



MAINTENANCE OF TRAFFIC (MOT) FORM

SECTION 1: APPLICANT INFORMATION

Applicant Name: Dawn Diehl Applicant Phone: 954.767.0686 / 954.292.6312
Applicant Email: Dawn@winterfestparade.com
Applicant Address: 512 NE 3rd Ave. Ft. Lauderdale, FL 33301
(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: Dawn Diehl 954 292 6312

SECTION 2: PROJECT INFORMATION

ENG Permit # (obtain from Department of Sustainable Development (DSD)): Special Event
Project Name: Winterfest Family Fun Day
Project Address: 400 SW 2nd St., Fort Lauderdale, FL 33301
(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: 11/23/25 Begin Time: 6 AM
End Date: 11/23/25 End Time: 7 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 2nd St between SW 4th Ave and SW 5th Ave, and SW 4th Ave between SW 2nd St and the New River.
Special event, Winterfest Family Fun Day by Winterfest. Food trucks and vendors on street in parking spaces.

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

TA-20

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 2nd St. will be closed between SW 4th Ave. and SW 5th Ave.

SW 4th Ave. will be closed between SW 2nd St. & the New River. Catty-Corner Closing

SW 5 Ave. will remain open.

MOT will be continuous between 6 AM and 7 PM on 11/23/2025

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.

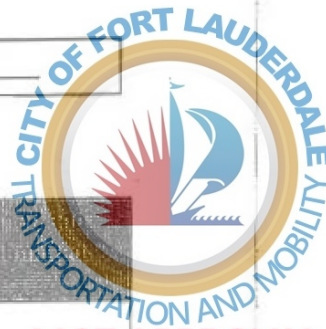
In signing this application, I understand that separate City and/or County and/or State permits may be required for this project. Furthermore, I am aware that I am responsible for ensuring that the project is completed in accordance with the plans and specifications as stipulated in the permit approval condition.

Lisa Scott-Founds
Digitally signed by Lisa Scott-Founds
Date: 2025.07.29 17:47:34 -04'00'

7/29/25
(DATE SIGNED)

Lisa Scott-Founds, President & CEO
(PRINT NAME/TITLE)

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.
(APPLICANT)



REQUIRED SIGNATURES FORM

MOT APPROVAL

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 for a two-week review process.

<u>M. Ferrer</u> Print Name	<u>Monica Ferrer</u> Signature	[REDACTED] (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	[REDACTED] (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>10/6/25</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>		

_____ Signature	Transportation and Mobility Department Ben Rogers, 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.



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



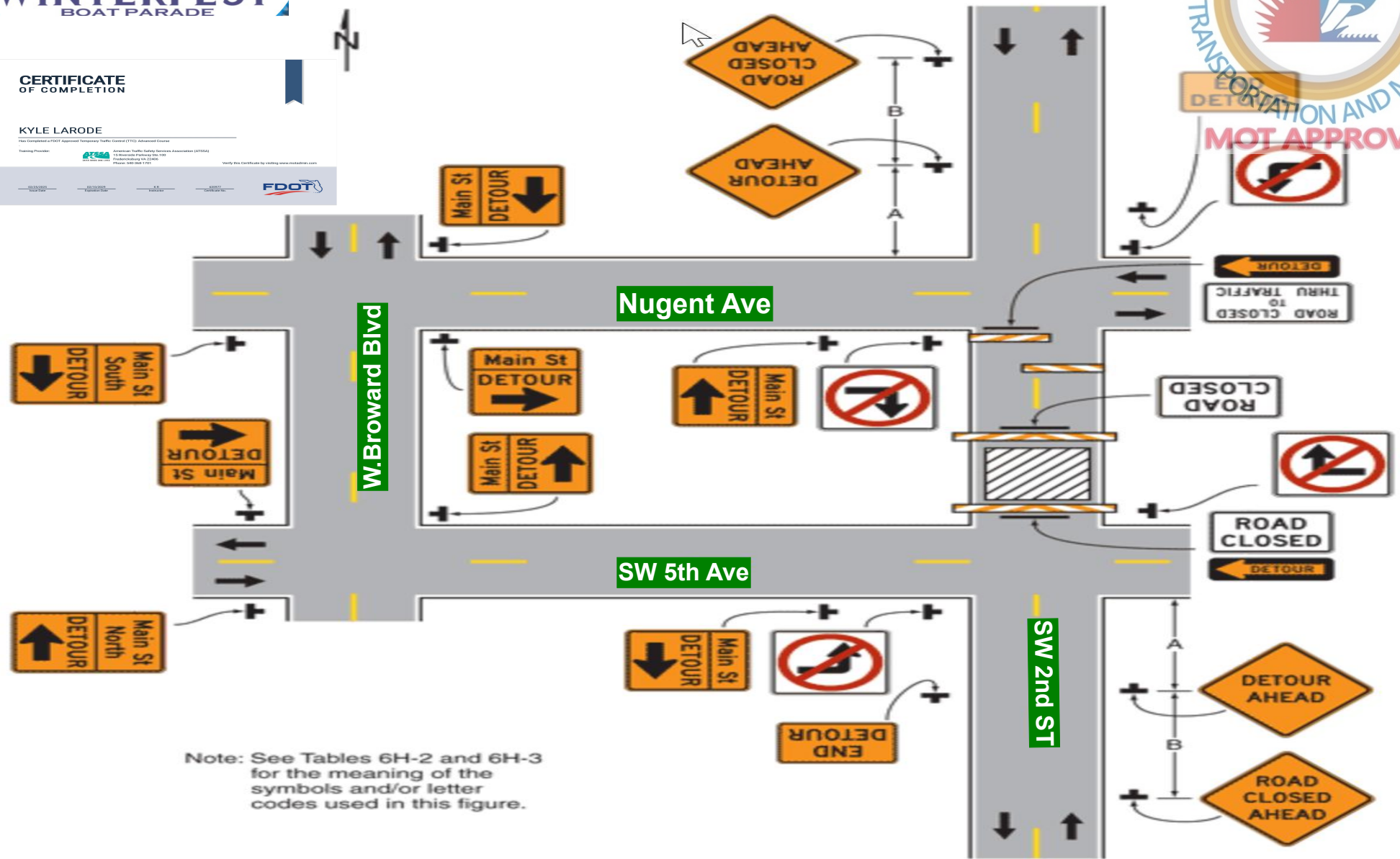
CERTIFICATE OF COMPLETION

KYLE LARODE

This Certificate of Completion is issued by the Florida Department of Transportation (FDOT) upon completion of the project.

Training Provider: American Traffic Safety Services Association (ATSSA)

Verify this Certificate by visiting www.motbar.com



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

Typical Application 20