### MAINTENANCE OF TRAFFIC (MOT) FORM

SECTION 1: APPLICANT INFORMATION				ORTATION F
Applicant Name: Riverwalk Fort Lauderdale		Applicant Phone:	954-468-1541	MATION
Applicant Email: events@goriverwalk.com				MOI APPI
Applicant Address: 888 East Las Olas Blvd., Suite 210, Fort I	Lauderdale, FL 3330	01		
(Address, C	City, State, Zip Code)			
City Project Manager (if applicable):				
		Terror water Toron	adderdate	
On-site/Emergency Contact Phone: Matt Norse (954)997-00	097			
SECTION 2: PROJECT INFORMATION				
ENG Permit # (obtain from Department of Sustainable De	velopment (DSD)	: Special Event		
Project Name: Riverwalk Annual Event				
Project Address: Esplanade Park - 400 SW 2nd St., Fort Laud	erdale, FL 33312			
(Address, C	City, State, Zip Code)			
Specific Dates and Times Requested for MOT Impler		to The annual	of an MOT and	lication man
Please identify a start date that is at least two weeks from require up to two weeks from the time that all required de-			5.1	nication may
	Begin Time: 7:00 a			
The second second	and Time: 10:00 pr			
Elia Date.	ind time.			
SECTION 3: PROJECT DETAILS	_ ,, , , , , , , , , , , , , , , , , ,		<b></b>	
☐ Partial or Shoulder Closure	Daily Setup/ Brea		□NO	
☑ Full Road Closure (detour): Under 72 Hours	Using Crane in R		<b>Z</b> I NO	
☐ Sidewalk Closure: Under 72 Hours	Parking Meters I	mpacted* 🗹 YES	S 🗆 NO	
☐ Full Road/Sidewalk Closure: More than 72 Hours		eler mitigation must be elines for crane definitio	500	approval. Please
SECTION 4: TYPE OF WORK DESCRIPTION				
Please make sure to include the following informati	on in the descri	ption:		
· List the names of affected streets and the nearest inte	rsection. Use com	plete street nam	es, including d	irectionals.
<ul> <li>Describe the nature of the construction and any phasi</li> </ul>				
<ul> <li>Describe any specific safety hazards that the work SW 2nd St closed between SW 4th Ave and SW 5th Ave</li> </ul>	may produce du	ring constructio	n (i.e., large h	oles, etc.).
Food trucks and vendors on street in parking spaces				
Food trucks and vendors on street in parking spaces				
SECTION 5: FDOT DESIGN STANDARD INDEX DRAWII	NG NUMBERS/I	MUTCD TYPICA	L APPLICAT	ION
(State which FDOT Standard Index 600 series will be follow	and the second of the second o			
the main and cross streets. Also, state whether trenches w	vill be covered or b	backfilled during	non-working h	ours.)
TA-20				

Office Use Only	MOT ID#: _	

### MAINTENANCE OF TRAFFIC (MOT) FORM

# TRANSPORTATION AND MINISTER OF TATION AND MIN

#### SECTION 6: MOT DESCRIPTION

Please make sure to	include the following	g information i	n the description:
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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.

<ul> <li>State any other special considerations related to this request.</li> </ul>	
SW 2nd St will be closed between SW 4th Ave and SW 5th Ave	
SW 4th Ave. will remain open	
Annual Control of the	

SW 5th Ave will remain open

MOT will be continuous between 7:00 am and 10:00 pm

## 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) ☐ County and State approvals (if required)

□ County and State approvals (if required)
 □ Crane and Parking Mitigation (if required)
 ☑ Plan of work (optional, but preferred)

#### SECTION 8: ADDITIONAL COMMENTS

☑ FDOT Index MUTCD Reference Drawing(s)

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.

plans and specifications as stipulated in the permit approval condition.

LUGENIA DUNCAN ELLS

(APPLICANT SIGNATURE)

(PRINT NAME/TITLE)

(APPLICANY SIGNATURE) (PRINT NAME/TITLE)

As a consideration for the permission granted herein, 

(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.

(NAME OF COMPANY)

BY: \_\_\_\_\_\_

(COMPANY AUTHORIZED AGENT)

34.	À
Office Use Only MOTID#:E	NG Permit#:
REQUIRED SIGNATUR	ES FORM
Applicant must collect all required signatures. To expedite processing submitted to MOT@fortlauderdale.gov separately on this page. All signatures two-week review process.	natures and comments must be submited A
M. F. Mar	
Print Name  Police Department  1300 W. Broward Boulevard   Tel: 954-8285477  Call for Appointment  *Required only if MOT includes a detour for any direction of tra	7/30/25 (Date)
Katie Williams	25
Print Name Sgnature	7/04/05
Fire Rescue Department 528 N.W. 2 <sup>nd</sup> Street   Tel: 954-828-6800	7/31/25
Call for Appointment *Required only if MOT includes a detour for any direction of tra	(Date)
Print Name Stanoture	
Broward County Traffic Engineering Division 2300 W. Commercial Boulevard   Tel: 954-847-2653  Cali for Appointment. Walk-ins NOT accepted. *Required only if MOT/detour affects Broward County road or inter	(Date)
After all applicable signatures are collected, applicant should submit t Transportation and Mobility Department at mot	
ပို့များကြီး nent Director's Signature Inemiested ၆၇ ပြုပို	r s(alf-if-required)
Martha Parfait Martha Pa	rfait
Print Name Signature	9/15/25

Martha Parfait Print Nome	Martha Parfait	9/15/25
290 N.E. 3 <sup>rd</sup> Avenue	portation and Mobility Department Tel: 954-828-4997   Email: MOT@fortlauderclale.gov ment. Walk-Ins and hard copies NOT accepted.	(Date)
		_

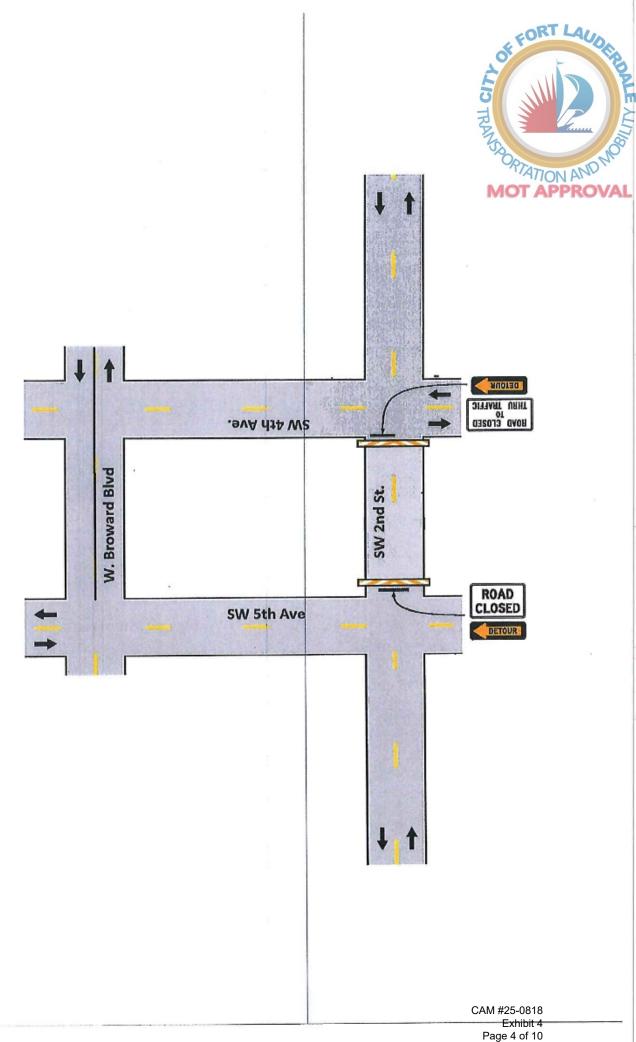
A copy of the final permit and this MOT form shall be kept on site and be made available to the City inspector at all times.

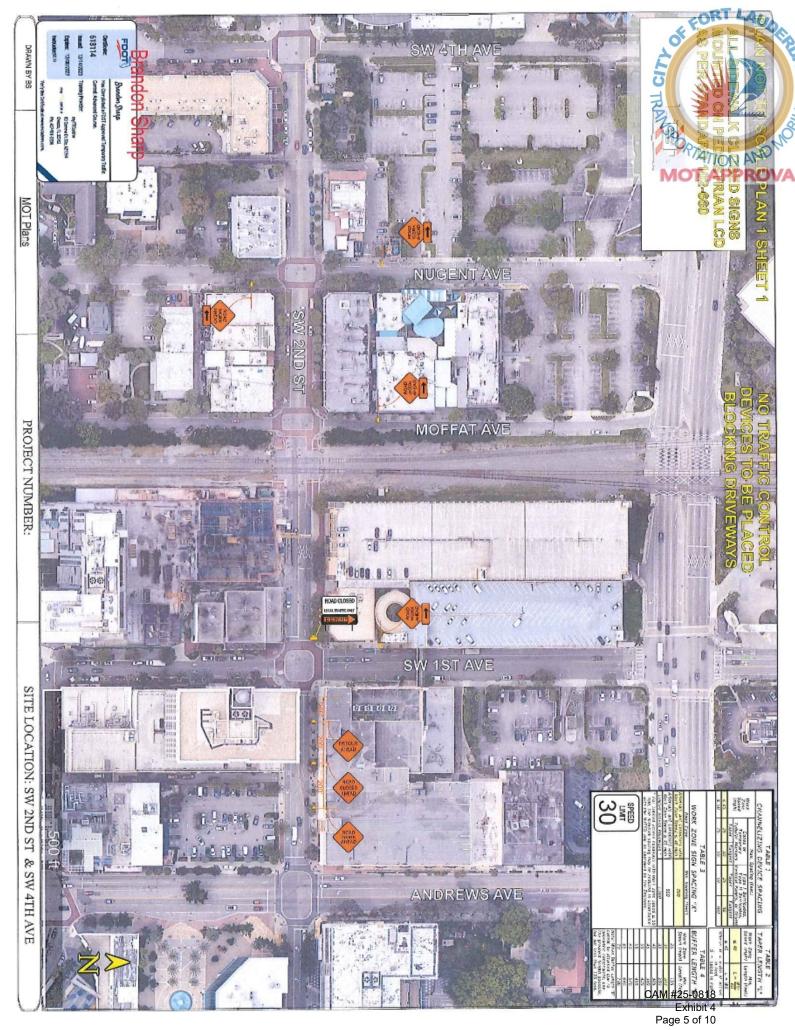
Traffic modifications required for special events shall be coordinated through the Parks and Recreation's Special Events Department. Please call 954-828-4349 or email BHenry@fortlauderdale.gov.

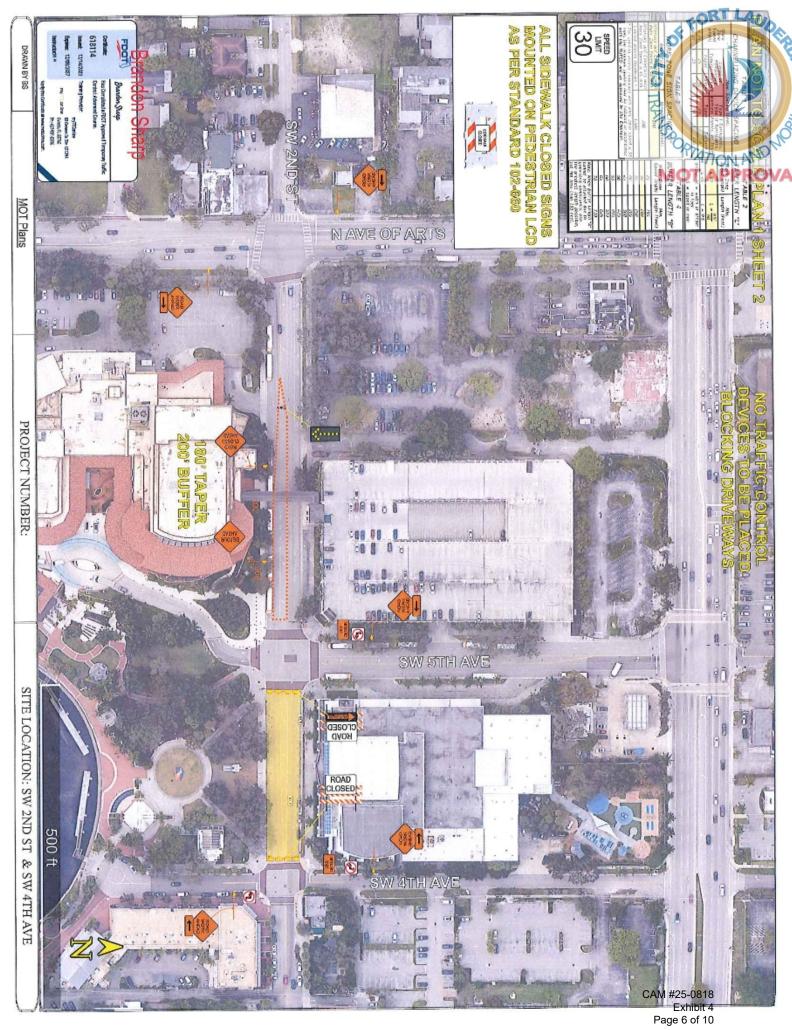
MOT plans for City Capital Improvement Projects shall be coordinated through the City of Fort Lauderdale Public Works Department. Please call 954-828-5772 or email raivarex@fortlauderdale.gov.

City of Fort Lauderdale | Maintenance of Traffic (MOT) Form and Guidelines

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D. Carlotte	Temporary Barrier Notes	Channelizing Devices Notes	Temporary Asphalt Separator	Business Entranco	Drep-Offs In Work Zones	Advanced Warning Arrow Boards	Channelizing Devices Consistency	Channelizing Devices	Signals	Truck Mounted Attenuators	Manholes/Crosswalks/Joints	Commonly Used Warning and Regulatory Signs In Work Zones	Wark Zone Sign Supports	Signs	Survey Work Zones	Flagger Control	Speed Reduction Signing	High-Visibility Safety Apparel	Lane Widths	Overweight/Diersize Vehicles	Length Of Lana Clasures	Superelevation	Clear Zone Widths For Work Zones	Above Ground Hazard	Sight Distance	Railroads	Overhead Work	Temporary Traffic Control Devices	Definitions	General Motes, TTC Tables	TABLE OF CONTENTS

# GENERAL NOTES:

- I. This index contains information specific to the Federal and State guidelines and standards for the preparation of traffic control plans and for the execution of traffic control in work zones, for construction and maintenance operations and utility work on highways, reads and streets on the state Highway System. Certain requirements in this Index are based on the high volume nature of State Highways. For highways, reads and streets off the State Highways, For highways, reads and streets of the State Highways, For highways, reads and streets of the State Highways system, the local agency (City/County) having jurisdiction may adopt requirements assed on the minimum requirements provides in the KUTCD.
- Use this Index in accordance with the Plans and Indexes 102-501 through 102-580, Indexes 102-501
  through 102-580 are Department-specific typical applications of community accountered situations,
  Adjust delice location or number thereof as recommended by the Worksite Traffic Supervisor and
  appropried by the Engineer. Devices Include, but are not limited to, flaggers, portable temporary
  signals, signs, pavement markings, and channelizing devices. Comply with MUTCO or applicable
  Department criterial for any changes and document the reason for the change.
- Except for emergencies, any road closure on State Highway System rust comply with Section 33515, F.S.

≥ 50	5.45	8 3	Speed	devin	CHA
25	25	Tager .	Cones Tempor Tubular Ma		HANNELIZING DEVICE
50	50	Tengers	es or crary Markers	Max.	ING DI
50	25	Tape	Typ Typi Vertical	Max. Spacing (feet	FVICE
	100	317	e i Barr i II Bar Paneis,	(feet)	SPACING
100	50	Tangent	ricades, rricades, r, or Drums		ING

Speed (mph) Length (feet) TAPER LENGTH "L"

TABLE 2

W to

See = 7

with work zone speed a 55	" For Limited access roadways with work zone speed a 55
1,500	Limited Access Roodways *
500	Work Zone Speed 2 45 mph
200	Arterials and Collectors with Work Zone Speed < 40 mph
Min. Specing (feet)	Road Type
SPACING "X"	WORK ZONE SIGN SPACING "X"
tu,	ABLE 3

D Work Zone Sign	■ Channelizing Device	Work Area	SYMBOLS:	" For Limited access roadwa mph, the minimum spacing with the MITCD and as ap-	Limited Access Roadways *	Work Zone Speed a 45 mph	Arterials and Collectors with Work Zone Speed < 40 mph	Road Type	WORK ZONE SI
				For Limited access readways with work zone speed sizes mph, the minimum specing may be reduced in accordance with the MUTCO and as approved by the Engineer.	1,500	500	200	Min. Specing (feet)	WORK ZONE SIGN SPACING "X"

tone identification and Direction of Traffic

Type iii Barricade

		Where:
	to	35
	11	1
D	peeds	width http://
A	31	4 5
	mph	offset

Note: When But on the greatest I was less than the sections of	70	65	0.0	55	90	35	36	35	30	25	Speed (mph)	BUFFER L	TAB
offer Length "5" ained due to istraints, use length possible, then 155 feet.	730	645	570	495	425	360	305	250	200	155	Length (feet)	ENGTH "8"	4

CONTROL	ENERAL I
THROUGH	NFORMATION
WORK	FOR
ZONES	TRAFFIC

0

11/01/23

Expires: 12/08/2027 Bued: 12/14/2023

Training Provider. Control: Advanced Course

FDOT

STANDARD PLANS FY 2025-26 Has Completed a FDOT Approved Temporary Traffic

REVISION LISM

618114

FDOT

Brandon Sharp

ZONES	TURELLE
	TC
102-600	9
1 of 11	0.0000000000000000000000000000000000000

XBOW SHEET

### 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.

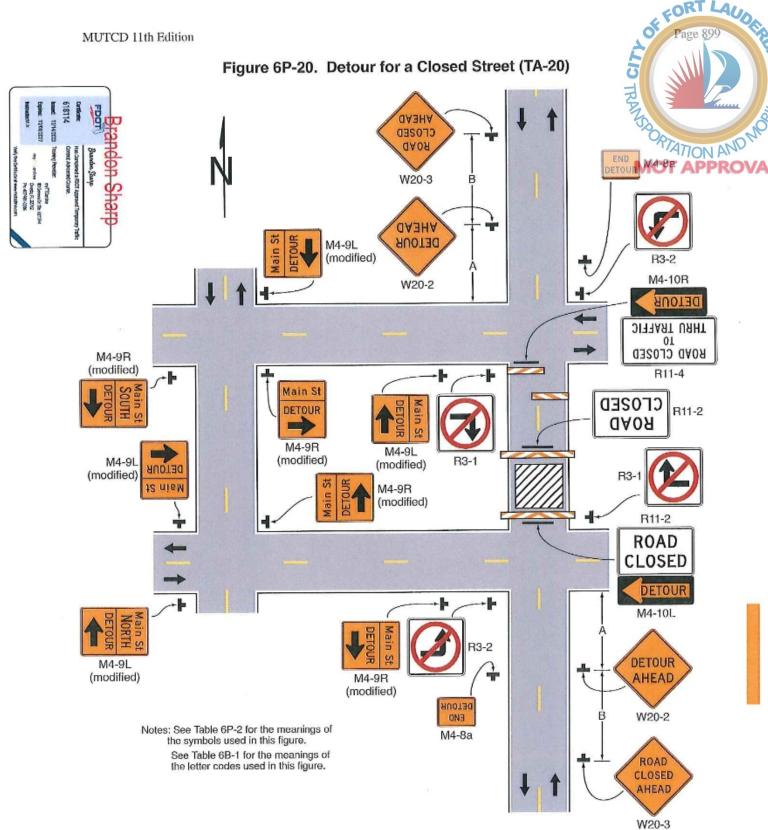
- Detour signs may be located on the far side of intersections. A Detour sign with an advance arrow may be used in advance of a turn.
- A Street Name sign may be mounted with the Detour sign. The Street Name sign may be either white on green or black on orange.

Standard:

- When used, the Street Name sign shall be placed above the Detour sign.
- 8. Figure 6P-9 contains the information for detouring a numbered highway.



MUTCD 11th BO



**Typical Application 20** 

