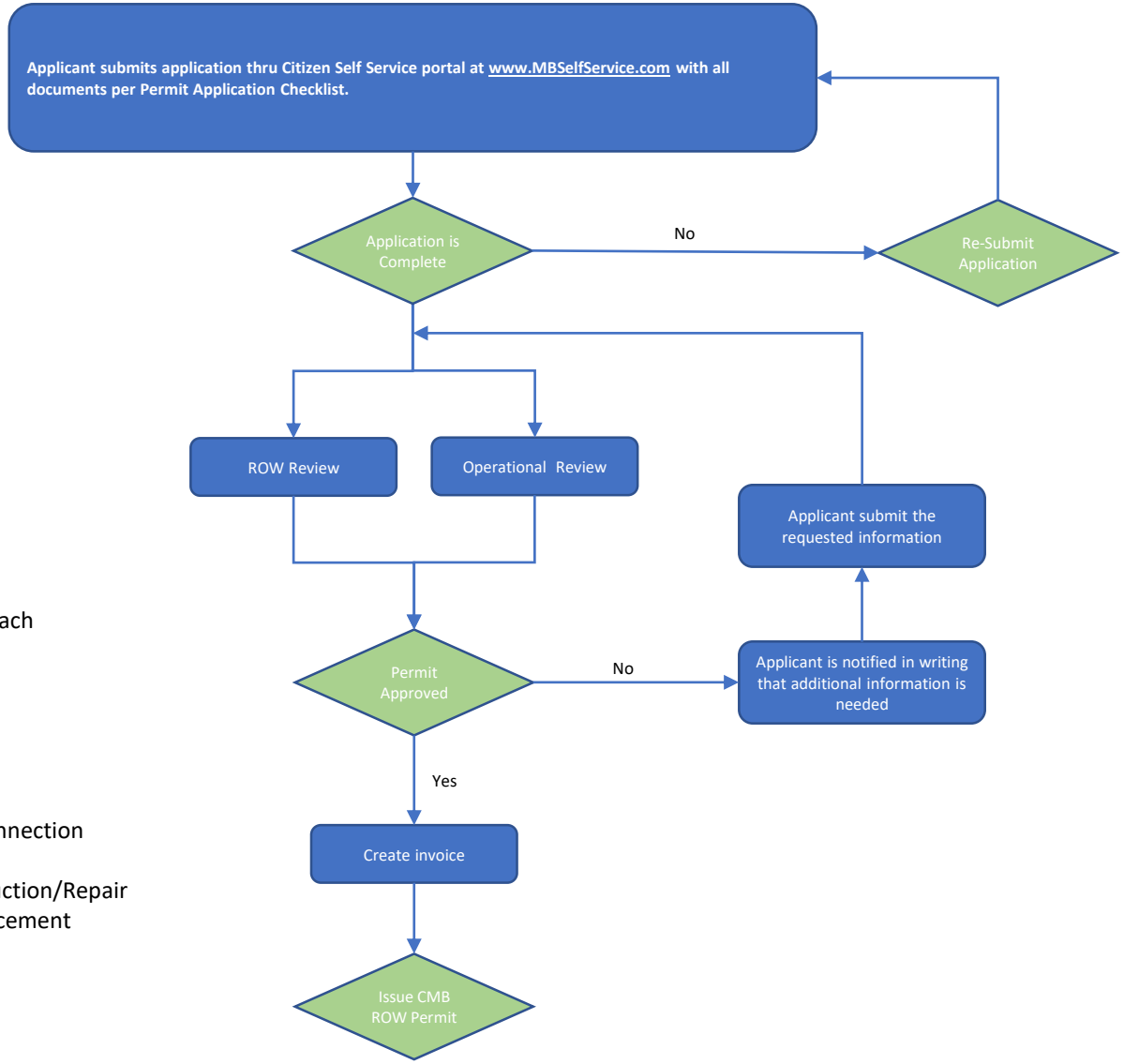
ELECTRONIC SUBMITAL



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
Sanitary Sewer Lateral Service Connection
Or Increased Sanitary Volume Service

When applying for a permit for a Sanitary Sewer Lateral connection, the following documents are required:

- ☐ Two (2) copies of the construction plans completed with plan and profile drawn to scale and signed & sealed by architect/engineer of record, identifying location of proposed sanitary sewer lateral.

The following are the minimum construction standards for construction of a sanitary sewer lateral in the right-of-way:

- ☐ Right-of-Way Permit for Lateral Service Installation
- ☐ Sanitary Sewer Service Connection inspection performed by Public Works
- ☐ Applicant to Field mark location of proposed sanitary sewer lateral to service property.

In accordance with the provision of Miami-Dade Ordinance No. 89-95 as currently in effect and as may be amended or revised in the future, the City of Miami Beach shall require all new retail users, as defined in the Ordinance, to pay the Miami-Dade County water and sewer connection charges. The City of Miami Beach shall not render water service, sewer service or both to any new retail user until a written receipt from the Miami Dade Department of Water and Sewer is provided showing that the Miami-Dade County connection charges have been paid.
"New retail user" is defined as any user who applies to a volume customer of the Department for water service, sewer service or both, or an existing user who applies for increased water service, sewer service or both.

MIAMIBEACH

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.com

PUBLIC WORKS DEPARTMENT

Tel: 305-673-7080; Fax: 305-673-7028

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 _____

MIAMIBEACH

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov

PUBLIC WORKS DEPARTMENT
Tel: 305-673-7080, Fax: 305-673-7028

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

© 1988-2010 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD