



MAINTENANCE OF TRAFFIC (MOT) FORM

SECTION 1: APPLICANT INFORMATION

Applicant Name: Max Newhart Applicant Phone: 9548285382
 Applicant Email: mnewhart@fortlauderdale.gov
 Applicant Address: 3351 NE 33rd Ave
(Address, City, State, Zip Code)
 City Project Manager (if applicable): **PARKS & RECREATION EVENT** Phone: _____
 Agency responsible for this project: City County FDOT Other: _____
 On-site/Emergency Contact Phone: Max Newhart mnewhart@fortlauderdale.gov

SECTION 2: PROJECT INFORMATION

ENG Permit # (obtain from Department of Sustainable Development (DSD)): N/A
 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 two weeks from the time that all required documents are received by TAM staff.

Begin Date: 8/31/2025 Begin Time: 6am
 End Date: 8/31/2025 End Time: 11pm

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 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.).

NE 32nd Street from A1A to NE 33Avenue

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.

NE 32 St from A1A to NE 33 Ave

No Flagman

continuous

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.

Max Newhart
(APPLICANT SIGNATURE)

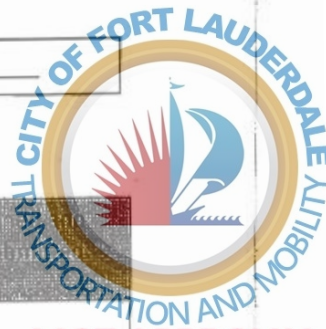
Max Newhart, Recreation Program Supervisor
(PRINT NAME/TITLE)

7/22/2025
(DATE SIGNED)

As a consideration for the permission granted herein, Max Newhart and the City of Fort Lauderdale (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.

City of Fort Lauderdale.gov
(NAME OF COMPANY)

BY: Max Newhart
(COMPANY AUTHORIZED AGENT)



REQUIRED SIGNATURES FORM

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.

MOT APPROVAL

<u>M. Ferrer</u> Print Name	<u>Monica Ferrer</u> Signature	<u>7/15/25</u> (Date)
Police Department 1300 W. Broward Boulevard Tel: 954-828-5477 <i>Call for Appointment</i> *Required only if MOT includes a detour for any direction of travel.		

<u>Katie Williams</u> Print Name	<u>Katie Williams</u> Signature	<u>7/14/25</u> (Date)
Fire Rescue Department 528 N.W. 2 nd Street Tel: 954-828-6800 <i>Call for Appointment</i> *Required only if MOT includes a detour for any direction of travel.		

_____ Print Name	_____ Signature	_____ (Date)
Broward County Traffic Engineering Division 2300 W. Commercial Boulevard Tel: 954-847-2653 <i>Call for Appointment. Walk-ins NOT accepted.</i> *Required only if MOT/detour affects Broward County road or intersection.		

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)

<u>Martha Parfait</u> Print Name	<u>Martha Parfait</u> Signature	<u>7/29/25</u> (Date)
Transportation and Mobility Department 290 N.E. 3 rd Avenue Tel: 954- 828-4997 Email: MOT@fortlauderdale.gov <i>Call for Appointment. Walk-ins and hard copies NOT accepted.</i>		

	<u>Ekaete Ekwere</u> Signature	_____ (Date)
Transportation and Mobility Department Ben Rogers, Director		

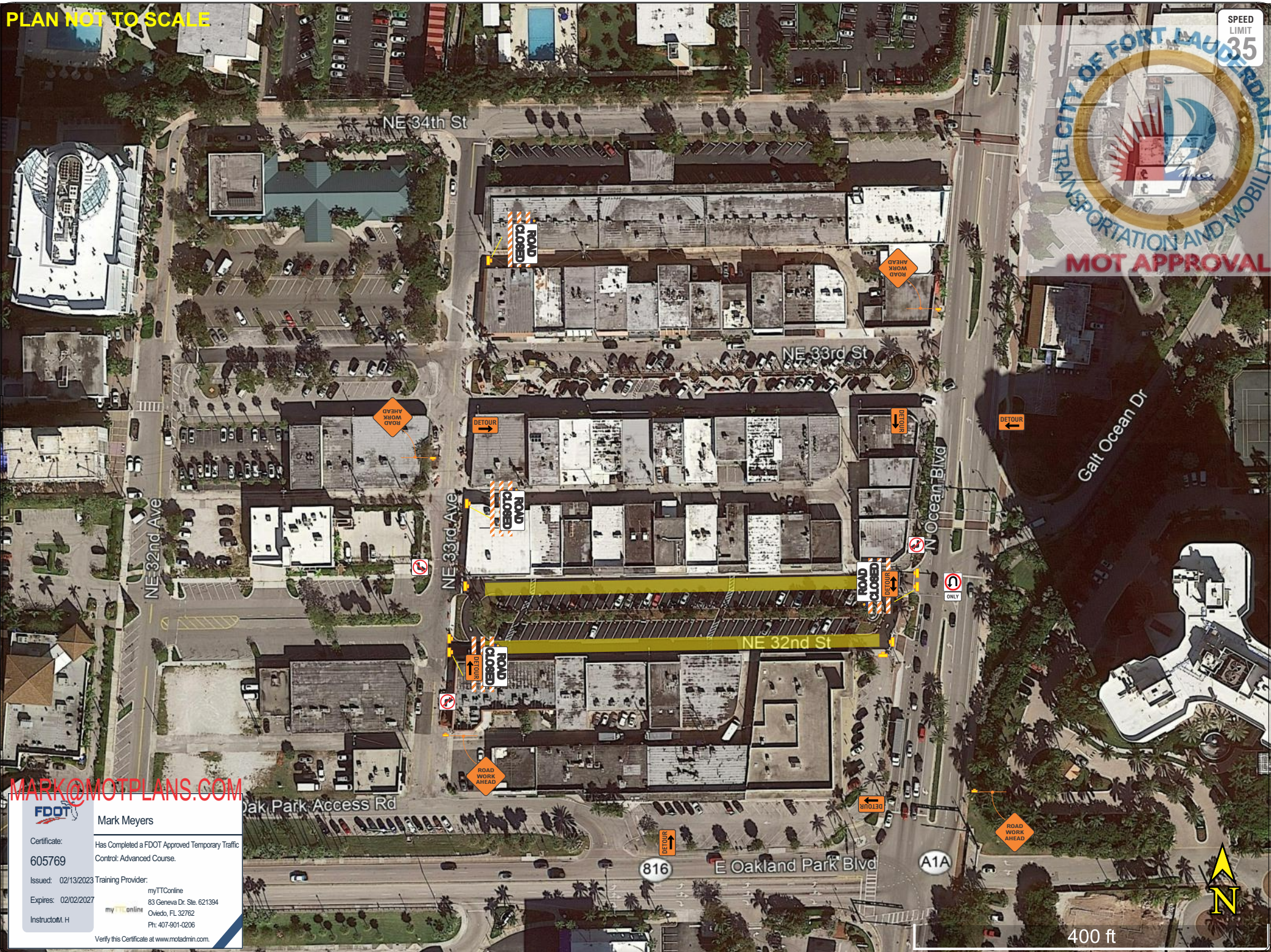
A copy of the final permit and this MOT form shall be kept on site and be made available to the City inspector at all times.

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.

PLAN NOT TO SCALE

SPEED LIMIT 35



MARK@MOTPLANS.COM

FDOT
 Mark Meyers
 Certificate: Has Completed a FDOT Approved Temporary Traffic Control: Advanced Course.
 605769
 Issued: 02/13/2023 Training Provider: myTTConline
 Expires: 02/02/2027 83 Geneva Dr. Ste. 621394
 InstructoM.H myTTConline Oviedo, FL 32762
 Ph: 407-901-0206
 Verify this Certificate at www.motadmin.com.

DRAWN BY MM

MOT Plans

PROJECT NAME: PRE LABOR DAY FESTIVAL

SITE LOCATION: NE 33 AVE

400 ft





**Notes for Figure 6P-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. Figure 6P-9 contains the information for detouring a numbered highway.



