

# MAINTENANCE OF TRAFFIC (MOT) FORM

## SECTION 1: APPLICANT INFORMATION

Applicant Name: Todd St. Iphen Applicant Phone: 954-828-5408  
 Applicant Email: todd.s@fortlauderdale.gov  
 Applicant Address: City (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: 954-557-4578

**MOT APPROVAL**  
**CITY OF FORT LAUDERDALE**  
**TRANSPORTATION AND MOBILITY**

## SECTION 2: PROJECT INFORMATION

ENG Permit # (obtain from Department of Sustainable Development (DSD)): Special Event  
 Project Name: St. Patrick's Festival and Parade  
 Project Address: E Las Olas between Andrews Ave + SE 9th Ave  
 (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: 3/8/25 Begin Time: 7:00 am  
 End Date: 3/8/25 End Time: 10:00 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.).

See attached MOT plans  
E. Las Olas Blvd between Andrews Ave +  
SE 9th Ave.

## 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.

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See attached MOT  
E Las Olas between Andrews Ave + SE 9th Ave

## 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.

[Signature]  
(APPLICANT SIGNATURE)

Todd Stipple / Comm. Prog. Mgr.  
(PRINT NAME/TITLE)

11/19/24  
(DATE SIGNED)

As a consideration for the permission granted herein, \_\_\_\_\_ 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](mailto:MOT@fortlauderdale.gov) separately on this page. All signatures and comments must be submitted before two-week review process begins.

M. Ferrer

Print Name

*M. Ferrer*  
Signature

2/14/25

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.

**MOT APPROVAL  
CITY OF FORT LAUDERDALE  
TRANSPORTATION AND MOBILITY**

(Date)

Katie Williams

Print Name

*Katie Williams*

Signature

Fire Rescue Department

528 N.W. 2<sup>nd</sup> Street | Tel: 954-828-6800

Call for Appointment

\*Required only if MOT includes a detour for any direction of travel.

2/14/25

(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](mailto: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<sup>rd</sup> Avenue | Tel: 954- 828-4997 | Email: [MOT@fortlauderdale.gov](mailto:MOT@fortlauderdale.gov)

Call for Appointment. Walk-ins and hard copies NOT accepted.

(Date)

*Morgan Dunn*

Signature

Transportation and Mobility Department

Ben Rogers, Director

2/14/25

(Date)

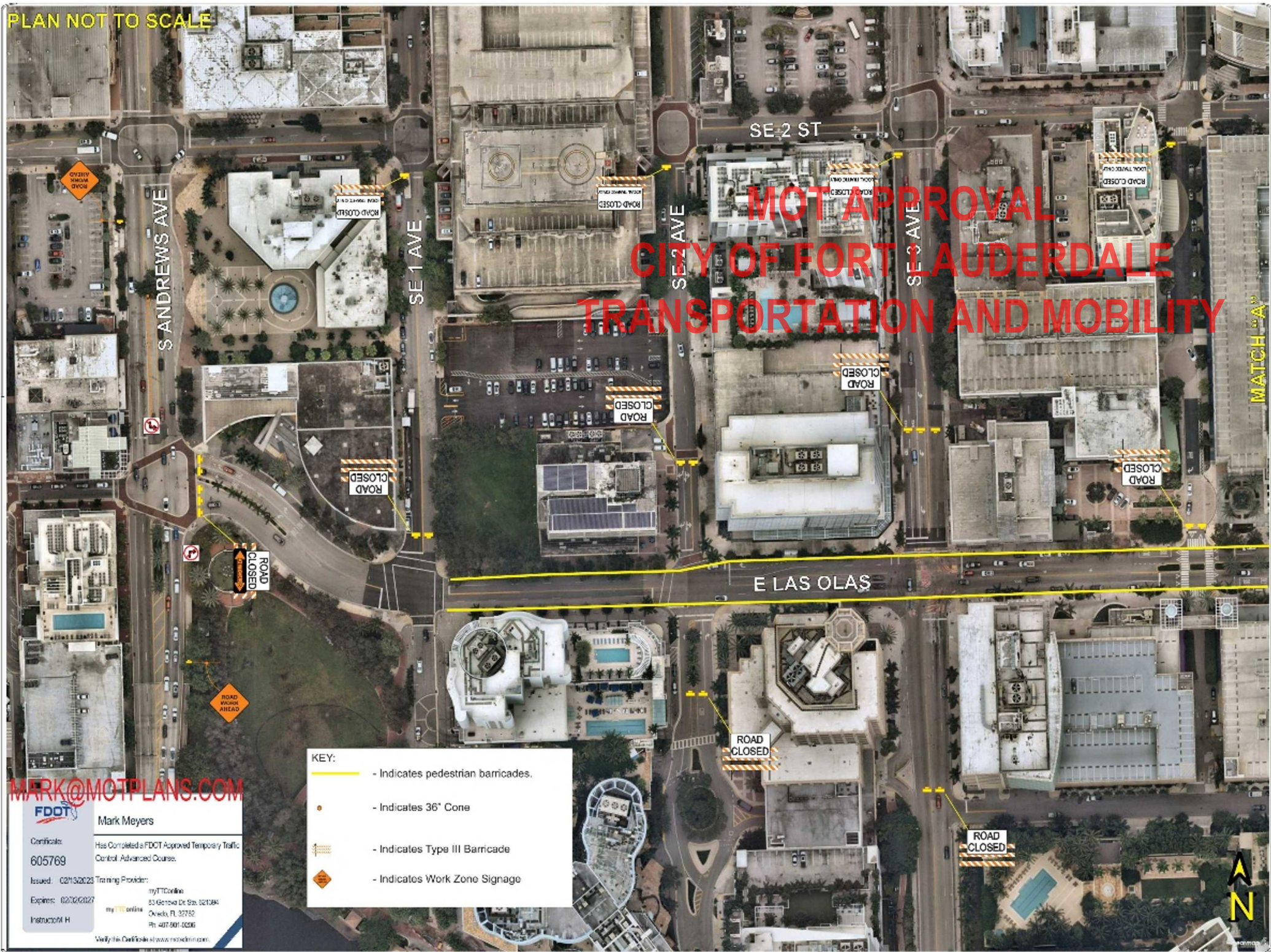
A copy of the final permit and this MOT form shall be kept on site and be made available to the City inspector at all times.

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](mailto: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](mailto:ralvarez@fortlauderdale.gov).

PLAN NOT TO SCALE

# MOT APPROVAL CITY OF FORT LAUDERDALE TRANSPORTATION AND MOBILITY



MARK@MOTPLANS.COM

**FDOT**  
 Mark Meyers  
 Certificate: Has Completed a FDOT Approved Temporary Traffic Control - Advanced Course.  
 605769  
 Issued: 02/15/2025 Training Provider: myTTConline  
 Expires: 02/15/2027 myTTConline 83 Geneva Dr Ste. 321384  
 Instructor: M.H. Ocala, FL 32752  
 Ph: 407-501-0006  
 Verify the Data/Code at www.motplans.com

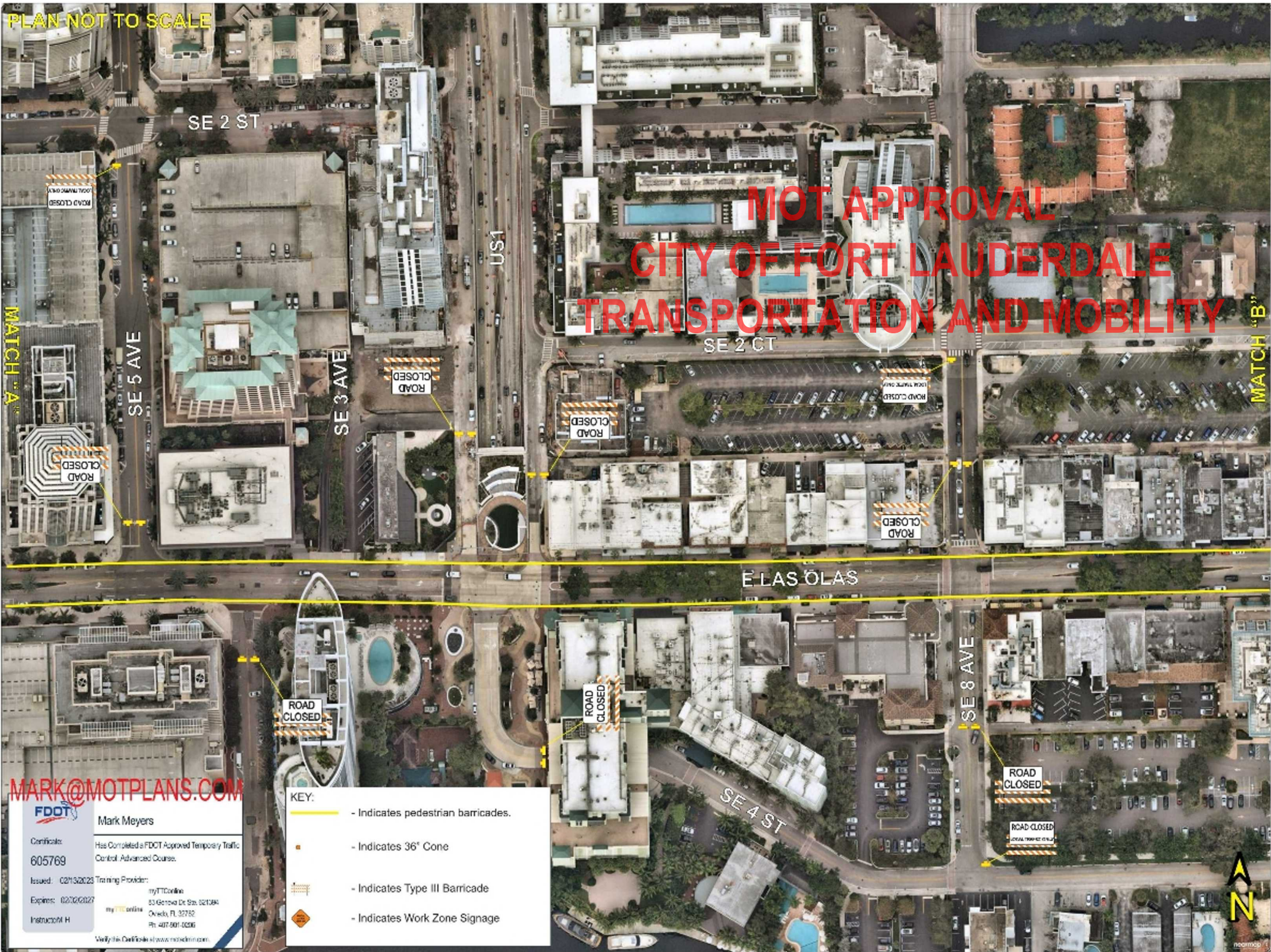
**KEY:**

- Indicates pedestrian barricades.
- Indicates 36" Cone
- Indicates Type III Barricade
- Indicates Work Zone Signage



PLAN NOT TO SCALE

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TRANSPORTATION AND MOBILITY**



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**FDOT** Mark Meyers

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Instructor: M Oneco, FL 32752  
Ph: 407-501-0000

Verify the Details at [www.motplans.com](http://www.motplans.com)

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PLAN NOT TO SCALE

MATCH "B"

# MOT APPROVAL CITY OF FORT LAUDERDALE TRANSPORTATION AND MOBILITY



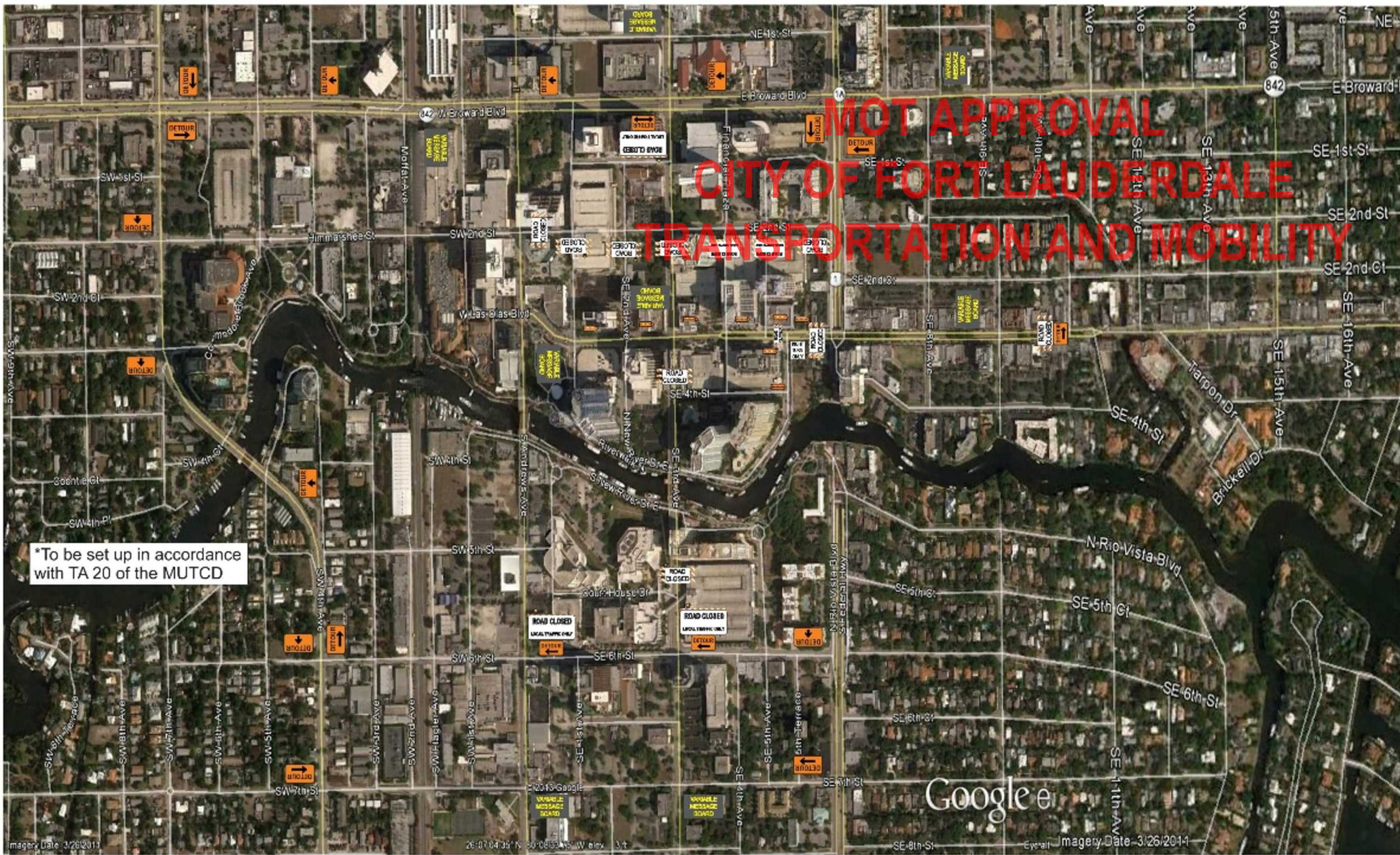
MARK@MOTPLANS.COM

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 Issued: 02/15/2025 Training Provider: myTTConline  
 Expires: 02/15/2027  
 Instructor: M H  
 Has Completed a FDOT Approved Temporary Traffic Control - Advanced Course.  
 83 Geneva Dr Ste. 321384  
 Oviedo, FL 32762  
 Ph: 407-981-0006  
 Verify the Data/Tools at [www.motplans.com](http://www.motplans.com)

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\*To be set up in accordance with TA 20 of the MUTCD



## 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.

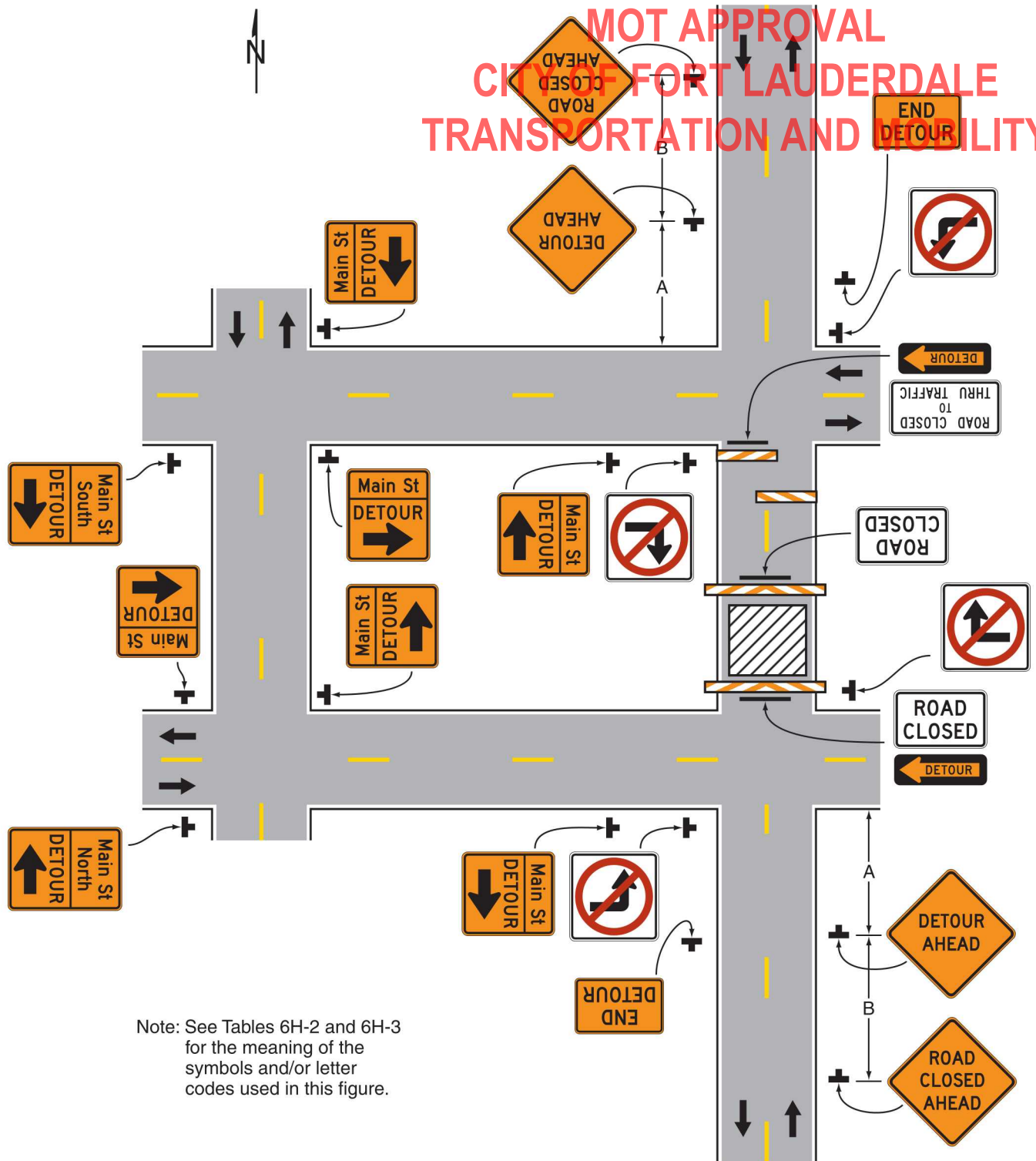
### Standard:

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)



Typical Application 20