

## ELECTRONIC SUBMITAL

Applicant submits application thru Citizen Self Service portal at [www.MBSelfService.com](http://www.MBSelfService.com) with all documents per Permit Application Checklist.

Application is Complete

No

Re-Submit Application

ROW Review

Operational Review

Permit Approved

No

Applicant submit the requested information

Applicant is notified in writing that additional information is needed

Yes

Create invoice

Issue CMB ROW Permit

## ROW Permits

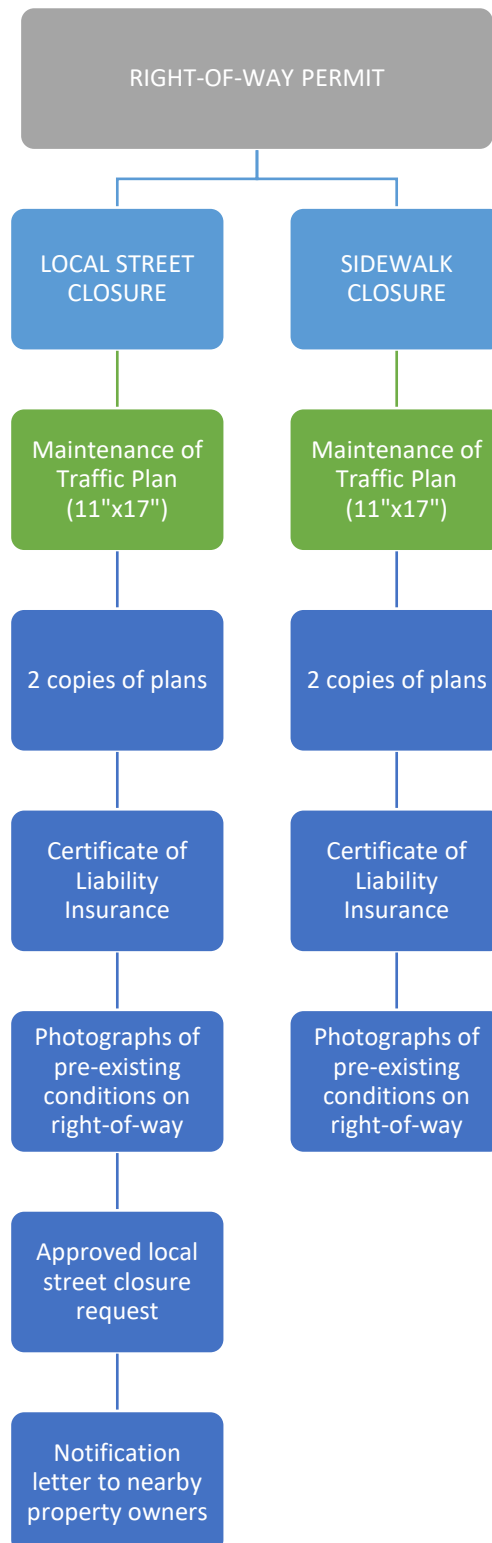
- Asphalt Driveway Approach
- Bus Shelter
- Concrete Driveway Approach
- Crane Set-up in ROW
- Decorative Paver Driveway Approach
- Fire Line Service Connection
- Generator Placement in ROW
- Landscape in ROW
- Local Street Closure
- Pedestrian Scaffolding Placement
- Public Storage Container in ROW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

# MIAMI BEACH

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, [www.miamibeachfl.gov](http://www.miamibeachfl.gov)

## PUBLIC WORKS DEPARTMENT

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





## Permit Application Checklist Local Street Closure

**(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 local street closure, the following documents are required:

- ☐ Provide two (2) sets of street closure plans drawn to scale, (11"X17" minimum size) showing existing street configuration to be occupied.
  - ☐ Provide certified Maintenance of Traffic Plan (MOT).
  - ☐ Provide copy of notification letter to property owners in designated street closure area (s).
  - ☐ Provide copy of approved local street closure request application with signatures of acceptance by the Chief of Police, Public Works Director and City Manager.
  - ☐ Photographs of existing sidewalk/curb/gutter/asphalt pre-existing conditions.
- 

The following are Public Works minimum required standards for local street closure within the right-of-way.

- ☐ Coordinate a pre-on-site meeting for local street closure implementation at a minimum of 5 business days prior to street closure within the City's right-of-way. Notify Public Works field inspectors at 305-673-7080, 48 hours prior to commencement of street closure.
- ☐ Street closing hours within the City right-of-way shall be as approved by the Chief of Police, Public Works Director, Transportation Director and City Manager.
- ☐ Temporary restoration 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
- ☐ 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

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:

- ☐ Full Sections of Sidewalk    ☐ Full Section of curb & gutter    ☐ Asphalt Restoration
- ☐ Landscaping/Sod Restoration    ☐ Sidewalk pigment design mix    ☐ Final

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## PUBLIC WORKS DEPARTMENT

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## 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>	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. _____
<b>STANDARD REVIEW</b>	<input type="checkbox"/> <b>PAVING/RESURFACING</b>
<input type="checkbox"/> LOCAL RD. \$330.00 _____	25' OR LESS \$308.00 _____
<input type="checkbox"/> COLLECTOR RD. \$440.00 _____	EACH ADD'L FT. \$6.68 (    ) _____
<input type="checkbox"/> ARTERIAL RD. \$1,029.00 _____	
<b>PRIORITY REVIEW</b>	<input type="checkbox"/> <b>LINE AND GRADE SURVEY</b>
<input type="checkbox"/> LOCAL RD. \$396.00 _____	50' OR LESS \$374.00 _____
<input type="checkbox"/> COLLECTOR RD. \$528.00 _____	EACH ADD'L FT. \$7.46 (    ) _____
<input type="checkbox"/> ARTERIAL RD. \$1,029.00 _____	
<b>PARTIAL DAY</b>	<input type="checkbox"/> <b>DRIVEWAYS</b> \$134.00 (    ) _____
<input type="checkbox"/> LOCAL RD. \$165.00 _____	
<input type="checkbox"/> COLLECTOR RD. \$220.00 _____	<input type="checkbox"/> <b>FLUME (STORM SEWER)</b> \$308.00 (    ) _____
<input type="checkbox"/> CONSECUTIVE MULTI-DAY \$57.00 (    ) _____	
<input type="checkbox"/> BLOCKING RIGHT OF WAY (LOCAL & COLLECTOR)	<input type="checkbox"/> <b>UTILITY PLACEMENT</b> \$308.00 (    ) _____
(    ) LF)(\$0.26)(    per day) _____	ADD'L PER BLOCK \$14.93 (    ) _____
(    SQ. FT)(\$0.04)(    per day) _____	
<input type="checkbox"/> BLOCKING RIGHT OF WAY (ARTERIAL)	<input type="checkbox"/> <b>LANDSCAPING WITHIN</b>
(    ) LF)(\$2.58)(    per day) _____	PER TREE/BEDDING \$107.00 (    ) _____
(    SQ. FT)(\$0.31)(    per day) _____	<input type="checkbox"/> URBAN FORESTRY APPROVAL
<input type="checkbox"/> <b>STREET EXCAVATION</b>	<input type="checkbox"/> <b>UNDERGROUND SERVICE</b>
50' OR LESS \$374.00 _____	CONNECTION EACH \$308 (    ) _____
EACH ADD'L FT. \$3.14 (    ) _____	
	<input type="checkbox"/> <b>MONITOR WELLS</b> \$308 (    ) _____
<input type="checkbox"/> <b>SIDEWALK REPAIR</b>	
50' OR LESS \$308.00 _____	<input type="checkbox"/> <b>REINSPECTION</b> \$118.00 _____
EACH ADD'L FT. \$3.14 (    ) _____	
	<input type="checkbox"/> <b>REVOCABLE PERMIT</b> \$4,269.00 (    ) _____
<input type="checkbox"/> <b>SIDEWALK CONSTRUCTION</b>	PER ADDRESS (375' R) \$0.53 (    ) _____
50' OR LESS \$308.00 _____	
EACH ADD'L FT. \$3.14 (    ) _____	<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 _____
<b>SUB-TOTAL</b> _____	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
	<b>TOTAL</b> _____



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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)

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 E-MAIL ADDRESS: leo@alltrustfl.com	FAX (A/C, No): (305) 949-1010
INSURED [REDACTED]	INSURER(S) AFFORDING COVERAGE INSURER A: Hudson Specialty Insurance Company INSURER B: Chartis INSURER C: Founders Insurance Company INSURER D: INSURER E: INSURER F:	
		NAIC #

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 (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) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ OFFICER/MEMBER EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y			Z071446802	05/13/2017	05/13/2018

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

PUBLIC WORKS DEPARTMENT

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

## LOCAL STREET CLOSURE

This is to inform you of a local street closure:

Name of Event: \_\_\_\_\_

Time (s): \_\_\_\_\_

Date (s): \_\_\_\_\_

Address: \_\_\_\_\_

Location (s): \_\_\_\_\_

Police Coordinator: \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(see attachments)

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

☐ APPROVED

DENIED ☐

\_\_\_\_\_  
Right of Way Manager or Designee

\_\_\_\_\_  
Date

☐ APPROVED

DENIED ☐

\_\_\_\_\_  
Transportation Director or Designee

\_\_\_\_\_  
Date

☐ APPROVED

DENIED ☐

\_\_\_\_\_  
Public Works Director or Designee

\_\_\_\_\_  
Date

☐ APPROVED

DENIED ☐

\_\_\_\_\_  
Chief of Police or Designee

\_\_\_\_\_  
Date

☐ APPROVED

DENIED ☐

\_\_\_\_\_  
City Manager or Designee

\_\_\_\_\_  
Date

CC: Roy Coley, Public Works Director  
Jay Fink, Public Works Assistant Director  
Rodney Knowles, Greenspace Division Director  
Jose Gonzalez, Transportation Director