

MAINTENANCE OF TRAFFIC (MOT) FORM

SECTION 1: APPLICANT INFORMATION

Applicant Name: Debbie Bylica Applicant Phone: 954-828-4622
 Applicant Email: dbylica@fortlauderdale.gov
 Applicant Address: 1150 G. Harold Martin Drive Fort Lauderdale, FL 33304
(Address, City, State, Zip Code)
 City Project Manager (if applicable): Debbie Bylica Phone: X4622
 Agency responsible for this project: City County FDOT Other: _____
 On-site/Emergency Contact Phone: Debbie Bylica (954) 683-3357

MOT APPROVAL
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TRANSPORTATION AND MOBILITY

SECTION 2: PROJECT INFORMATION

GMOT Permit # (obtain from Department of Sustainable Development (DSD)): City Special Event
 Project Name: Sunday Jazz Brunch 2024
 Project Address: SW 4th Avenue between SW 2nd Street and the Cul de sac / dead end
(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: 6/5, 8/7, 9/4/24 Begin Time: 6:30 am
 End Date: 6/5, 8/7, 9/4/24 End Time: 4:30 pm

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

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.).

SW 4th Avenue, south of SW 2nd Street to the Cul de Sac (deadend / water)

City Special Event Closure

No hazards

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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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.

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SW 4th Avenue, South of SW 2nd Street to the Culde Sac closed
 patrons 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 or Traffic Control Supervisor must be embedded on MOT plans along with FDOT indexes/MUTCD documents
- 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
(APPLICANT SIGNATURE)

Debbie Bylica / Recreation Program Supervisor
(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)

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.

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TRANSPORTATION AND MOBILITY

<p>_____ Print Name</p> <p>Police Department 1300 W. Broward Boulevard Tel: 954-828-5477 <i>Call for Appointment</i></p> <p>*Required only if MOT includes a detour for any direction of travel.</p>	<p>_____ Signature</p> <p>_____ (Date)</p>
<p>Jo- Ann Lorber, Asst. Chief _____ Print Name</p> <p>Fire Rescue Department 528 N.W. 2nd Street Tel: 954-828-6864 Email: CBotting@fortlauderdale.gov <i>Call for Appointment</i></p> <p>*Required only if MOT includes a detour for any direction of travel.</p>	<p>Jo-Ann Lorber _____ Signature</p> <p><small>Digitally signed by Jo-Ann Lorber Date: 2023.09.15 14:34:39 -04'00'</small></p> <p>09/15/23 _____ (Date)</p>
<p>_____ Print Name</p> <p>Broward County Traffic Engineering Division 2300 W. Commercial Boulevard Tel: 954-847-2653 <i>Call for appointment. Walk-ins NOT accepted.</i></p> <p>*Required only if MOT/detour affects Broward County road or intersection.</p>	<p>_____ Signature</p> <p>_____ (Date)</p>
<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.</p>	
<p>OFFICE USE ONLY Department Director's Signature (requested by City staff if required)</p>	
<p>Morgan Dunn _____ Print Name</p> <p>Transportation and Mobility Department 290 N.E. 3rd Avenue Tel: 954- 828-4997 Email: MOT@fortlauderdale.gov <i>Call for Appointment. Walk-ins NOT accepted.</i></p>	<p><i>Morgan Dunn</i> _____ Signature</p> <p>9/28/23 _____ (Date)</p>
<p><i>Lisa Marie Glover for Ben Rogers</i> _____ Signature</p> <p>Transportation and Mobility Department Ben Rogers, Director</p>	<p>10.05.2023 _____ (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.

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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Kim Maus

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.

9/19/23

(Date)

Print Name

Signature

Fire Rescue Department

528 N.W. 2nd Street | Tel: 954-828-6864 | Email: CBotting@fortlauderdale.gov

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)

Print Name

Signature

Transportation and Mobility Department

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

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

(Date)

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.

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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 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.

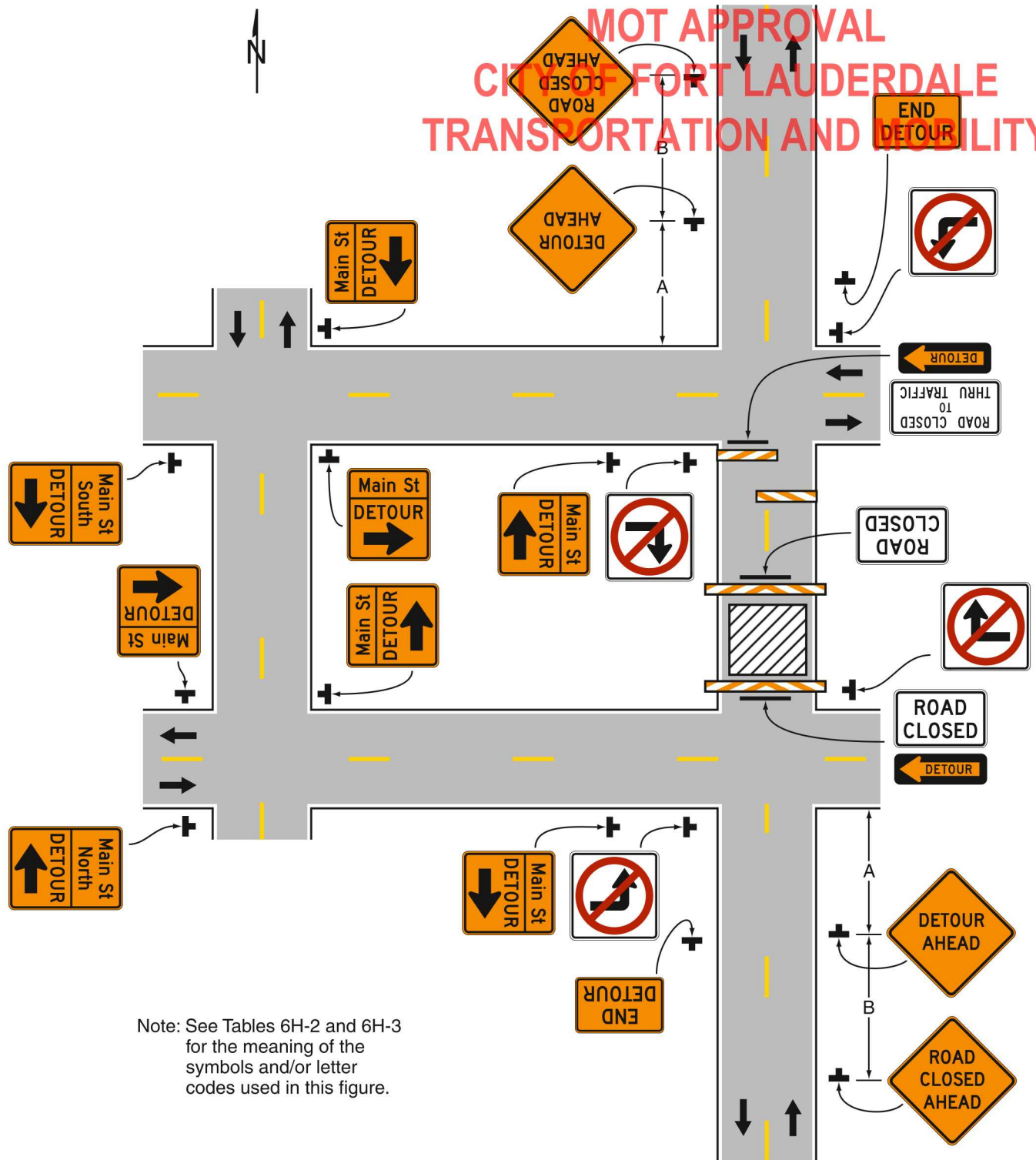
Standard:

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.

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



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

Typical Application 20

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

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Option:

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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 used in advance of a turn.
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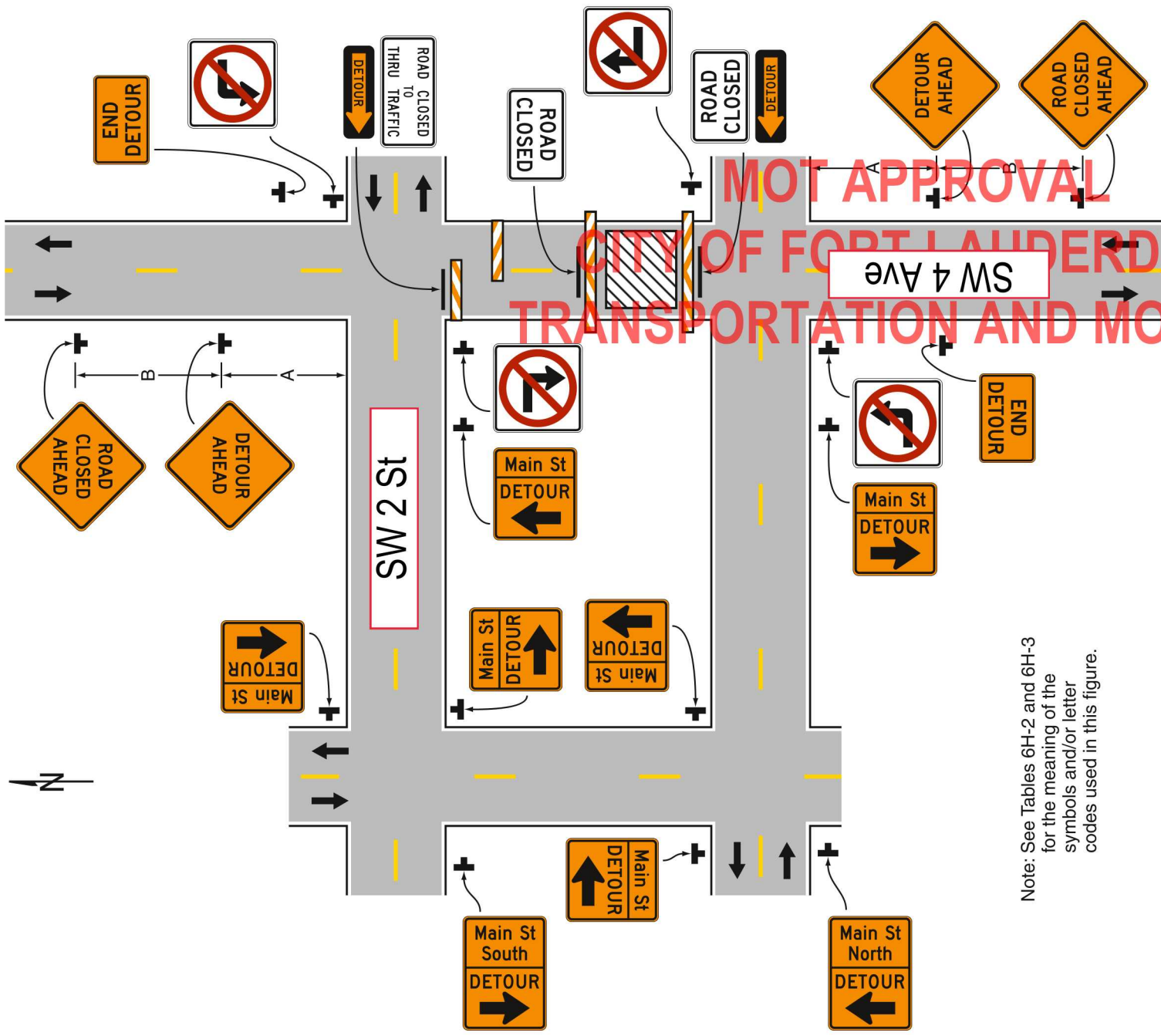
Standard:

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

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

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



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

Typical Application 20







TAM-MOT-23090024 - Jazz Brunch 2 of 2

Final Audit Report

2023-10-05

Created:	2023-09-28
By:	Morgan Dunn (MDunn@fortlauderdale.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAWh5k6zBNrA9WLaNOamhqforNTVrJPbIS

"TAM-MOT-23090024 - Jazz Brunch 2 of 2" History

-  Document created by Morgan Dunn (MDunn@fortlauderdale.gov)
2023-09-28 - 7:35:01 PM GMT- IP address: 50.232.252.93
-  Document emailed to Lisa Marie Glover (LGlover@fortlauderdale.gov) for signature
2023-09-28 - 7:35:18 PM GMT
-  Email viewed by Lisa Marie Glover (LGlover@fortlauderdale.gov)
2023-10-05 - 2:54:31 PM GMT- IP address: 104.47.64.254
-  Signer Lisa Marie Glover (LGlover@fortlauderdale.gov) entered name at signing as Lisa Marie Glover for Ben Rogers
2023-10-05 - 2:55:47 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 - 2:55:49 PM GMT - Time Source: server- IP address: 50.232.252.93
-  Agreement completed.
2023-10-05 - 2:55:49 PM GMT



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