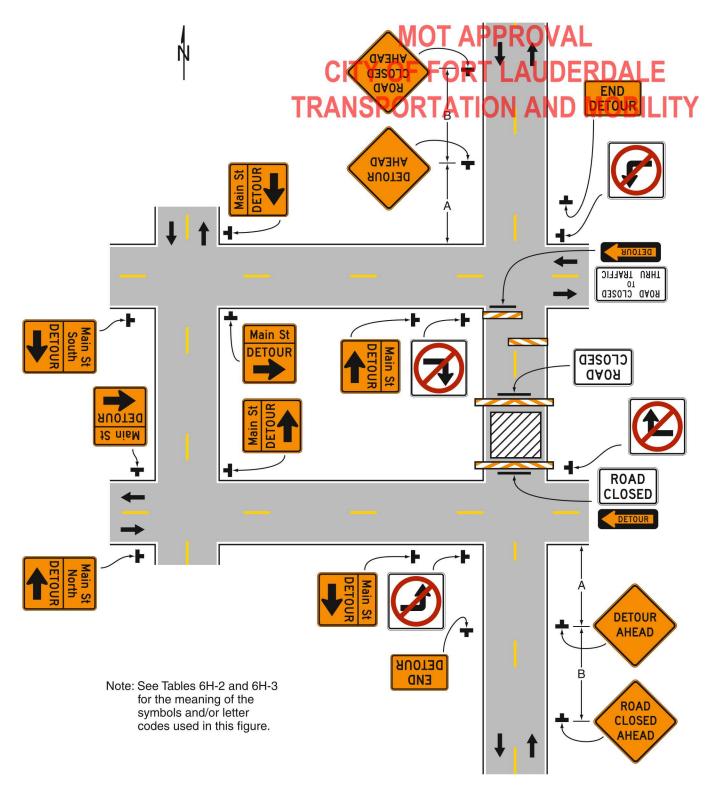
Support:

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

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



Typical Application 20

December 2009 Sect. 6H.01

TAM-MOT-23090023 - Jazz Brunch 1 of 2

Final Audit Report 2023-10-05

Created: 2023-09-28

By: Morgan Dunn (MDunn@fortlauderdale.gov)

Status: Signed

Transaction ID: CBJCHBCAABAABFOqWwqSfBcwKxSJwHVg7PvU8eCgHEfH

"TAM-MOT-23090023 - Jazz Brunch 1 of 2" History

Document created by Morgan Dunn (MDunn@fortlauderdale.gov)

2023-09-28 - 7:33:18 PM GMT- IP address: 50.232.252.93

- Document emailed to Lisa Marie Glover (LGlover@fortlauderdale.gov) for signature 2023-09-28 7:33:29 PM GMT
- Email viewed by Lisa Marie Glover (LGlover@fortlauderdale.gov)
- Signer Lisa Marie Glover (LGlover@fortlauderdale.gov) entered name at signing as Lisa Marie Glover for Ben Rogers

2023-10-05 - 2:54:17 PM GMT- IP address: 50.232.252.93

- Document e-signed by Lisa Marie Glover for Ben Rogers (LGlover@fortlauderdale.gov)
 Signature Date: 2023-10-05 2:54:19 PM GMT Time Source: server- IP address: 50.232.252.93
- Agreement completed.
 2023-10-05 2:54:19 PM GMT

