MOT ID#: <u>TAM-MOT-23030027</u>

# **MAINTENANCE OF TRAFFIC (MOT) FORM**

SECTION 1: APPLICANT INFORMATION				
Applicant Name: AMERICAN LUNG ASSOCIATION  Applicant Email: AMERICAN LUNG ASSOCIATION  Applicant Phone: 954-727-0907				
Applicant Address: 2020 S. ANDREWS AVE, FTL, FL 33316 (Address, City, State, Zip Code)				
City Project Manager (if applicable): Phone:				
Agency responsible for this project: ✓ City ☐ County ☐ FDOT ☐ Other:				
On-site/Emergency Contact Phone:				
SECTION 2: PROJECT INFORMATION				
GMOT Permit # (obtain from Department of Sustainable Deve	elopment (DSD)): Special Event			
Project Name: <u>LAS OLAS WINE AND FOOD FESTIVAL</u>				
Project Address: LAS OLAS BLVD BETWEEN 6TH AVENUE (Address, City, S	AND SE 11TH AVENUE			
Specific Dates and Times Requested for MOT Implemen				
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 docu				
_	n Time: 4:00AM			
End Date: APRIL 22, 2023 End	Time: <u>6:00AM</u>			
SECTION 3: PROJECT DETAILS				
	ily Setup∕ Breakdown 🗹 YES 🔲 NO			
☑ Full Road Closure (detour): Under 72 Hours Usi	ing Crane in ROW* ☐ YES ☐ NO			
☐ Sidewalk Closure: Under 72 Hours Par	rking Meters Impacted* 🗹 YES 🔲 NO			
☐ Full Road/Sidewalk Closure: More than 72 Hours *Cr	ane 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				
<ul> <li>List the names of affected streets and the nearest intersection.</li> <li>Describe the nature of the construction and any phasing of the construction.</li> </ul>	plans. A separate MOT application is required for each phase.			
<ul> <li>Describe any specific safety hazards that the work may produce during construction (i.e., large holes, etc.).</li> </ul>				
THE LAS OLAS WINE & FOOD FESTIVAL IS A SPECIFIC EV	ENT BENEFITING THE AMRERICAN LUNG ASSOCIATION			
THE EVENT BEGINS LOAD IN ON APRIL 21, 2023 AT 4AM. T	THE EVENT OPERATES ON APRIL 21 FROM 7:30-10:30PM			
BREAKDOWN BEGINS AFTER THE EVENT AND WILL END	ON APRIL 22, 2023 AT6:00AM. THE IMPACTED ROADS			
ARE LAS OLAS BLVD FROM SE 6TH AVE TO SE 11TH AVE,	WITH SE 8TH AVE OPEN FOR N BOUND TRAFFIC			
SECTION E EDOT DESIGN STANDARD INDEV DRAWING	AND ADEDO AND TO TYPICAL ADDITION			
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.)				

## **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 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. ALL LANES ON LAS OLAS BLVD WILL BE CLOSED BETWEEN SE 6TH AVE AND SE 11TH AVE WITH THE EXCEPTION OF THE INTERSECTION OF SE 8TH AVE WHICH WILL BE OPEN FOR NORTH BOUND TRAFFIC ONLY **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 ☐ Color aerial(s)/MOT Plan with index overlay 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** FOR ADDITIONAL INFORMATION OR FOR ANY QUESTIONS PLEASE CONTACT JASON VENGER AT 786-368-5494 OR JASON@CI-MGT.COM 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. Chrissy Cohen CHRISSY COHEN; EXECUTIVE DIRECTOR (APPLICANT SIGNATURE) (PRINT NAME/TITLE) 2/14/23 (DATE SIGNED)

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

(NAME OF COMPANY)

		The state of the s
Office Use Only	MOT ID#:	GMOT Permit#:

# **REQUIRED SIGNATURES FORM**

Applicant must collect all required signatures. To expedite processing, individual signature submitted to <a href="MOT@fortlauderdale.gov">MOT@fortlauderdale.gov</a> separately on this page. All signatures and commo before two-week review process begins.	
Print Name  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.	<u> 州( / と )</u> (Date)
Print Name  Fire Rescue Department  528 N.W. 2 <sup>nd</sup> 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  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.  After all applicable signatures are collected, applicant should submit the MOT plan and this	(Date)
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  Transportation and Mobility Department  290 N.E. 3 <sup>rd</sup> Avenue   Tel: 954- 828-4997   Email: MOT@fortlauderdale.gov  Call for Appointment. Walk-ins NOT accepted.	4/6/23 (Date)
Lisa Marie Glover for Ben Rogers 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.

Office Use Only	MOT ID#:	_ GMOT Permit#:

## **REQUIRED SIGNATURES FORM**

submitted to MOT@fortlauderdale.go	natures. To expedite processing, individual signatur $\underline{v}$ separately on this page. All signatures and comm	
b	efore two-week review process begins.	
Print Name	Signature	
Polic	e Department	
1300 W. Broward Boulevard  Tel: 954-828-5477		(Date)
Call fo		
Required only it Mot include	les a detour for any direction of travel.	
John F. San Angelo	John F. San Angelo Signature	
Print Name	Signature	
Fire Res	cue Department	03/28/23
	6864   Email: CBotting@fortlauderdale.gov	(Date)
	or Appointment les a detour for any direction of travel.	
Required only if MOT include	es a detour for any direction of travel.	
Print Name	Signature	
Broward County	Fraffic Engineering Division	
	Boulevard   Tel: 954-847-2653	(Date)
Call for appointme	(Date)	
*Required only if MOT/detour af	fects Broward County road or intersection.	
After all applicable signatures are co	ollected, applicant should submit the MOT plan and thi	is routing form to the
Transportation	and Mobility Department at mot@fortlauderdale.gov.	
	OFFICE USE ONLY	
Department Direct	or's Signature (requested by City staff if required)	
Print Name	Signatura	
	Signature	
	and Mobility Department	(Date)
	28-4997   Email: MOT@fortlauderdale.gov ent. Walk-ins NOT accepted.	(Date)
can joi rippointino		
Signatura		
Signature  Transportation and Mobility Department		
Ben F	(Date)	

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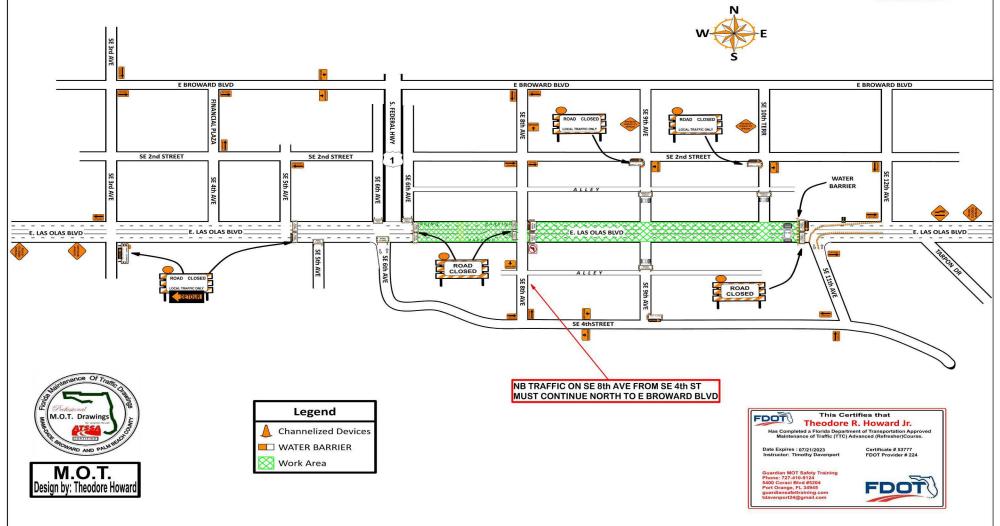
MOT plans for City Capital Improvement Projects shall be coordinated through the City of Fort Lauderdale Public Works Department. Please call 954-828 -5772 or email ralvarez@fortlauderdale.gov.

# FOR OVERVIEW PURPOSE ONLY DRAWING NOT TO SCALE

NOTE:
THIS M.O.T. IS BASED ON MUTCD & THE FLORIDA DEPARTMENT OF
TRANSPORTATION ROADWAY AND DESIGN STANDARDS. ALL TRAFFIC CONTROL DEVICES MUST BE SET AND PLACE BY PERSONS CERTIFIED IN TRAFFIC CONTROL DEVICE PLACEMENT AND PLANNING.

# SPECIAL EVENT

APPROVAL STAMP



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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.

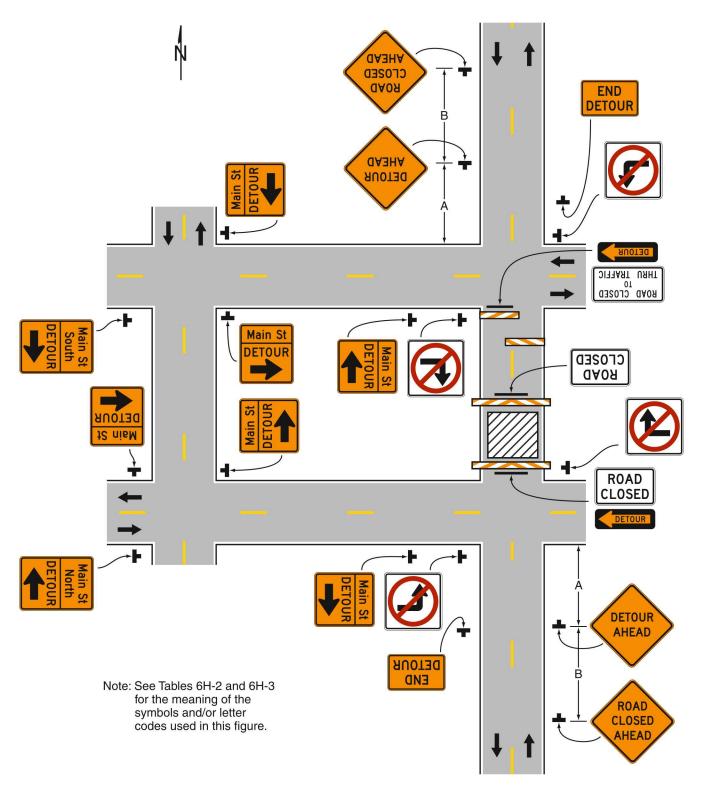
### Support:

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

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



**Typical Application 20** 

December 2009 Sect. 6H.01

# TAM-MOT-23030027 Special Event

Final Audit Report 2023-04-07

Created: 2023-04-06

By: Morgan Dunn (MDunn@fortlauderdale.gov)

Status: Signed

Transaction ID: CBJCHBCAABAA2MgwxugyXVbcTM7qG3880Kwxi8WFyfNe

## "TAM-MOT-23030027 Special Event" History

Document created by Morgan Dunn (MDunn@fortlauderdale.gov) 2023-04-06 - 7:57:28 PM GMT- IP address: 207.203.28.2

Document emailed to Lisa Marie Glover (LGlover@fortlauderdale.gov) for signature 2023-04-06 - 7:58:10 PM GMT

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Signer Lisa Marie Glover (LGlover@fortlauderdale.gov) entered name at signing as Lisa Marie Glover for Ben Rogers

2023-04-07 - 4:07:10 PM GMT- IP address: 207.203.28.2

Document e-signed by Lisa Marie Glover for Ben Rogers (LGlover@fortlauderdale.gov)
Signature Date: 2023-04-07 - 4:07:12 PM GMT - Time Source: server- IP address: 207.203.28.2

Agreement completed.

2023-04-07 - 4:07:12 PM GMT

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