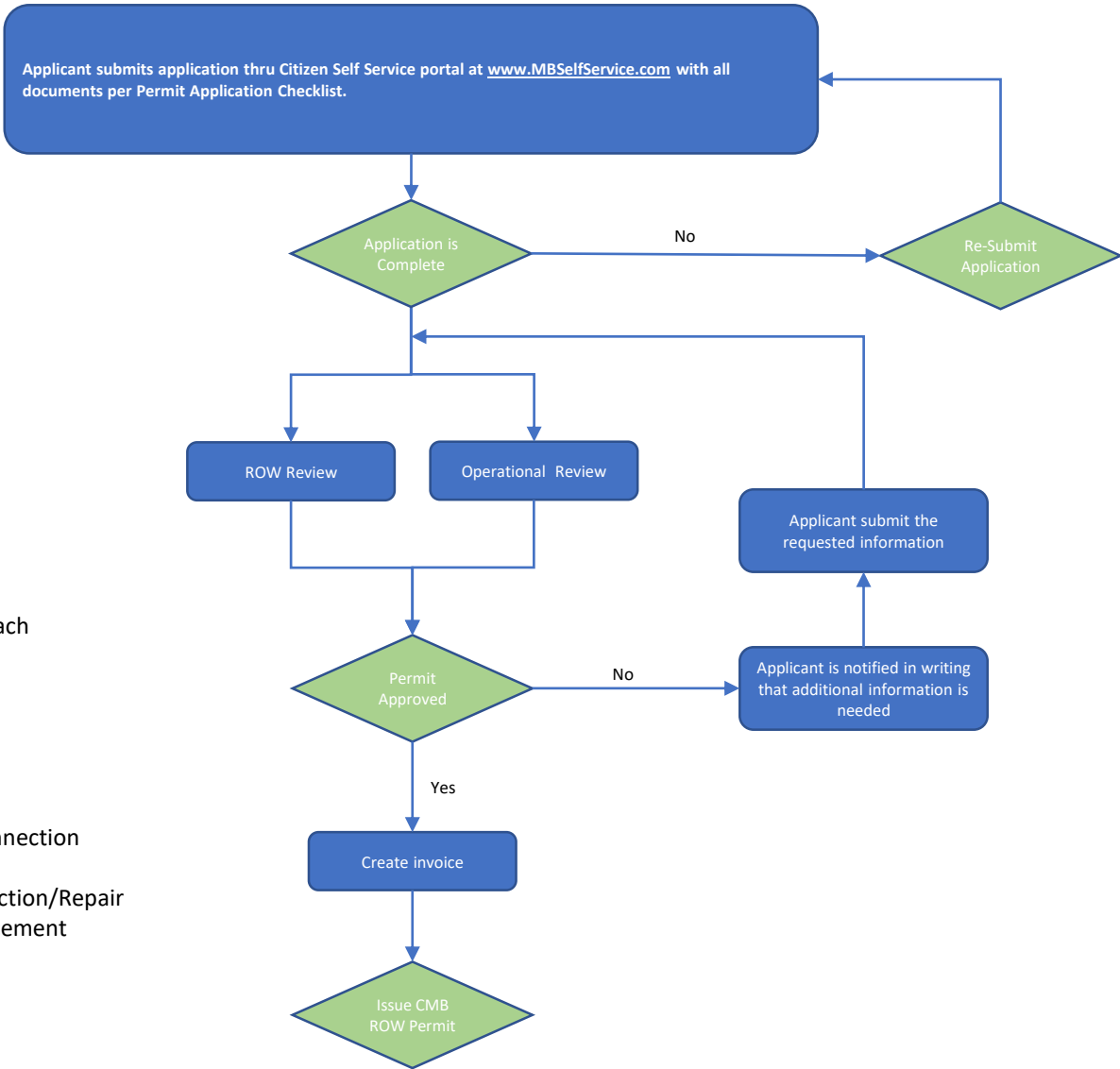


ELECTRONIC SUBMITAL



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

SIDEWALK CURB AND GUTTER CONSTRUCTION/REPAIR

Boundary Survey

2 copies of plans

Proof of Ownership

Proof of
Contractors License

Maintenance of
Traffic Plan
(11"x17")



Permit Application Checklist Sidewalk Curb & Gutter Construction/Repair

(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 Sidewalk, Curb & Gutter Construction/Repair the following documents are required:

- Certified Property Survey less than 2 years old
- Two (2) sets of Sealed Plans/Profile section drawn to scale, (11"X17" minimum size)
- Proof of Property Ownership
- Proof of Contractor's licensed with the State of Florida and Miami Dade County
- Florida Department of Transportation permit required for state roads and right of ways
State roadways: Alton Road, 5th Street, 41st Street (Arthur Godfrey Rd), Collins Avenue, 63rd Street, 71st Street/ Normandy Drive., and Indian Creek Drive.
No decorative driveway approaches allowed on F.D.O.T. roadways.
- Miami Dade County permit required for County roads and Right-of- Way
Miami-Dade County roadways: 23rd Street, Dade Blvd, Pine Tree Drive, La Gorce Drive and Venetian Causeway
- Maintenance of Traffic Plan (M.O.T.) An off-duty Miami Beach Police officer of F.D.O.T. Certified flagman may be required. A determination will be made by Public Works Engineering.

FDOT - District 6 Permit Office, 1000 NW 111 Ave., Miami, FL 33172 (305-470-5367)
Miami-Dade County Public Works 111 NW 1st Street, Miami FL 33132 – Ph. 305-375-2142)

Following are Public Works minimum construction standards for Sidewalk Curb & Gutter Construction/Repair

- 4" minimum depth for sidewalk section.
- \$2,500 minimum bond required for owner/builder.
- Florida Department of Transportation permit required for state roads and right of way.
- 4000 PSI concrete in sidewalk section.
- Compact sub-base with mechanical tamper to achieve 98% density prior to concrete pour
- Copies of batch tickets for concrete batch samples.
- Two (2) #5 reinforcing bars in curb section (entire length).
- Two (2) #5 reinforcing bars in gutter section (entire length).

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

Following are the required inspections:

- Excavation Form Work Full Sections of Sidewalk Full Section of Curb/Gutter
- Sub base Sidewalk pigment design mix Final

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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: _____ MONTH.DAY.YEAR EST. COMPLETION: _____ MONTH.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)

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.

INSTR 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"/> PROJECT <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