

MAINTENANCE OF TRAFFIC (MOT) FORM

MOT APPROVAL

**CITY OF FORT LAUDERDALE
TRANSPORTATION AND MOBILITY**

SECTION 1: APPLICANT INFORMATION

Applicant Name: Museum of Discovery Science Applicant Phone: 954-713-0918

Applicant Email: hillary.wallace@moas.org

Applicant Address: 401 SW 2nd St., Ft. Lauderdale, FL 33310
(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: Hillary Wallace - 954-713-0918

SECTION 2: PROJECT INFORMATION

ENG Permit # (obtain from Department of Sustainable Development (DSD)): Special Event

Project Name: MOAS Wine, Spirits & Culinary Celebration

Project Address: 401 SW 2nd St., Ft. Lauderdale, FL 33310
(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: 10-18-24

Begin Time: 8:00 am

End Date: 10-18-24

End Time: 11:59 pm

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.).

SW 4th Ave between Broward Blvd & SW 2nd St.

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-20

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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.

SW 4th Ave will be closed from 8am to 11:59 pm. Detours will be to use SW 5th Ave or SW 3rd Ave.

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.

Hilkey
 (APPLICANT SIGNATURE)

Hilkey Wallace, Sr. Director of Events
 (PRINT NAME/TITLE)

9-5-21
 (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. All signatures and comments must be submitted before two-week review process begins.

MOT APPROVAL

**CITY OF FORT LAUDERDALE
TRANSPORTATION AND MOBILITY**

<p>_____ Print Name</p> <p>_____ Signature</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>_____ (Date)</p>
<p>Jason W Miller _____ Print Name</p> <p><i>Jason W. Miller</i> _____ Signature</p> <p>Fire Rescue Department 528 N.W. 2nd Street Tel: 954-828-6800 <i>Call for Appointment</i></p> <p>*Required only if MOT includes a detour for any direction of travel.</p>	<p><u>10/9/24</u> (Date)</p>
<p>_____ Print Name</p> <p>_____ Signature</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>_____ (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>_____ Signature</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 and hard copies NOT accepted.</i></p>	<p>_____ (Date)</p>
<p>_____ Signature</p> <p>Transportation and Mobility Department Ben Rogers, Director</p>	<p>_____ (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 954-828-4349 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#: _____

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.

MOT APPROVAL
CITY OF FORT LAUDERDALE
TRANSPORTATION AND MOBILITY

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<p>OFFICE USE ONLY Department Director's Signature (requested by City staff if required)</p>	
<p>_____ Print Name</p> <p>_____ Signature</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 and hard copies NOT accepted.</i></p>	<p>_____ (Date)</p>
<p><i>Morgan Dunn</i> _____ Signature</p> <p>Transportation and Mobility Department Ben Rogers, Director</p>	<p>10/15/24 _____ (Date)</p>

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PLAN NOT TO SCALE

MOT APPROVAL CITY OF FORT LUDERDALE TRANSPORTATION AND MOBILITY

**TABLE 1
CHANNELIZING DEVICE SPACING**

Work Zone Speed (mph)	Max. Spacing (feet)			
	Taper	Tangent	Type I Barricades, Tubular Markers, Vertical Panels, or Drums	Type II Barricades
≤ 45	25	30	50	50
≥ 50	25	50	50	100

**TABLE 2
TAPER LENGTH "L"**

Work Zone Speed (mph)	Min. Length (feet)
≤ 40	115
≥ 45	170

Where: W = width of offset in feet
S = speed in mph

**TABLE 3
WORK ZONE SIGN SPACING "X"**

Road Type	Min. Spacing (feet)
Arterials and Collectors with Work Zone Speed ≥ 40 mph	200
Arterials and Collectors with Work Zone Speed ≥ 45 mph	500
Limited Access Roadways *	1,500

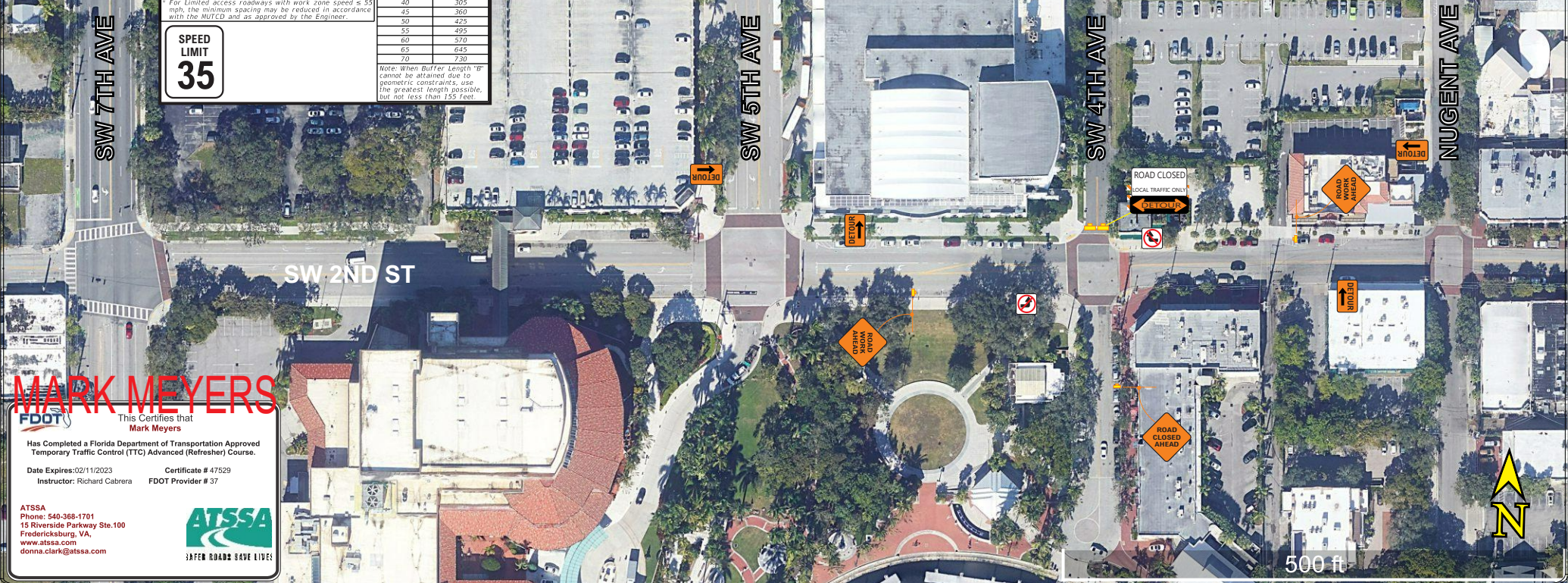
* For limited access roadways with work zone speed ≥ 55 mph, the minimum spacing may be reduced in accordance with the MUTCD and as approved by the Engineer.

**TABLE 4
BUFFER LENGTH "B"**

Work Zone Speed (mph)	Min. Length (feet)
25	155
30	200
35	250
40	305
45	360
50	425
55	495
60	570
65	645
70	730

Note: When Buffer Length "B" cannot be attained due to geometric constraints, use the greatest length possible, but not less than 125 feet.

**SPEED LIMIT
35**



MARK MEYERS

This Certifies that
Mark Meyers

Has Completed a Florida Department of Transportation Approved
Temporary Traffic Control (TTC) Advanced (Refresher) Course.

Date Expires: 02/11/2023 Certificate # 47529
Instructor: Richard Cabrera FDOT Provider # 37

ATSSA
Phone: 540-368-1701
15 Riverside Parkway Ste.100
Fredericksburg, VA
www.atssa.com
donna.clark@atssa.com

NOT APPROVAL

CITY OF FORT LAUDERDALE

TRANSPORTATION AND MOBILITY

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1	General Notes, TTC Tables
2	Definitions
	Temporary Traffic Control Devices
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	Length Of Lane Closures
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GENERAL NOTES:

- This Index contains information specific to the Federal and State guidelines and standards for the preparation of traffic control plans and for the execution of traffic control in work zones, for construction and maintenance operations and utility work on highways, roads and streets on the State Highway System. Certain requirements in this Index are based on the high volume nature of State Highways. For highways, roads and streets off the State Highway System, the local agency (City/County) having jurisdiction may adopt requirements based on the minimum requirements provided in the MUTCD.
- Use this Index in accordance with the Plans and Indexes 102-601 through 102-680. Indexes 102-601 through 102-680 are Department-specific typical applications of commonly encountered situations. Adjust device location or number thereof as recommended by the Worksite Traffic Supervisor and approved by the Engineer. Devices include, but are not limited to, flaggers, portable temporary signals, signs, pavement markings and channelizing devices. Comply with MUTCD or applicable Department criteria for any changes and document the reason for the change.
- Except for emergencies, any road closure on State Highway System must comply with Section 335.15, F.S.

TABLE 1
CHANNELIZING DEVICE SPACING

Work Zone Speed (mph)	Max. Spacing (feet)			
	Cones or Temporary Tubular Markers		Type I Barricades, Type II Barricades, Vertical Panels, or Drums	
	Taper	Tangent	Taper	Tangent
≤ 45	25	50	25	50
≥ 50	25	50	50	100

TABLE 2
TAPER LENGTH "L"

Work Zone Speed (mph)	Min. Length (feet)
≤ 40	$L = \frac{WS^2}{60}$
≥ 45	$L = WS$

Where: W = width of offset in feet
S = speed in mph

TABLE 3
WORK ZONE SIGN SPACING "X"

Road Type	Min. Spacing (feet)
Arterials and Collectors with Work Zone Speed ≤ 40 mph	200
Arterials and Collectors with Work Zone Speed ≥ 45 mph	500
Limited Access Roadways *	1,500

* For limited access roadways with work zone speed ≤ 55 mph, the minimum spacing may be reduced in accordance with the MUTCD and as approved by the Engineer.

TABLE 4
BUFFER LENGTH "B"

Work Zone Speed (mph)	Min. Length (feet)
25	155
30	200
35	250
40	305
45	360
50	425
55	495
60	570
65	645
70	730

Note: When Buffer Length "B" cannot be attained due to geometric constraints, use the greatest length possible, but not less than 155 feet.

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LAST REVISION 11/01/20	DESCRIPTION:
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FY 2022-23

STANDARD PLANS

GENERAL INFORMATION FOR TRAFFIC CONTROL THROUGH WORK ZONES	INDEX	SHEET
	102-600	1 of 11

9/23/2021 2:40:07 PM

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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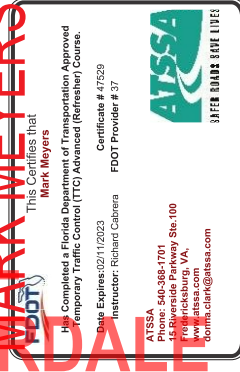
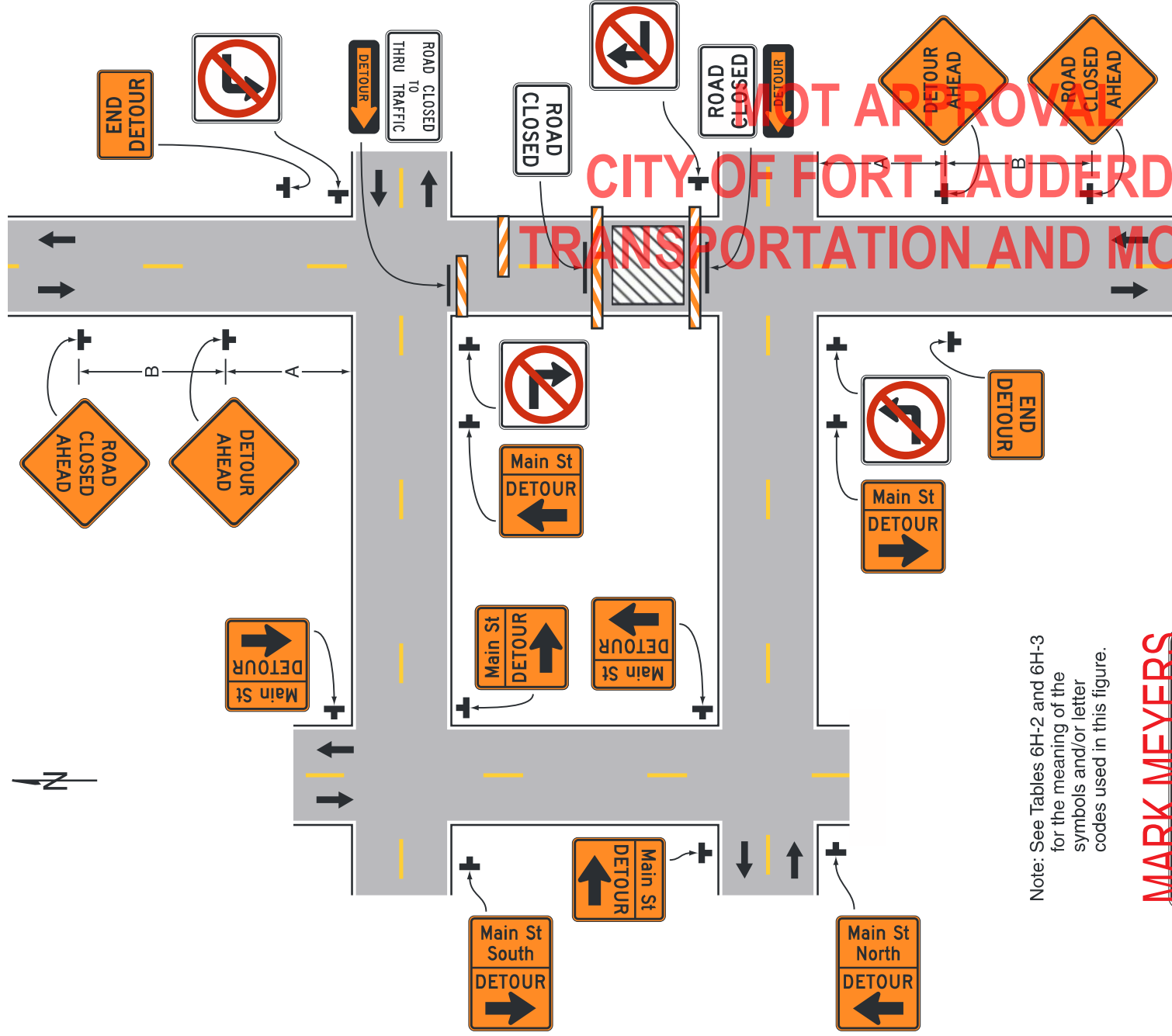


Figure 6H-20. Detour for a Closed Street (TA-20)



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

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 Date Expires: 02/11/2023
 Instructor: Richard Calner
 Certificate #: 47529
 FDOT Provider #: 31

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SAFER. BUILT. BETTER. LIVE!

Typical Application 20