



TRANSPORTATION & MOBILITY

ROUTING FORM FOR TASK ORDERS – CITY MANAGER’S APPROVAL

① ✓ 7/10/15 ②

Project/Contract Number: 246-11375

CMO Log #: CAM 14-0918 / Item # PUR-6  
CC Award 9/3/2014

Document Title: Task Order # 1- Shippey House Survey

Attached:  1 original

Department: TAM- Transportation

Purpose: Completion of a boundary survey of City-owned land to initiate a parcel subdivision with the Broward County Property Appraiser’s office to create a new folio number and use code associated with the new parcel. This new parcel will be used for parking.

FUNDING INFORMATION

CIP Funded Project: Yes  No   
Amount Required by Task Order: \$3,120.64  
Index/Sub Object Code: TAM020101 / 3199

APPROVAL ROUTING –Transportation

	Approved	Disapproved	Comments
Elizabeth Van Zandt, Mobility Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Debora Griner, Transportation Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Diana Alarcón, Transportation and Mobility Director	<input checked="" type="checkbox"/> SL	<input type="checkbox"/>	

2015 JUL -7 AM 8:17

APPROVAL ROUTING – CITY FINANCE DEPARTMENT

	Approved	Disapproved	Comments
Kirk W. Buffington, C.P.M., Finance Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

APPROVAL ROUTING – CITY ATTORNEY’S OFFICE

	Approved	Disapproved	Comments
City Attorney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

APPROVAL ROUTING – CITY MANAGER’S OFFICE

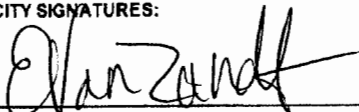
	Approved	Disapproved	Comments
Lee R. Feldman, ICMA-CM, City Manager	<input type="checkbox"/>	<input type="checkbox"/>	

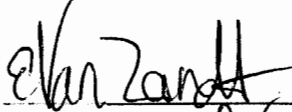
CITY CLERK’S OFFICE Upon approval by the City Manager, please route this form along with Task Order to TAM- Transportation, Susan Capdeville (Ext. 4699).


**TASK ORDER #: 1**

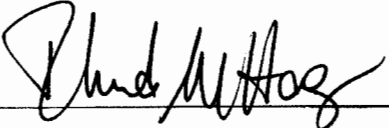
<b>CONTRACTOR:</b> Keith and Schnars, P.A 6500 North Andrews Avenue Fort Lauderdale, FL 33300-7690 Phone: (954) 776-1616 Fax: (954) 771-7690 Email: KStout@ksfla.com		<b>CONTRACT NUMBER:</b> 246-11375 <b>CONTRACT DESC:</b> Survey and mapping consultant services CONTRACT 14-0918 <b>CC AWARD:</b> 9/3/2014 CAM 14-0918 Item PUR -6 <b>TOTAL AUTHORIZED AMOUNT:</b> \$116,666.66			
<b>TO:</b> City of Fort Lauderdale 100 North Andrews Avenue Fort Lauderdale, FL 33301		<b>CITY CONTACT:</b> Elizabeth Van Zandt <b>PHONE:</b> (954) 828-3796			
<b>PROJECT NAME:</b> Shippey House Survey <b>PROJECT LOCATION:</b> Boundary Survey of Lots 5, 6, and 7, Block "C", "Ft. Lauderdale" according to Miami Dade County Records		<b>FUNDING SOURCE:</b> TAM020101 / 3199 <b>TASK ORDER DATE:</b> 6/4/2015			
<b>SUMMARY OF WORK :</b> Completion of a boundary survey of City-owned land to initiate a parcel subdivision with the Broward County Property Appraiser's office to create a new folio number and use code associated with the new parcel. This new parcel will be used for parking.					
<b>BILLING RATES INCLUDED IN CONTRACT</b>					
ITEM #	ITEM DESCRIPTION	UNIT	Qty	UNIT PRICE	TOTAL PRICE
N/A	Director	HOURS	1	\$175.00	\$175.00
N/A	Surveyor	HOURS	3	\$121.88	\$365.64
N/A	Surveyor Technician	HOURS	2	\$80.00	\$160.00
N/A	CADD Technician	HOURS	13	\$65.00	\$845.00
N/A	2-Person Survey Crew	HOURS	15	\$105.00	\$1,575.00
<b>Total Project Price :</b>					<b>\$3,120.64</b>

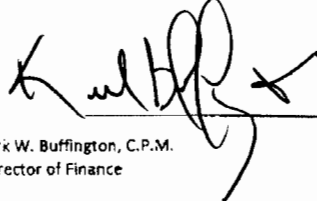
**CITY SIGNATURES:**

 7/2/15  
 Elizabeth Van Zandt Date: 7/2/15  
 Mobility Manager

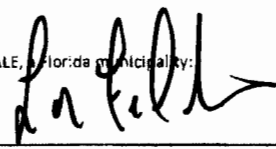
 7/2/15  
 Debora Griner Date: 7/2/15  
 Transportation Manager

 7/2/15  
 Diana Alarcon Date: 7/2/15  
 Transportation and Mobility Director

 7.8.15  
 Chad Hogg Date: 7.8.15  
 City Attorney

 7/2/15  
 Kirk W. Buffington, C.P.M. Date: 7/2/15  
 Director of Finance

CITY OF FORT LAUDERDALE, Florida Municipality:

 7/9/15  
 By: LEE R. FELDMAN, City Manager Date: 7/9/15

Keith and Schnars, P. A

Consultant:

By:

Authorized Signature

Date:

7/1/15

Robert K. Krisak, PSM/Director of Survey and Mapping

Print Name and Title



Shippey House Survey  
June 4, 2015

Project #: 14-0918  
Page: 1

**Agreement for Professional Services**  
**Project Name: Shippey House Survey – Project No. 14-0918**  
**Project Location: Fort Lauderdale, Broward County, FL**  
**Keith and Schnars Project No. 18171.GC**  
**COFL – Survey Services Contract 246-11375**

Pursuant to your request for a proposal on the above referenced project, the following is a detailed survey services outline and a cost breakdown for each service.

### **PROFESSIONAL SERVICES**

Describing a specific agreement between the City of Fort Lauderdale (CITY) and Keith and Schnars, P.A. (CONSULTANT) in accordance with the terms of the agreement for professional services between CITY and CONSULTANT ("MASTER AGREEMENT") and approved by City Commission on September 3, 2014.

### **PROJECT DESCRIPTION**

This task order includes conducting A Boundary Survey of Lots 5, 6, and 7, Block "C", "Ft. Lauderdale", according to the plat thereof, as recorded in Plat Book "B", page 40, Miami Dade County Records. All survey point data shall be collected and reported in NAVD88 datum at a maximum of ten (10) feet intervals.

### **SCOPE OF WORK**

#### **Task 1 – Boundary Survey**

CONSULTANT shall prepare a Boundary Survey of Lots 5, 6, and 7, Block "C", "Ft. Lauderdale", according to the plat thereof, as recorded in Plat Book "B", page 40, of the Public Records of Miami Dade County, Florida. Services include the location of buildings, fences, concrete, asphalt, and surface features of utilities. Elevations and trees are not included in this task.

#### **Task 2 – Sketch and Description**

CONSULTANT shall prepare a Sketch and Description of the parking lot portion of the parcel described in Task 1.

*All survey work shall be performed in accordance with the Minimum Technical Standards as set forth by the Board of Surveyors and Mappers pursuant to Rule 5J-17 of the Florida Administrative Code, pursuant to Section 472.027 Florida Statutes.*

### **DELIVERABLES**

CONSULTANT shall provide the following deliverables to CITY for review and written approval:

- Deliver one Boundary Survey and Sketch and Description in electronic format (approved and reviewed by a professional land surveyor registered in the State of Florida) for Boundary Survey listed above as part of this task order. The electronic survey data shall be in AutoCAD file with comma delimited PNEZD format.
- Deliver two (2) signed and sealed Boundary Surveys and two (2) Sketch & Descriptions as part of this task order.

**PROJECT ASSUMPTIONS**

- CONSULTANT shall review all City, County State records, data and/or other documentation required to review land ownership, easements or other restrictions that may affect canal dredging work and the surveying deliverables of this task order.
- CONSULTANT shall use survey equipment and data collection systems capable to deliver complete surveys and task order deliverables as stated by the scope of work section of this task order.
- CONSULTANT shall make any coordination with City, property owners and others- as applicable- to obtain access to project sites and to send deliverables of this task order to CITY within the allowed task order timeframe.

**PERFORMANCE SCHEDULE**

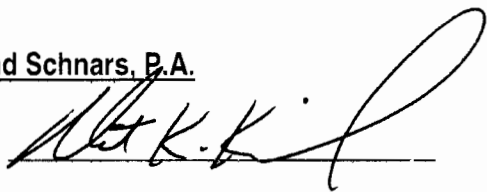
- CONSULTANT will be able to start work immediately upon receipt of written Notice to Proceed and written confirmation to bill against Blanket Order Number PP150034 dated 10/07/2014.

**BUDGET**

Task	Director	Surveyor	Survey Technician	CADD Technician	2-Person Survey Crew	Task Total
Task 1 Boundary Survey	.5	2	2	8	15	29.5
Task 2 Sketch & Description	.5	1	0	5	0	6.5
Total Hour	1	3	2	13	15	36.0
Total Fees	\$175.00	\$365.64	\$160.00	\$845.00	\$1,575.00	\$3,120.64

**Keith and Schnars, P.A.**

Signed: \_\_\_\_\_



Name: Robert K. Krisak, P.S.M.

Title: Director of Survey and Mapping

Date: June 4, 2015





KEITAND-01 CDIXON

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/5/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> Ames & Gough 8300 Greensboro Drive Suite 980 McLean, VA 22102	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (703) 827-2277 E-MAIL: info@amesgough.com ADDRESS:	FAX (A/C, No): (703) 827-2279
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Keith and Schnars, P.A. 6500 North Andrews Avenue Ft. Lauderdale, FL 33309-2132	<b>INSURER A:</b> National Union Fire Insurance Company	NAIC #: 19445
	<b>INSURER B:</b> Continental Casualty Company (CNA) A(XV)	NAIC #: 20443
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Contractual Liab.</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			7046486	03/01/2015	03/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			2248380	03/01/2015	03/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			L6012004191	03/01/2015	03/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	28234533	03/01/2015	03/01/2016	<input checked="" type="checkbox"/> PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	<b>Professional</b>			AEH 00 609 12 27	03/01/2015	03/01/2016	Per Claim 2,000,000
B	<b>Liability</b>			AEH 00 609 12 27	03/01/2015	03/01/2016	Aggregate 4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: K&S#18171.XX RFQ# 246-11375 - SURVEY AND MAPPING CONSULTING SERVICES CITY OF FORT LAUDERDALE IS INCLUDED AS ADDITIONAL INSURED WITH RESPECTS TO GENERAL LIABILITY, AUTO LIABILITY, AND UMBRELLA LIABILITY WHEN REQUIRED BY WRITTEN CONTRACT. AUTO LIABILITY, GENERAL LIABILITY, AND WORKERS COMPENSATION POLICIES INCLUDED WAIVER OF SUBROGATION IN FAVOR OF THE ADDITIONAL INSUREDS WHERE PERMISSIBLE BY STATE LAW AND WHEN REQUIRED BY WRITTEN CONTRACT

<b>CERTIFICATE HOLDER</b>  CITY OF FT. LAUDERDALE 100 N. Andrews AVENUE Fort Lauderdale, FL 33301	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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