

# MAINTENANCE OF TRAFFIC (MOT) FORM

## SECTION 1: APPLICANT INFORMATION

Applicant Name: Noelia Suarez Applicant Phone: 305 984 5737  
 Applicant Email: noelia@healtheplanet.com  
 Applicant Address: 2460 E Commercial Blvd Ste 202, Fort Lauderdale, FL 33308  
(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: \_\_\_\_\_

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## SECTION 2: PROJECT INFORMATION

ENG Permit # (obtain from Department of Sustainable Development (DSD)): Special Event  
 Project Name: Heal The Planet Day  
 Project Address: 400 S.W. 2nd Street Fort Lauderdale Fl. 33312  
(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: April 13, 2025 Begin Time: 6:00 am  
 End Date: April 13, 2025 End Time: 6:00 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.).

S.W.2nd Street Between S.W. 4 Ave and S.W. 5 Ave Heal The Planet Day event celebrating Earth Day  
Food trucks on street at parking spots

## 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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## 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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S. W. 2nd Street will be closed between S.W.4 Ave. and S.W. 5 Ave.

S.W. 4 Ave. and S. W. 5 Ave. will remain open both directions

## 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.

  
(APPLICANT SIGNATURE)

Noelia Suarez  
(PRINT NAME/TITLE)

1.29.25  
(DATE SIGNED)

As a consideration for the permission granted herein, Noelia Suarez (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.

Heal The Planet Together Inc.  
(NAME OF COMPANY)

BY: Noelia Suarez  
(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.

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M. Ferrer

Print Name

*Monica Ferrer*

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.

3/31/25

(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.

3/31/25

(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

3/31/25

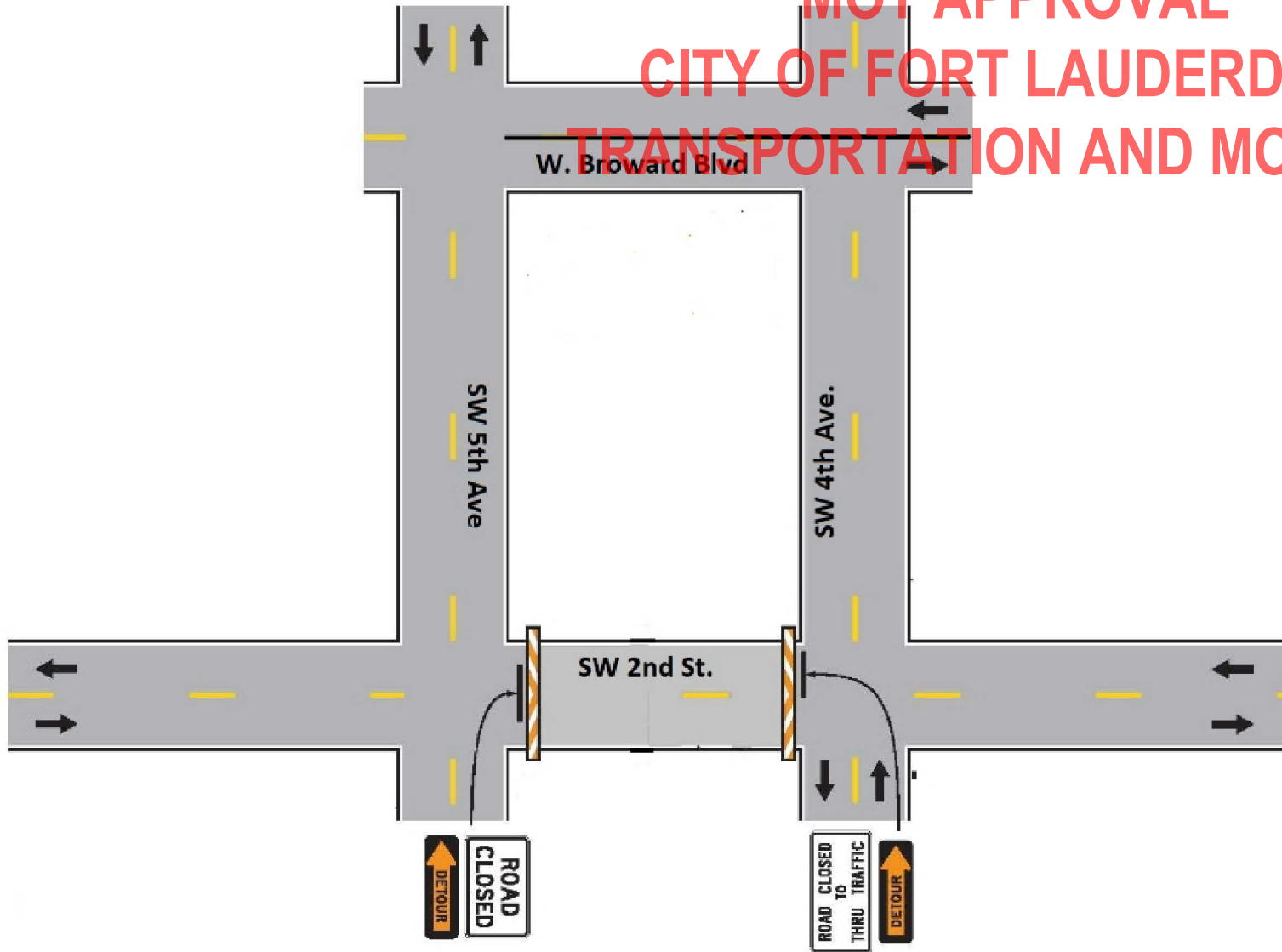
(Date)

**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).**

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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.

