CITY OF FORT LAUDERDALE

MAINTENANCE OF TRAFFIC (MOT) FORM AND GUIDELINES

Office Use Only	MOT ID#: _____

CITY OF FORT LAUDERDALE MAINTENANCE OF TRAFFIC

GUIDELINES AND INSTRUCTIONS

A Maintenance of Traffic (MOT)/Temporary Traffic Control (TTC) plan is required any time work is conducted within or impacts a City of Fort Lauderdale right-of-way (i.e.: roadways, alleys, sidewalks, swales, etc.). The Maintenance of Traffic Form and Guidelines will assist you with completing a City MOT/TTC request. Please complete all fields on the form and submit it with the Required Signatures Form and all attachments through LauderBuild for approval. Please note, incomplete forms will not be processed.

Once the MOT/TTC Form is approved by Transportation and Mobility (TAM), please notify the Department of Sustainable Development (DSD) to assist with final permit issuance. For City projects, please contact staff at MOT@fortlauderdale.gov for MOT instructions.

If you have any questions about the MOT/TTC Form, please call (954) 828 – 4997 or email MOT@fortlauderdale.gov.

GENERAL REQUIRMENTS

- All work within the right-of-way requires an MOT.
- A City MOT Permit is required if the work impacts the City's public right-of-way, even if the work is conducted within Broward County or Florida Department of Transportation's (FDOT) right-of-way.
- If work is being performed in multiple phases or at various locations, an individual MOT is required for each phase/ location.
- Please obtain all required signatures. Incomplete forms will not be processed. Obtaining required signatures **does not** constitute final approval by the City. The MOT may only be implemented after a permit is issued by DSD, subject to satisfaction of all prerequisite conditions. Each submittal takes two weeks to review.
- Staging and storing equipment or materials is not permitted within the City's right-of-way *(Sec. 25-110 of Code of Ordinances)*.
- The MOT plan must be prepared by a certified worksite Traffic Control Technician or Traffic Control Supervisor, as appropriate for job complexity. A legible copy of the technician/supervisor's **valid** certification must be submitted with the MOT plan.
- A certified Traffic Control Supervisor must sign the MOT plan, and a copy of his/her current certification must be included.
- If implementation of an approved permit negatively impacts public safety and/or inconveniences Fort Lauderdale's neighbors, the City may require the MOT APPLICANT to modify the MOT plan. The City may also temporarily suspend or permanently revoke the permit with reasonable notice.
- Refer to Sec. 17-7.4 of Code of Ordinances for information about work occurring overnight.
- If any work will impact parking meters, parking mitigation will be required prior to MOT approval.
- The contractor is responsible for the setup and removal of all MOT devices and equipment in accordance with the times and dates stated in Section 2 of this form.
- The times and dates stated in Section 2 of this form shall be strictly enforced. A revised form must be submitted if the dates or any other significant details change for the approved MOT.
- The approved MOT must be on site prior to and during the entire construction period.
- Crane, boom lifts, man lifts, etc. require crane right-of-way permits and mitigation through DSD prior to MOT/TTC application submittal and approval.

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FLORIDA DEPARTMENT OF TRANSPORTATION STANDARDS

The MOT plan shall conform to the latest edition of FDOT's Design Standards and Part IV of the Manual of Uniform Traffic Control Devices (MUTCD) for Streets and Highways. Compliance with the requirements of the approved plan are the responsibility of the applicant.

BROWARD COUNTY REQUIREMENTS

If the MOT or detour routes affect any right-of-way within Broward County's jurisdiction (map available on the City's website), the County's Maintenance of Traffic Submittal Form (available on the City's website) should be completed first, including the required signatures, and submitted with this form.

LANE CLOSURES - NO DETOURS

- If detours are not required for this MOT, please state that in Section 6 of this form.
- Fully describe the lanes that will be open and closed during construction in Section 6 of this form.
- Submit applicable FDOT Design Standard Index drawings. The drawings must include the north arrow and the names of the main and cross streets.

LANE CLOSURES - DETOURS

- **Detours of any kind will add extra time to the approval process, especially closure requiring detours in excess of 72 hours.** Where feasible, the City recommends maintaining the flow of two-way traffic and keeping sidewalks open.
- If detour routes affect a FDOT right-of-way, an approved permit from FDOT must be attached to the City's MOT form.
- If detour routes affect Broward County's right-of-way, an approved MOT application and plan from Broward County must be attached to the City's MOT form

If a detour is required (applicable to roadways, alleys, and sidewalks):

- City Manager approval is require for all full/partial detours lasting up to 72 hours.
- Closures lasting more than 72 hours must be approved by the City of Fort Lauderdale Property and Right-of-Way (PROW) Committee and the City Commission. This approval may take a minimum of two months.
- Provide a detour signing/circulation plan that shows other construction projects in progress or that are planned in the vicinity of the project.
- All sidewalk detours must be ADA compliant and adhere to FDOT Standard Index 660 and Chapter 4E of the Manual on Uniform Traffic Control Devices (MUTCD).
- Portable Changeable Message Signs (PCMS) must be placed a minimum of seven (7) days prior to a lane/road closure with detours.

ATTACHMENTS (Electronic files may not exceed 25MB.)

Attachments submitted through LauderBuild must include a MOT plan prepared by a certified worksite Traffic Control Technician or Traffic Control Supervisor, as appropriate for the complexity of the job. A legible copy of the technician/ supervisor's valid certification must be submitted with the MOT plan.

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MAINTENANCE OF TRAFFIC (MOT) FORM

SECTION 1: APPLICANT INFORMATION

Applicant Name: _____ Applicant Phone: _____

Applicant Email: _____

Applicant Address: _____
(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

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

Project Name: _____

Project Address: _____
(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 three weeks from the time that all required documents are received by TAM staff.

Begin Date: _____ Begin Time: _____

End Date: _____ End Time: _____

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.).

_____

_____

_____

_____

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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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.

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

- ☐ 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)
- ☐ 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

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.

_____ _____

(APPLICANT SIGNATURE) **(PRINT NAME/TITLE)**

_____

(DATE SIGNED)

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

_____ **BY:** _____

(NAME OF COMPANY) **(COMPANY AUTHORIZED AGENT)**

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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.

Print Name _____ 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.	_____ (Date)
Print Name _____ Signature _____ **Fire Rescue Department** 528 N.W. 2nd Street | Tel: 954-828-6800 *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 and hard copies NOT accepted.*	_____ (Date)
Signature _____ **Transportation and Mobility Department** Milos Majstorovic , 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.