

# MAINTENANCE OF TRAFFIC (MOT) FORM AND GUIDELINES



TOWN OF BAY HARBOR ISLANDS

# TOWN OF BAY HARBOR ISLANDS MAINTENANCE OF TRAFFIC GUIDELINES AND INSTRUCTIONS

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A Maintenance of Traffic (MOT)/Temporary Traffic Control (TTC) plan is required any time work is conducted within or impacts a Town of Bay Harbor Islands right-of-way (i.e.: roadways, alleys, sidewalks, swales, etc.). The Maintenance of Traffic Form and Guidelines will assist you with completing a Town MOT/TTC request. Please complete all fields on the form and submit it with the Required Signatures Form and attachments to [publicworks@bayharborislands-fl.gov](mailto:publicworks@bayharborislands-fl.gov) for approval. Please note, incomplete forms will not be processed.

Once the MOT/TTC Form is approved by the Town, please notify the Town Engineer via email only at [rcarrerosantana@bayharborislands-fl.gov](mailto:rcarrerosantana@bayharborislands-fl.gov), to assist with final permit issuance.

If you have any questions about the MOT/TTC Form, please email [rcarrerosantana@bayharborislands-fl.gov](mailto:rcarrerosantana@bayharborislands-fl.gov).

## GENERAL REQUIREMENTS

- All work within the right-of-way requires an MOT.
- A Town MOT Permit is required if the work impacts the Town's public right-of-way, even if the work is conducted within Miami-Dade County or Florida Department of Transportation's (FDOT) right-of-way.
- If work is being performed in multiple phases or at various locations, an individual MOT is required for each phase/location.
- Please obtain all required signatures. Incomplete forms will not be processed. Obtaining required signatures **does not** constitute final approval by the Town. The MOT may only be implemented after the MOT Form is approved by Public Works, subject to satisfaction of all prerequisite conditions. Each submittal takes one week to review.
- Staging and storing equipment or materials is not permitted within the Town's right-of-way
- The MOT plan must be prepared by a certified worksite Traffic Control Technician or Traffic Control Supervisor, as appropriate for job complexity. A legible copy of the technician/supervisor's **valid** certification must be submitted with the MOT plan.
- A certified Traffic Control Supervisor must sign the MOT plan, and a copy of his/her current certification must be included.
- If implementation of an approved permit negatively impacts public safety and/or inconveniences to Bay Harbor Islands' residents, businesses or neighbors, the Town may require the MOT APPLICANT to modify the MOT plan. The Town may also temporarily suspend or permanently revoke the permit with reasonable notice.
- Refer to Sec. 12-26 (1) (d) of the Bay Harbor Islands, Florida - Code of Ordinances for information regarding permissible hours for construction activity.
- If any work will impact parking meters, parking mitigation will be required prior to MOT approval.
- The contractor is responsible for the setup and removal of all MOT devices and equipment in accordance with the times and dates stated in Section 2 of this form.
- The times and dates stated in Section 2 of this form shall be strictly enforced. A revised form must be submitted if the dates or any other significant details change for the approved MOT.
- The approved MOT must be on site prior to and during the entire construction period.
- Crane, boom lifts, man lifts, etc. require crane right-of-way permits and mitigation prior to MOT/TTC application submittal and approval.

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**FLORIDA DEPARTMENT OF TRANSPORTATION STANDARDS**

The MOT plan shall conform to the latest edition of FDOT’s Design Standards and Part IV of the Manual of Uniform Traffic Control Devices (MUTCD) for Streets and Highways. Compliance with the requirements of the approved plan are the responsibility of the applicant.

**MIAMI-DADE COUNTY REQUIREMENTS**

If the MOT or detour routes affect any right-of-way within Miami-Dade County’s jurisdiction , the County’s Maintenance of Traffic Submittal Form (available on the County's website) should be completed first, including the required signatures, and submitted with this form.

**LANE CLOSURES - NO DETOURS**

- If detours are not required for this MOT, please state that in Section 6 of this form.
- Fully describe the lanes that will be open and closed during construction in Section 6 of this form.
- Submit applicable FDOT Design Standard Index drawings and MUTCD exhibits. The drawings must include the north arrow and the names of the main and cross streets.

**LANE CLOSURES - DETOURS**

- **Detours of any kind will add extra time to the approval process, especially closure requiring detours in excess of 72 hours.** Where feasible, the Town recommends maintaining the flow of two-way traffic and keeping sidewalks open.
- If detour routes affect a FDOT right-of-way, a permit from FDOT must be attached to the Town’s MOT Form.
- If detour routes affect Miami-Dade County’s right-of-way, an approved MOT application and plan from Miami-Dade County must be attached to the Town's MOT form.
- **If a detour is required (applicable to roadways, alleys, and sidewalks):**
  - Approval is required for all full/partial detours.
  - Closures lasting more than 72 hours must be approved by the Bay Harbor Islands Police Department, Town Manager and the Public Works Director. This approval may take up to two months.
  - Provide a detour signing/circulation plan that shows other construction projects in progress or that are planned in the vicinity of the project.
  - All sidewalk detours must be ADA compliant and adhere to FDOT Standard Index 304 and Chapter 4E of the Manual on Uniform Traffic Control Devices (MUTCD).
  - Portable Changeable Message Signs (PCMS) may be required for lane/road closure with detours.

**ATTACHMENTS** (Electronic files may not exceed 20 MB.)

Attachments must include a MOT plan prepared by a certified worksite Traffic Control Technician or Traffic Control Supervisor, as appropriate for the complexity of the job. A legible copy of the technician/supervisor’s valid certification must be submitted with the MOT plan.

# MAINTENANCE OF TRAFFIC (MOT) FORM

**SECTION 1: APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_  
 Applicant Email: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_  
(Address, City, State, Zip Code)  
 Town Project Manager (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Agency responsible for this project:    Town    County    FDOT    \_\_\_\_\_  
 Other: On-site/Emergency Contact Phone: \_\_\_\_\_

**SECTION 2: PROJECT INFORMATION**

Permit # (obtain from Building Department): \_\_\_\_\_  
 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 Town staff.

Begin Date: \_\_\_\_\_ Begin Time: \_\_\_\_\_  
 End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

**SECTION 3: PROJECT DETAILS**

Partial 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	<i>*Crane and parking meter mitigation must be done prior to MOT approval.</i>			

**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.).

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**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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# MAINTENANCE OF TRAFFIC (MOT) FORM

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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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**SECTION 7: MOT FORM CHECKLIST** (Provide one copy of each attachment.)

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|---|---|
| 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**

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**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 Public Works 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 Town 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)

\_\_\_\_\_  
(PRINT NAME/TITLE)

\_\_\_\_\_  
(DATE SIGNED)

As a consideration for the permission granted herein, (APPLICANT) \_\_\_\_\_ agrees to indemnify and hold harmless the Town of Bay Harbor Islands for any damages, claims, or injuries that may result from the MOT plan approved under the PERMIT.

\_\_\_\_\_  
(NAME OF COMPANY)

BY: \_\_\_\_\_  
(COMPANY AUTHORIZED AGENT)

# REQUIRED SIGNATURES FORM

Applicant must collect all required signatures. To expedite processing, individual signatures may be obtained and submitted to [publicworks@bayharborislands-fl.gov](mailto:publicworks@bayharborislands-fl.gov) separately on this page. All signatures and comments must be submitted before two-week review process begins.

<p style="text-align: center;">_____</p> <p style="text-align: center;">Print Name <span style="float: right;">Signature</span></p> <p style="text-align: center;"><b>Bay Harbor Islands Police Department</b> Off-Duty Coordinator Call for Appointment 305-866-6242 <i>*Required if MOT requires one or more off-duty Police Officer(s)</i></p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">(Date)</p>
<p style="text-align: center;">_____</p> <p style="text-align: center;">Print Name <span style="float: right;">Signature</span></p> <p style="text-align: center;"><b>Town Engineer</b> 9665 Bay Harbor Terrace, Bay Harbor Islands, FL 33154 Call for Appointment 305-866-6241 <i>*Required for all lane closures.</i></p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">(Date)</p>

**After all applicable signatures are collected, applicant should submit the MOT plan and this routing form to [publicworks@bayharborislands-fl.gov](mailto:publicworks@bayharborislands-fl.gov)**

## OFFICE USE ONLY

<p style="text-align: center;">_____</p> <p style="text-align: center;">Print Name <span style="float: right;">Signature</span></p> <p style="text-align: center;"><b>Bay Harbor Islands Police Department</b> Police Chief's Signature</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">(Date)</p>
<p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p> <p style="text-align: center;"><b>Town Manager</b> Town Manager's Signature</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">(Date)</p>

**A copy of the final permit, ROW permit and this MOT form shall be kept on site and be made available for inspection at all times.**