Office Use Only MOT ID#: TAM-MOT-23040025

MAINTENANCE OF TRAFFIC (MOT) FORM

SECTION 1: APPLICANT INFORMATION Packed Standard Instruction	MOTAPPRO1507-2986/863-860-3263
Applicant Name: Rachel Stephens/Larry Coggins	Applicant Phone:
Applicant Email: rachel.stephens@madd.org/larry.coggins@m	
Applicant Address: 1655 N. Commerce Parkway, Suite 302, F	ity, State, Zip Code) RTATION AND MOBILITY
City Project Manager (if applicable):	
Agency responsible for this project: ☐ City ☐ County ☐	FDOT 🗹 Other:
On-site/Emergency Contact Phone: 321-501-2986/863-860	-3263
SECTION 2: PROJECT INFORMATION	
ENG Permit # (obtain from Department of Sustainable De	velopment (DSD)): N/A Special Event
Project Name: Walk Like MADD & MADD Dash Fort Laude	
Project Address: Venue - SE 1st Ave & Las Olas Blvd.	
(Address, C	ity, State, Zip Code)
Specific Dates and Times Requested for MOT Impler	
require up to two weeks from the time that all required d	the submittal date. The approval of an MOT application may
	Begin Time: 7:00 a.m.
	Ind Time: 11:00 a.m.
End Date: E	nd Time:
SECTION 3: PROJECT DETAILS	
☑ Partial or Shoulder 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. Please refer to the MOT Guidelines for crane definitions.
SECTION 4: TYPE OF WORK DESCRIPTION	
Please make sure to include the following informati	on in the description:
	rsection. Use complete street names, including directionals.
	ng plans. A separate MOT application is required for each phase. may produce during construction (i.e., large holes, etc.).
1) Special Event: Walk Like MADD & MADD Dash Fort Laud	
2) Not Applicable/ Not a construction project	
3) Not applicable/not a construction project (Please refer to Eve	nt MOT plans)
SECTION 5: FDOT DESIGN STANDARD INDEX DRAWII	3
	ved. The indexes must include the north arrow and the names of
the main and cross streets. Also, state whether trenches w	rill be covered or backfilled during non-working hours.)

MOT ID#: <u>TAM-MOT-23040025</u>

MAINTENANCE OF TRAFFIC (MOT) FORM

V	
not required, please state that below. State if flagmen will be provided. State if the MOT will be continuous or interm State any other special considerations related 1) Please refer to event MOT plans for open and close 2) Flagmen will not be needed. Not a construction proj 3) MOT will be continuous for the duration of the even	TRANSPORTATION AND MOBILITY ittent. If intermittent, state the times of the day the MOT will be in effect to this request. Id lanes and applicable detours sect.
SECTION 7: MOT FORM CHECKLIST (Provide Completed Required Signatures Form Color aerial(s)/MOT Plan with index overlay County and State approvals (if required) Crane and Parking Mitigation (if required) FDOT Index MUTCD Reference Drawing(s)	one copy of each attachment.) ☑ Certification(s) for Traffic Control Technician or Traffic Control Supervisor must be embedded on MOT plans along with FDOT indexes/MUTCD documents ☐ Plan of work (optional, but preferred)
SECTION 8: ADDITIONAL COMMENTS Special Event with road closure will be monitored by	certified police officers
documents in the checklist above are received by will be considered a new submittal, which may represent the considered and submittal, which may represent the signing this application, I understand that separate project. Furthermore, I am aware that I am responsible to the permetal submitted in the submitted in the permetal submitted in the submitted	rate City and/or County and/or State permits may be required for this onsible for ensuring that the project is completed in accordance with the
(DATE SIGNED) As a consideration for the permission granted her ndemnify and hold harmless the City of Fort Lauche MOT plan approved under the PERMIT.	rein, Mothers Against Drunk Driving agrees to (APPLICANT) Iderdale for any damages, claims, or injuries that may result from
Mothers Against Drunk Driving	BY: Larry E Coggins Jr (COMPANY AUTHORIZED AGENT)
(NAME OF COMPANY)	(COMPANT AUTHORIZED AGENT)

Office Use Only	MOT ID#:	ENG Permit#:	

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 comme	
before two-week review process begins.	TANE .
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.	UDERDALE AND MOBILITY (Date)
nequired only in total includes a decounter any amedian or drawn	4
Print Name Fire Rescue Department 528 N.W. 2 nd Street Tel: 954-828-6800 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.	(Date)
After all applicable signatures are collected, applicant should submit the MOT plan and thi 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 rd Avenue Tel: 954- 828-4997 Email: MOT@fortlauderdale.gov Call for Appointment. Walk-ins and hard copies NOT accepted.	4/25/23 (Date)
Lisa Marie Glover for Ben Rogers Lisa Marie Glover for Ben Rogers (Apr 27, 2023 09:12 EDT) 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.

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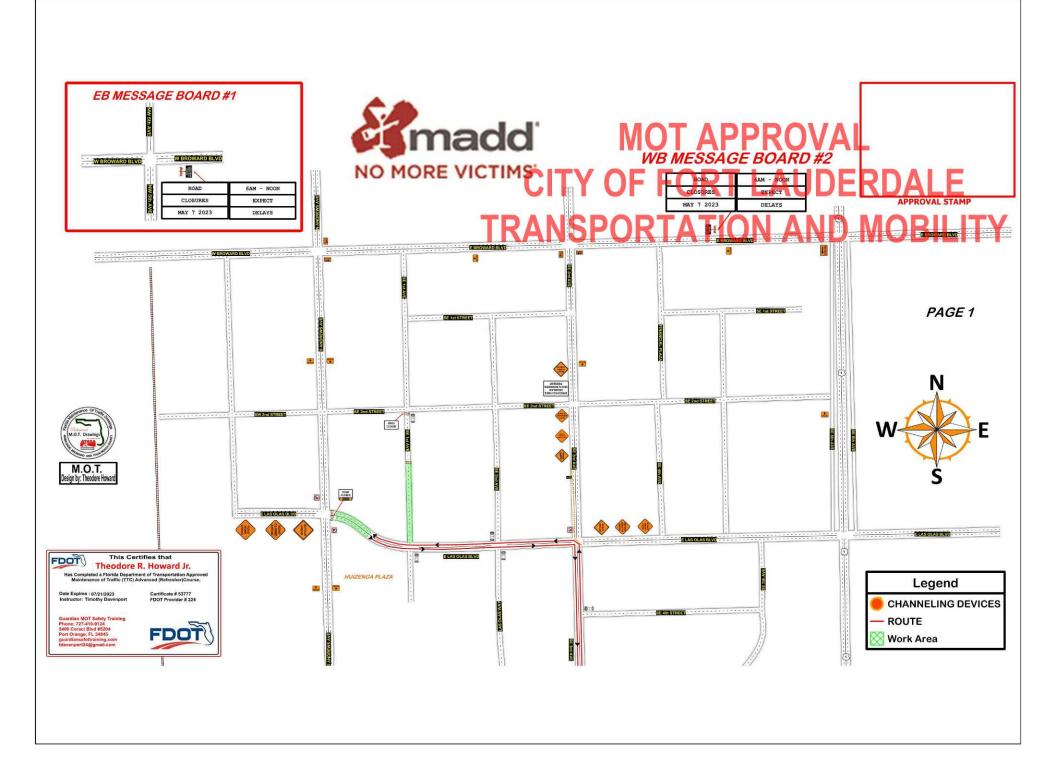
REQUIRED SIGNATURES FORM

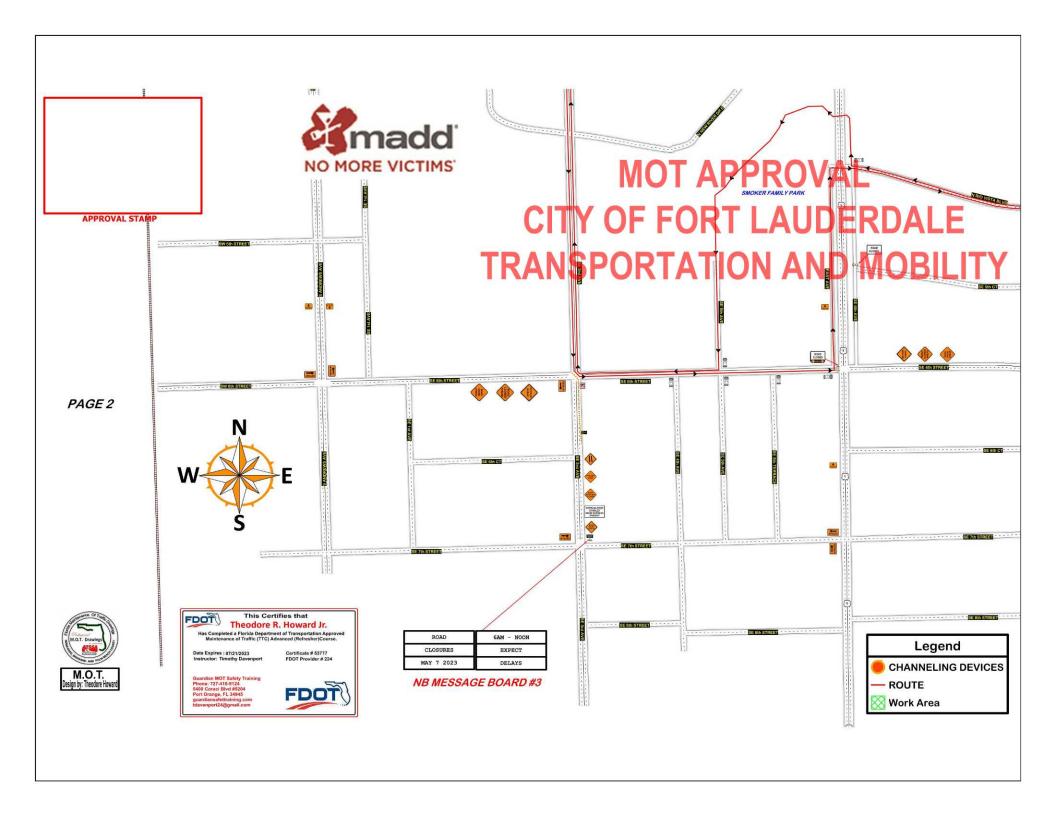
Applicant must collect all required signatures. To expedite processing, individual signature submitted to MOT@fortlauderdale.gov separately on this page. All signatures and comm before two-week review process begins. APPR	
Print Name Police Department RANSPORTATION 1300 W. Broward Boulevard Tel: 954-828-5477 Call for Appointment *Required only if MOT includes a detour for any direction of travel.	UDERDALE AND MOBILITY (Date)
John F. San Angelo Print Name Fire Rescue Department 528 N.W. 2 nd Street Tel: 954-828-6800	04/12/23
*Required only if MOT includes a detour for any direction of travel.	(Date)
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 thi 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. 3 rd Avenue Tel: 954- 828-4997 Email: MOT@fortlauderdale.gov Call for Appointment. Walk-ins and hard copies NOT accepted.	(Date)
Signature Transportation and Mobility Department Ben Rogers, Director	(Date)

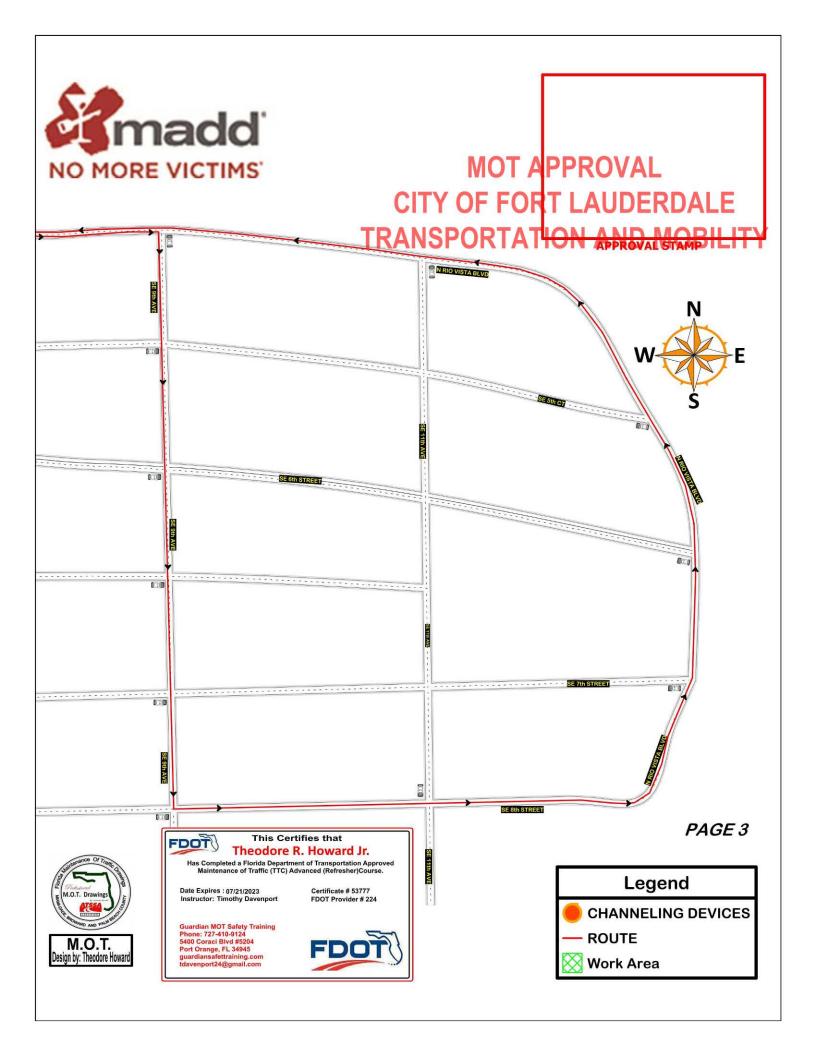
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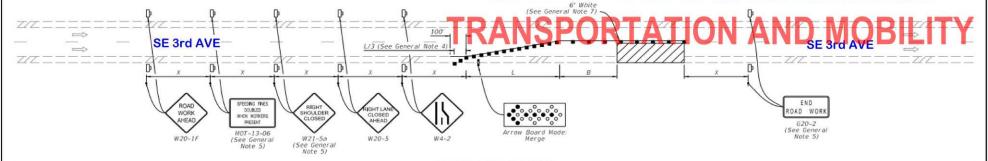






TYPICAL STANDARD INDEX TO BE USED FOR REFERENCE ONLY

MOT APPROVAL CITY OF FORT LAUDERDALE



= SINGLE LANE CLOSURE =

SYMBOLS:



■ Channelizing Device (See Index 102-600)

Work Zone Sign

Arrow Board

Lane Identification and Direction of Traffic

This Certifies that Theodore R. Howard Jr. Has Completed a Florida Department of Transportation Approved Maintenance of Traffic (TTC) Advanced (Refresher)Course. Date Expires : 07/21/2023 Instructor: Timothy Davenport Guardian MOT Safety Training Phone: 727-410-9124 5400 Corac Blvd #5204 Port Orange, FL 38945 guardianasettraining.com

GENERAL NOTE:

- 1. L = Taper Length
- B = Buffer Length
- X = Work Zone Sign Distance

See Index 102-600 for "L", "B", "X", and channelizing device spacing values.

- 2. On undivided highways the median signs as shown are to be omitted.
- On limited access facilities, omit "Right Shoulder Closed" signs (W21-5a) and associated work zone sign spacing distances.
- If the paved shoulder is less than 4' in width, omit the taper and channelizing devices from the paved shoulder.
- 5. The "Speeding Fines Doubled When Workers Present" signs (MOT-13-06) and "End Road Work" signs (G2O-2) and "Right Shoulder Closed" (W21-5a), along with associated work zone sign distances, may be omitted when the work operation will be in place for 24 hours or less. For Single Lane Closures, arrow boards and buffer (B) may also be omitted when the work operation will be in place for 60 minutes or less and the speed limit is 45 mph or less.
- 6. Use inverted plan of the illustrations for work on left side of roadways.
- Temporary pavement markings may be omitted when the work operation is in place for 3 days or less.

LAST REVISION 11/01/21 DESCRIPTION:



FY 2022-23 STANDARD PLANS

MULTILANE ROADWAY, LANE CLOSURES

INDEX

SHEET

1 of 5

102-613

BOOK STANDARD FOR REFERENCE ONLY

Figure 6H-20. Detour for a Closed Street (TA-20) SE 3rd AVE CLOSED S ANDREW AVE This Certifies that FDOT Theodore R. Howard Jr. DETOUR Has Completed a Florida Department of Transportation Approved Maintenance of Traffic (TTC) Advanced (Refresher)Course. AHEAD Date Expires : 07/21/2023 Instructor: Timothy Davenport Certificate # 53777 FDOT Provider # 224 Guardian MOT Safety Training Phone: 727-410-9124 5400 Coraci Blvd #5204 Port Orange, FL 34945 guardiansafettraining.com tdavenport24@gmail.com

Typical Application 20

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.
- 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.
- Flashing warning lights may be used on Type 3 Barricades.
- 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.
- 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.

TAM-MOT-23040025 - Walk Like MADD

Final Audit Report 2023-04-27

Created: 2023-04-25

By: Morgan Dunn (MDunn@fortlauderdale.gov)

Status: Signed

Transaction ID: CBJCHBCAABAAKQnr4nSdcSufNdx72rJ0YhN_zLlbhoas

"TAM-MOT-23040025 - Walk Like MADD" History

Document created by Morgan Dunn (MDunn@fortlauderdale.gov) 2023-04-25 - 8:08:08 PM GMT- IP address: 50.232.252.93

Document emailed to Lisa Marie Glover (LGlover@fortlauderdale.gov) for signature 2023-04-25 - 8:09:42 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

2023-04-27 - 1:12:49 PM GMT- IP address: 50.232.252.93

Document e-signed by Lisa Marie Glover for Ben Rogers (LGlover@fortlauderdale.gov)
Signature Date: 2023-04-27 - 1:12:51 PM GMT - Time Source: server- IP address: 50.232.252.93

Agreement completed.

2023-04-27 - 1:12:51 PM GMT

