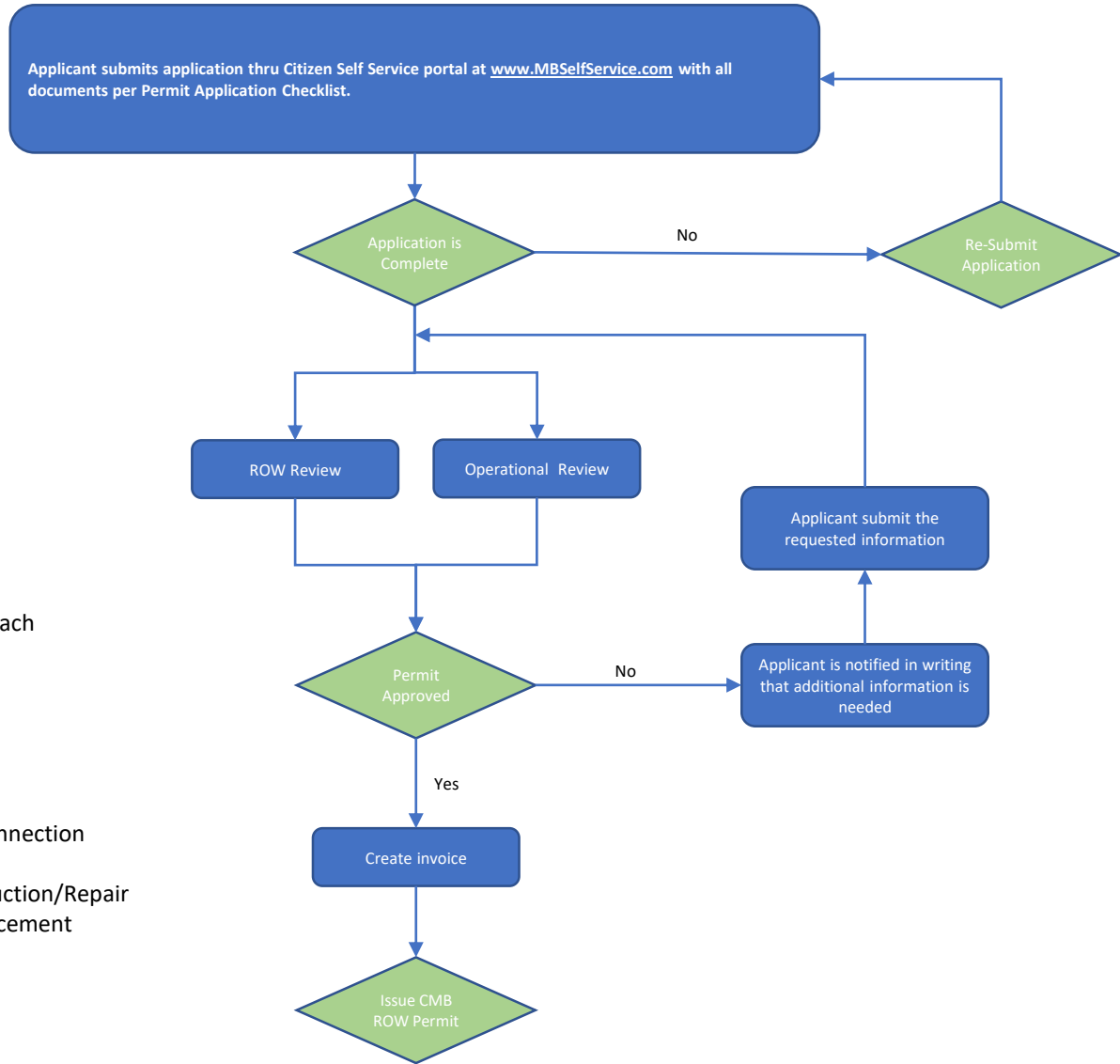


ELECTRONIC SUBMITAL



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





Permit Application Checklist Public Storage Container

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

When applying for a permit for Storage Container placement, the following must be provided:

- Two (2) sets of site plan drawn to scale, (11"x17" minimum size), to include Right-of-Way dimensions identifying property lines. Site plans must show container placement in designated area i.e. parking/ loading zone; load off - pick-up date (s) to be noted on plan.
 - Container placement requires location approval by Code Compliance Department prior to Right- of -Way Permit issuance. Note: Storage Container shall be permitted for 7 days Maximum within the right of way subsequent day(s) subject to Code Compliance Enforcement issuance of Violation (s).
 - Provide current copy of Certificate of Insurance Liability/Workmen's Compensation coverage to be approved by the City's Risk Management Division
 - \$500.00 minimum sidewalk bond or security deposit
 - Photographs of existing sidewalk/curb/gutter/asphalt pre-existing conditions
 - Proof (receipt) of parking meter space purchased/loading zone approval from City of Miami Beach Parking Enforcement Division (Parking Enforcement 305-673-7000 Ext. 6729).
 - 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 (City of Miami Beach Off-duty Police 305-673-7823)
-

The following are Public Works minimum standards for Storage Container placement within right-of- way.

Storage Container to meet all permitting requirements prior to load off/occupy approved placement zone.

Barricades with flashers may be required. A determination will be made by Public Works Engineering.

Following are the required inspections:

- Sidewalk/curb and gutter
- Asphalt

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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> NAME: _____ ADDRESS: _____ PHONE: _____ FAX/OFFICE: _____ EMAIL: _____	STREET ADDRESS: _____ WORK TO BE PERFORMED: _____ START OF WORK: _____ MONTH.DAY.YEAR EST. COMPLETION: _____ MONT.DAY. YEAR
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 _____

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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		
	INSURER(S) AFFORDING COVERAGE		
	INSURER A : Hudson Specialty Insurance Company		NAIC #
INSURED [REDACTED]	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 VVD	POLICY NUMBER	POLICY (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			HSGM04491	04/27/2017	04/27/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	<input type="checkbox"/>						PERSONAL & ADV INJURY \$ 1,000,000.00
	<input type="checkbox"/>						GENERAL AGGREGATE \$ 2,000,000.00
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$ 1,000,000.00
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>	<input type="checkbox"/>					\$
C	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Z071446802	05/13/2017	05/13/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 100,000.00
	ANY PROPRIETOR/PARTNER/ OFFICER/MEMBER EXCLUDED (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 100,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y					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