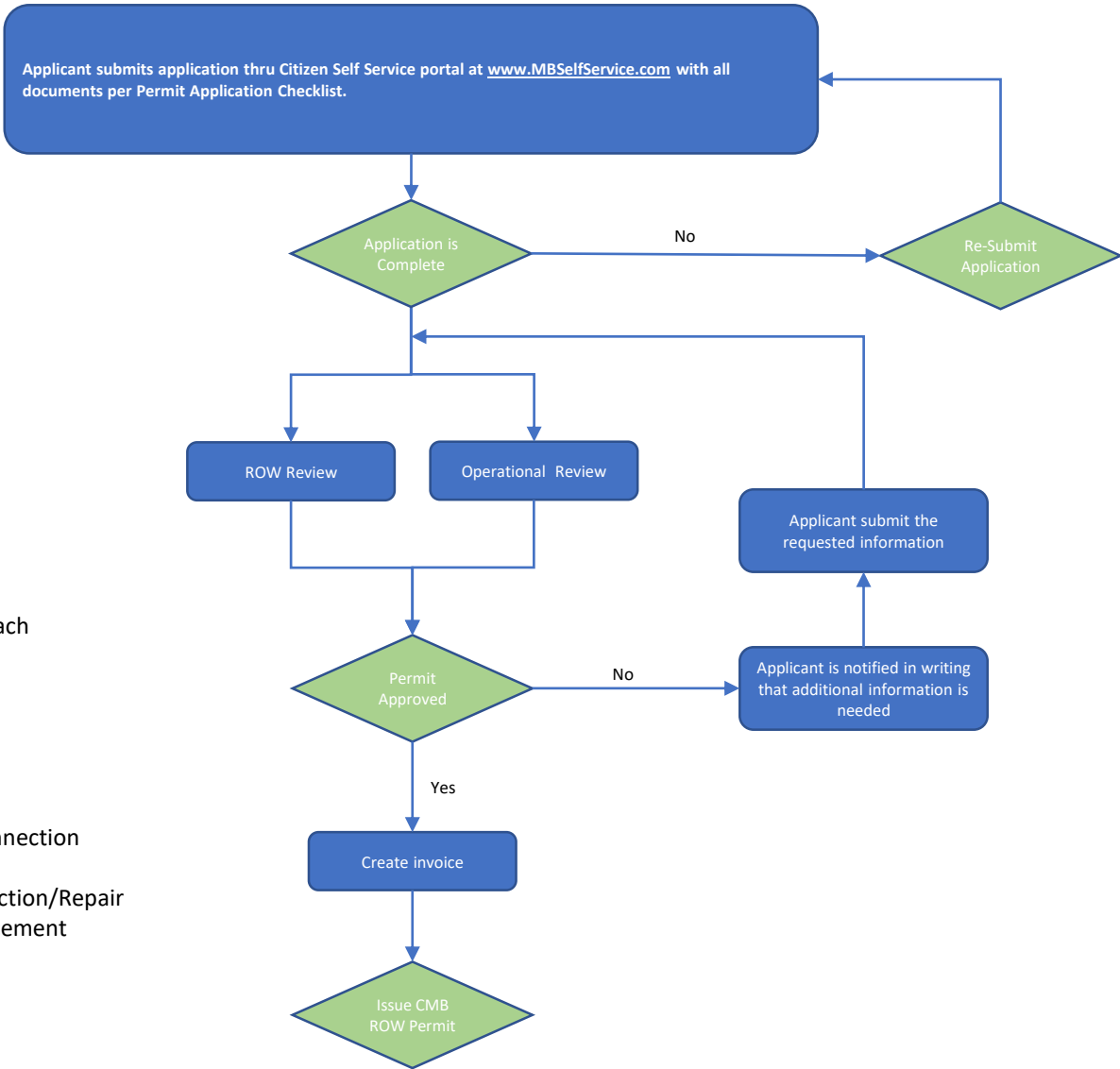


ELECTRONIC SUBMITAL



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



Permit Application Checklist Bus Shelter Installation

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

When applying for a permit for Bus Shelter Installation, the following documents are to be provided:

- Provide two (2) sets of the Engineer of Record signed/sealed drawings to include Plans/Profile sections and details, drawn to scale, (11"X17" minimum size) showing existing condition & proposed construction with elevations.
- Proof of Contractor's licensed with the State of Florida and Miami Dade County
- Provide certified Maintenance of Traffic Plan (MOT).
- Provide copy of notification letter to property owners in construction area (s).
- Provide photographs of existing sidewalk/curb/gutter/asphalt pre-existing conditions.

The following are Public Works minimum construction standards for Bus Shelter Installation in the right-of-way.

- Coordinate a pre-construction meeting and lane closure request at a minimum of 5 business days prior to beginning work within the City's right-of-way. Notify Public Works field inspectors at 305-673-7080, 48 hours prior to commencement of work.
- Proposed Bus Shelter lay-out to be white lined for visual location.
- Maintain a minimum 4' setback from face of curb.
- Maintain a minimum 5' clearance from taxi stand or counter window.
- Maintain a minimum 15' clearance from fire hydrant, fire call box, police call box, pedestrian crosswalk, disabled parking space, curb cut or from any emergency facility.
- All driveways will be maintained open at all times.
- Working hours within the City right-of-way shall be between the hours of 9:00 am- 4:00 pm
- Permittee is cautioned that utilities may be located within the construction area.
- Utility trench restoration to meet the City of Miami Beach Standard Detail SD-2003A
- Temporary restoration is to be field approved by the Public Works field inspector.
- Final asphalt application requires milling and resurfacing full travel lanes or as directed by the Public Works field inspector.
- Concrete designed pigment to be Miami Beach Red/ or Standard Grey (TBD by Inspector)
- A Maintenance of Traffic Plan (MOT), an off-duty Miami Beach Police officer or F.D.O.T. Certified Flagman may be required. A determination will be made by Public Works Engineering
- Properly secure construction site with barricades type II with flashers and/or fluorescent orange safety netted fabric to enclose work area completely.

The applicant must call Sunshine One Call of Florida at 800-432-4770 and the Miami Beach Public Works Department at (305) 673-7080 to mark underground utilities located in the construction zone.

Provide certified copy of cylinder/density test results prior to concrete placement

Following are the required inspections:

- Excavation Cut Form Work Full Sections of Sidewalk Full Section of curb & gutter
- Trench Restoration Asphalt Restoration Landscaping/Sod Restoration
- Irrigation Restoration Sub-Base Sidewalk pigment design mix Final

MIAMI BEACH

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
<input type="checkbox"/> <u>CITY SUB/CIP</u> <input type="checkbox"/> <u>F.D.O.T.</u> <input type="checkbox"/> <u>MIAMI-DADE COUNTY</u> NAME: _____ ADDRESS: _____ PHONE: _____ FAX/OFFICE: _____ EMAIL: _____	STREET ADDRESS: _____ WORK TO BE PERFORMED: _____ START OF WORK: _____ <div style="text-align: right;">MONTH.DAY.YEAR</div> EST. COMPLETION: _____ <div style="text-align: right;">MONT.DAY. YEAR</div>
OFFICE USE ONLY	RWP _____ CRANE BOND NO. _____
STANDARD REVIEW <input type="checkbox"/> LOCAL RD. \$330.00 _____ <input type="checkbox"/> COLLECTOR RD. \$440.00 _____ <input type="checkbox"/> ARTERIAL RD. \$1,029.00 _____ PRIORITY REVIEW <input type="checkbox"/> LOCAL RD. \$396.00 _____ <input type="checkbox"/> COLLECTOR RD. \$528.00 _____ <input type="checkbox"/> ARTERIAL RD. \$1,029.00 _____ PARTIAL DAY <input type="checkbox"/> LOCAL RD. \$165.00 _____ <input type="checkbox"/> COLLECTOR RD. \$220.00 _____ <input type="checkbox"/> CONSECUTIVE MULTI-DAY \$57.00 () _____ <input type="checkbox"/> BLOCKING RIGHT OF WAY (LOCAL & COLLECTOR) (_____ LF)(\$0.26)(_____ per day) _____ (_____ SQ. FT)(\$0.04)(_____ per day) _____ <input type="checkbox"/> BLOCKING RIGHT OF WAY (ARTERIAL) (_____ LF)(\$2.58)(_____ per day) _____ (_____ SQ. FT)(\$0.31)(_____ per day) _____ <input type="checkbox"/> STREET EXCAVATION 50' OR LESS \$374.00 _____ EACH ADD'L FT. \$3.14 () _____ <input type="checkbox"/> SIDEWALK REPAIR 50' OR LESS \$308.00 _____ EACH ADD'L FT. \$3.14 () _____ <input type="checkbox"/> SIDEWALK CONSTRUCTION 50' OR LESS \$308.00 _____ EACH ADD'L FT. \$3.14 () _____ SUB-TOTAL _____	<input type="checkbox"/> PAVING/RESURFACING 25' OR LESS \$308.00 _____ EACH ADD'L FT. \$6.68 () _____ <input type="checkbox"/> LINE AND GRADE SURVEY 50' OR LESS \$374.00 _____ EACH ADD'L FT. \$7.46 () _____ <input type="checkbox"/> DRIVEWAYS \$134.00 () _____ <input type="checkbox"/> FLUME (STORM SEWER) \$308.00 () _____ <input type="checkbox"/> UTILITY PLACEMENT \$308.00 () _____ ADD'L PER BLOCK \$14.93 () _____ <input type="checkbox"/> LANDSCAPING WITHIN PER TREE/BEDDING \$107.00 () _____ <input type="checkbox"/> URBAN FORESTRY APPROVAL <input type="checkbox"/> UNDERGROUND SERVICE CONNECTION EACH \$308 () _____ <input type="checkbox"/> MONITOR WELLS \$308 () _____ <input type="checkbox"/> REINSPECTION \$118.00 _____ <input type="checkbox"/> REVOCABLE PERMIT \$4,269.00 () _____ PER ADDRESS (375' R) \$0.53 () _____ <input type="checkbox"/> BLOCKING RIGHT OF WAY APP. FEE \$39.00 _____ <input type="checkbox"/> AFTER THE FACT FEE 4 () _____ <input type="checkbox"/> PERMIT EXT. (90 DAYS) \$134.00 _____ REFUNDABLE BOND: <input type="checkbox"/> 500 <input type="checkbox"/> 1K <input type="checkbox"/> 1500 <input type="checkbox"/> 2500 <input type="checkbox"/> 5K <input type="checkbox"/> 10K TOTAL _____

MIAMI BEACH

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)

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
INSURER(S) AFFORDING COVERAGE	
INSURER A :	Hudson Specialty Insurance Company
INSURER B :	Chartis
INSURER C :	Founders Insurance Company
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 EXP (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> 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 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ OFFICER/MEMBER EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Z071446802	05/13/2017	05/13/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 100,000.00 E.L. EACH ACCIDENT \$ 100,000.00 E.L. DISEASE - EA EMPLOYEE \$ 500,000.00 E.L. DISEASE - POLICY LIMIT \$

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**CANCELLATION**

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