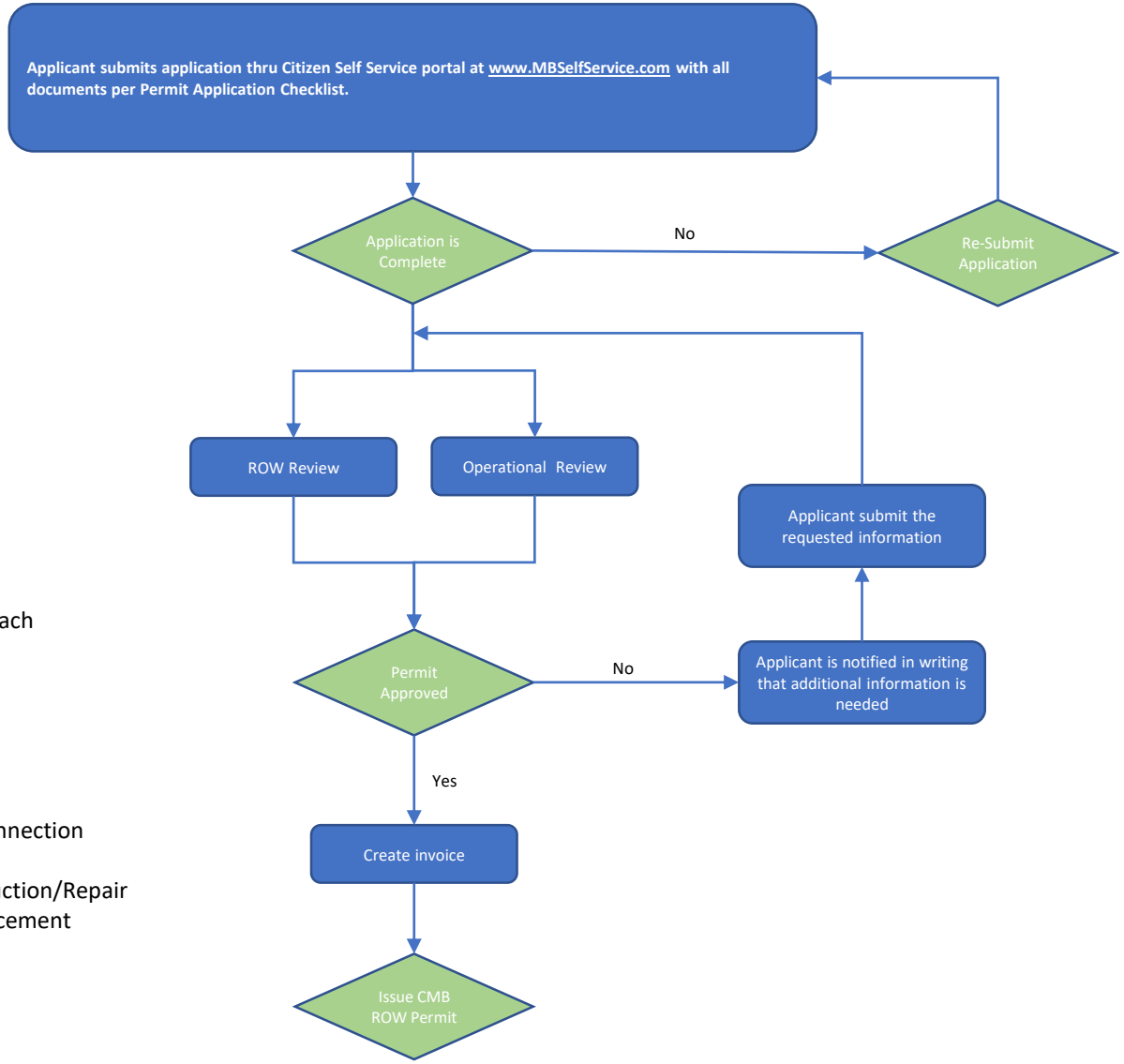
ELECTRONIC SUBMITAL



ROW Permits

- Asphalt Driveway Approach
- Bus Shelter
- Concrete Driveway Approach
- Crane Set-up in ROW
- Decorative Paver Driveway Approach
- Fire Line Service Connection
- Generator Placement in ROW
  Landscape in ROW
- Local Street Closure
- Pedestrian Scaffolding Placement
- Public Storage Container in ROW
- Sanitary Sewer Lateral Service Connection
- Sidewalk Closure
- Sidewalk Curb and Gutter Construction/Repair
- Temporary Dumpster/Roll-off Placement

MIAMIBEACH

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov
PUBLIC WORKS DEPARMENT
Tel: 305-673-7080, Fax: 305-673-7028

MIAMIBEACH

Permit Application Checklist
Fire Line Service Connection

(A copy of the Right-of-Way permit and plan are required to be on the job site at all times during construction)

When applying for a permit for Fire Line Connection, the following documents are required:

- ☐ Two (2) copy of the construction plan/profile drawn to scale and signed & sealed by the engineer of record identifying all existing underground facilities.
- ☐ The applicant must submit a signed and notarized Fire Line Service Agreement form to Engineering Permitting along with the appropriate fees payable to the City of Miami Beach for the selected size fire suppression service.
- ☐ Provide one (1) copy of City of Miami Beach Fire Department Fire Flow Calculations.

FDOT/Miami-Dade County roadway construction for fire line service connection requires additional fees to be calculated by Public Works Engineering.

1) Hydraulic Water Flow calculations may be required.

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PUBLIC WORKS PERMIT APPLICATION

APPLICANT USE ONLY

COMPANY/INDIVIDUAL TO PERFORM WORK	JOB DESCRIPTION OF PROPOSED WORK
☐ CITY SUB/CIP ☐F.D.O.T. ☐ MIAMI-DADE COUNTY	STREET ADDRESS: _____
NAME: _____	WORK TO BE PERFORMED: _____
ADDRESS: _____	_____
PHONE: _____	START OF WORK: _____
FAX/OFFICE: _____	MONTH.DAY.YEAR
EMAIL: _____	EST. COMPLETION: _____
	MONT.DAY. YEAR

OFFICE USE ONLY **RWP**_____ **CRANE BOND NO.** _____

STANDARD REVIEW

☐ LOCAL RD. $330.00 _____

☐ COLLECTOR RD. $440.00 _____

☐ ARTERIAL RD. $1,029.00 _____

PRIORITY REVIEW

☐ LOCAL RD. $396.00 _____

☐ COLLECTOR RD. $528.00 _____

☐ ARTERIAL RD. $1,029.00 _____

PARTIAL DAY

☐ LOCAL RD. $165.00 _____

☐ COLLECTOR RD. $220.00 _____

☐ CONSECUTIVE MULTI-DAY $57.00 ( ) _____

☐ BLOCKING RIGHT OF WAY (LOCAL & COLLECTOR)

(_____LF)($0.26)(_____per day) _____

(_____SQ. FT)($0.04)(_____per day) _____

☐ BLOCKING RIGHT OF WAY (ARTERIAL)

(_____LF)($2.58)(_____per day) _____

(_____SQ. FT)($0.31)(_____per day) _____

☐ **STREET EXCAVATION**

50' OR LESS $374.00 _____

EACH ADD'L FT. $3.14 ( ) _____

☐ **SIDEWALK REPAIR**

50' OR LESS $308.00 _____

EACH ADD'L FT. $3.14 ( ) _____

☐ **SIDEWALK CONSTRUCTION**

50' OR LESS $308.00 _____

EACH ADD'L FT. $3.14 ( ) _____

SUB-TOTAL _____

☐ **PAVING/RESURFACING**

25' OR LESS $308.00 _____

EACH ADD'L FT. $6.68 ( ) _____

☐ **LINE AND GRADE SURVEY**

50' OR LESS $374.00 _____

EACH ADD'L FT. $7.46 ( ) _____

☐ **DRIVEWAYS** $134.00 ( ) _____

☐ **FLUME (STORM SEWER)** $308.00 ( ) _____

☐ **UTILITY PLACEMENT** $308.00 ( ) _____

ADD'L PER BLOCK $14.93 ( ) _____

☐ **LANDSCAPING WITHIN**

PER TREE/BEDDING $107.00 ( ) _____

☐ URBAN FORESTRY APPROVAL

☐ **UNDERGROUND SERVICE**

CONNECTION EACH $308 ( ) _____

☐ **MONITOR WELLS** $308 ( ) _____

☐ **REINSPECTION** $118.00 _____

☐ **REVOCABLE PERMIT** $4,269.00 ( ) _____

PER ADDRESS (375' R) $0.53 ( ) _____

☐ BLOCKING RIGHT OF WAY APP. FEE $39.00 _____

☐ AFTER THE FACT FEE 4 ( ) _____

☐ PERMIT EXT. (90 DAYS) $134.00 _____

REFUNDABLE BOND: ☐ **500** ☐ **1K** ☐ **1500** ☐ **2500** ☐ **5K** ☐ **10K**

TOTAL _____

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ROW Permit Application Checklist
Type: Insurance Requirements

Insurance requirements for general construction/Right-of-Way permits are the following:

- ☐ Provide current copy of Certificate of Insurance Liability/Workmen's Compensation coverage to be approved by the City's Risk Management Division.
- ☐ Auto liability limits $1,000,000
- ☐ Commercial General Liability Limits $1,000,000
- ☐ Workmen's Compensation, if required by the State.
- ☐ All policies must be issued by companies authorized to do business in Florida with a Best Key rating of B+VI or better.
- ☐ The City of Miami Beach **must** be a CERTIFICATE HOLDER with 30-day notice of cancellation of change.
- ☐ The City of Miami Beach **must** be named as an additional insured for both General Liability and Automobile insurance.
- ☐ Provide project address, description and duration of construction activity to be performed in the description operation section of the Certificate of Insurance document.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) [redacted]

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).

PRODUCER		
[redacted]	CONTACT NAME: Leonardo Cicarelli	
	PHONE (A/C, No, Ext): (305) 944-0002	FAX (A/C, No): (305) 949-1010
	E-MAIL ADDRESS: leo@alltrustfl.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
[redacted]	INSURER A : Hudson Specialty Insurance Company	
	INSURER B : Chartis	
	INSURER C : Founders Insurance Compamy	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** ☑ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR ☐ ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC			HSGM04491	04/27/2017	04/27/2018	EACH OCCURRENCE	$ 1,000,000.00
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000.00
							MED EXP (Any one person)	$ 5,000.00
							PERSONAL & ADV INJURY	$ 1,000,000.00
							GENERAL AGGREGATE	$ 2,000,000.00
							PRODUCTS - COMP/OP AGG	$ 1,000,000.00
								$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ ☐						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
C	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N		Z071446802	05/13/2017	05/13/2018	☑ WC STATU-TORY LIMITS ☐ OTH-ER	100,000.00
							E.L. EACH ACCIDENT	$ 100,000.00
							E.L. DISEASE - EA EMPLOYE	$ 500,000.00
							E.L. DISEASE - POLICY LIMIT	$
[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Miami Beach is named as additionally insured with regards to the following project:
Project Name:
Project Address:
Project Description:
Duration of Construction Activity:

CERTIFICATE HOLDER

City of Miami Beach
1700 Convention Center Drive
Miami Beach, FL 33139

CANCELLATION

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

SAMPLE

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MIAMIBEACH

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PUBLIC WORKS DEPARTMENT

TEL: 305-673-7080, FAX: 305-673-7028

FIRE LINE SERVICES

(SEC. 45-6 City of Miami Beach Code)

IN CONSIDERATION of City of Miami Beach Fire Line service connections, the undersigned property owner(s) agrees as follows:

PROPERTY ADDRESS: _____

LOT:_____, BLOCK:_____, SUBDIVISION: _____

(1) That the fire line connection installed under permit by the Public Works Department:

(a) Shall be installed at the expense of the property owner(s).

(b) Shall be used for fire purposes, only, and shall have no connection whatsoever with any taps that may be used for other than fire purposes; and because of the danger of pollution, shall have no connection with any other source of supply, except in case a tank or fire pump is installed as a secondary supply.

(c) Shall have a check valve to prevent the water from these secondary supplies running back into the City mains.

(2) That the property owner(s) shall not draw any water whatsoever through such connection for a purpose except the extinguishment of fires or for periodic test of the fire system, which tests shall be made in the presence of a representative of the Public Works Department

(3) That any authorized representative of the Public Works Department shall have free access to the building at any reasonable time for the purpose of inspecting any fire line equipment.

(4) That the property owner shall set a detector check valve, which is the same diameter as the fire line in the fire connection at the line dividing the property of the owner and the street or alley. This check valve shall be satisfactory to the insurance companies and to the Public Works Department. Also the check valve shall be fitted with a by-pass meter, the purpose of which shall be to indicate whether or not water is being used through this connection, and for the further purpose of showing any leakage, if same exists.

(5) That a violation by the property owner of the regulations in this contract shall terminate the regulations set forth herein and because of such violation, the Public Works Department may disconnect the pipes or stop the flow of water through the same.

(6) That the said Public Works Department shall reserve the right to shut off the supply at any time in case of accident, when regular domestic service is shut off, or to make alterations, extension, connections or repairs, and, if possible the Public Works Department agrees to give due and ample notice of such shutoff.

We are committed to providing excellent public service and safety to all who live, work, and play in our vibrant, tropical, historic community.

(7) That the Public Works Department shall not make any guarantee as to a certain pressure in this pipe or in the main supplying the same, and shall not be, under any circumstances, held liable for loss or damage to the owner for deficiently or failure in the supply of water, whether occasioned by shutting off of water in case of accident or alteration, extension, connections or repairs or from any cause whatsoever.

(8) That when fire line valves or connections are used in case of fire or for any other purpose whatsoever, the owner shall immediately notify the Public Works Department.

IN WITNESS WHEREOF, the property owner has executed this agreement this_____day of_____, 20____.

_____
SIGNATURE OF PROPERTY OWNER

PROPERTY ADDRESS: _____
LOT:_____, BLOCK:_____, SUBDIVISION: _____

_____
PRINTED NAME OF ABOVE SIGNEE

_____
ADDRESS OF PROPERTY OWNER

STATE OF FLORIDA)
ss:
COUNTY OF MIAMI-DADE)

On this the_____day of_____, 20____, before me, the undersigned Notary Public of the State of Florida, personally appeared_____and whose name(s) is/are subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand and official seal.

Sworn before me this

____day of_____, 20____

_____
Signature of Notary Public

_____
Name of Notary Public

☐ Personally known to me; or
☐ Produced Identification:

_____
Type of Identification

☐Did take an oath or ☐Did not take an oath.

F:\work\$ALL\ (1) EMPLOYEE FOLDERS\CAREY OSBOURNE\CHECKLISTS\Fire Line Service Agreement.doc

We are committed to providing excellent public service and safety to all who live, work, and play in our vibrant, tropical, historic community.