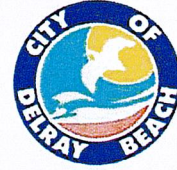


# MAINTENANCE OF TRAFFIC FORM

1st Mobilization - Underground Utility Install



## Section 1: Applicant Information

Applicant Name: NOSOCO, Inc. Applicant Phone: 561-441-1232  
Applicant Email: Richard.Rohde@ophotels.com  
Applicant Address: 1001 East Atlantic Avenue, Suite 202, Delray Beach, Florida 33483  
(Address, City, State, Zip Code)  
City Project Manager (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_  
Agency responsible for this project ☒ City ☐ County ☐ FDOT ☐ Other: \_\_\_\_\_  
On-site/Emergency Contact Phone: Richard Rohde 561-441-1232

## Section 2: Project information

Right of Way Permit # (obtain Public Works Engineering): \_\_\_\_\_  
Project Name: The Strand-South Tower  
Project Address: 150 SE 3rd Avenue, Delray Beach, Florida 33483  
(Address, City, State, Zip Code)

### Specific Dates and times requested for MOT implementation:

Please identify a start date that is at least two weeks from the submittal date. The approval of an MOT application may require up to two weeks from the time that all required documents are received by TAM staff.

Begin Date: 10/20/2025 Begin Time: 9:00 am  
End Date: 11/28/2025 End Time: 3:30 pm

## Section 3: Project Details

- ☐ Partial or Shoulder Closure  
☐ Full Road Closure (detour): Under 72 Hours  
☐ Sidewalk Closure: Under 72 Hours  
☒ Full Road/Sidewalk Closure: More than 72 Hours
- Daily Setup/ Breakdown ☐ YES ☒ NO  
Parking Meters Impacted\* ☐ YES ☒ NO

## Section 4: Type of Work Description

Please make sure to include the following information in the description:

- List the names of affected streets and the nearest intersection. Use complete street names, including directionals.
- Describe the nature of the construction and any phasing plans. A separate MOT application is required for each phase.
- Describe any specific safety hazards that the work may produce during construction (i.e., large holes, etc.).

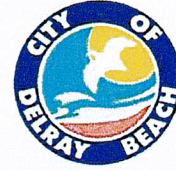
Street affected will be SE 3rd Ave - between SE 2 St and 1st St (as shown on MOT plan)

Construction will be to install underground storm sanitary and water lines

Safety Hazards may be the trenches on road.



# MAINTENANCE OF TRAFFIC FORM



## Section 5: MOT Description

Please make sure to include the following information in the description:

- List the lanes that will be open and closed on each street and describe any necessary detours in detail. If detours are not required, please state that below.
- State if flagmen will be provided.
- State if the MOT will be continuous or intermittent. If intermittent, state the times of the day the MOT will be in effect.
- State any other special considerations related to this request.

Road Closure at SE 3rd Ave - approx 415 LF NB on 3rd Ave.

Continuous MOT Detour as shown on MOT plan

## Section 6: Mot Form checklist (Provide one copy of each attachment.)

- |  |  |
|--|--|
| <input type="checkbox"/> Completed Required Signatures Form          | <input type="checkbox"/> Certification(s) for Traffic Control Technician or Traffic Control Supervisor must be embedded on MOT plans along with FDOT indexes/MUTCD documents |
| <input type="checkbox"/> Color aerial(s)/MOT Plan with index overlay |  |
| <input type="checkbox"/> County and State approvals (if required)    | <input type="checkbox"/> Plan of work (optional, but preferred)  |
| <input type="checkbox"/> Parking Mitigation (if required) FDOT Index |  |
| <input type="checkbox"/> MUTCD Reference Drawing(s)                  |  |

## Section 7: Additional comments

Please note: the approval of a Mot application may require up to two weeks from the time that all required documents in the checklist above are received by staff. any rejected Mot submittal that is corrected and sent back will be considered a new submittal, which may require up to two additional weeks to approve. additional time may be needed for more complex plans or plans requiring additional coordination/information.

In signing this application, I understand that separate City and/or County and/or State permits may be required for this project. Furthermore, I am aware that I am responsible for ensuring that the project is completed in accordance with the plans and specifications as stipulated in the permit approval condition.\*

*Richard J. Rothde*  
(Applicant Signature)

RICHARD J. ROTHDE  
(Print name/title)

9/18/25  
(Date Signed)

As a consideration for the permission granted herein, NOSOCO, INC. agrees to indemnify and hold harmless the City of Delray Beach for any damages, claims, or injuries that may result from the MOT plan approved under the PERMIT.

NOSOCO, Inc.  
(Name of Company)

BY: \_\_\_\_\_  
(COMPANY AUTHORIZED AGENT)



# MAINTENANCE OF TRAFFIC FORM

## 2nd Mobilization - Final Asphalt, Stripping & Signage



### Section 1: Applicant Information

Applicant Name: NOSOCO, Inc. Applicant Phone: 561-441-1232  
Applicant Email: Richard.Rohde@ophotels.com  
Applicant Address: 1001 East Atlantic Avenue, Suite 202, Delray Beach, Florida 33483  
(Address, City, State, Zip Code)  
City Project Manager (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_  
Agency responsible for this project ☒ City ☐ County ☐ FDOT ☐ Other: \_\_\_\_\_  
On-site/Emergency Contact Phone: Richard Rohde 561-441-1232

### Section 2: Project information

Right of Way Permit # (obtain Public Works Engineering): \_\_\_\_\_  
Project Name: The Strand-South Tower  
Project Address: 150 SE 3rd Avenue, Delray Beach, Florida 33483  
(Address, City, State, Zip Code)

### Specific Dates and times requested for MOT implementation:

Please identify a start date that is at least two weeks from the submittal date. The approval of an MOT application may require up to two weeks from the time that all required documents are received by TAM staff.

Begin Date: 12/01/2026 Begin Time: 9:00 am  
End Date: 01/08/2027 End Time: 3:30 pm

### Section 3: Project Details

☐ Partial or Shoulder Closure  
☐ Full Road Closure (detour): Under 72 Hours  
☐ Sidewalk Closure: Under 72 Hours  
☒ Full Road/Sidewalk Closure: More than 72 Hours

Daily Setup/ Breakdown ☐ YES ☒ NO  
Parking Meters Impacted\* ☐ YES ☒ NO

### Section 4: Type of Work Description

#### Please make sure to include the following information in the description:

- List the names of affected streets and the nearest intersection. Use complete street names, including directionals.
- Describe the nature of the construction and any phasing plans. A separate MOT application is required for each phase.
- Describe any specific safety hazards that the work may produce during construction (i.e., large holes, etc.).

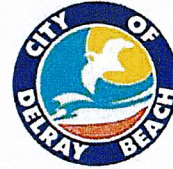
Street affected will be SE 3rd Ave - between SE 2 St and 1st St (as shown on MOT plan)

Construction will be to install the final lift of asphalt, stripping and signage

Safety Hazards may be the trenches on road.



# MAINTENANCE OF TRAFFIC FORM



## Section 5: MOT Description

**Please make sure to include the following information in the description:**

- List the lanes that will be open and closed on each street and describe any necessary detours in detail. If detours are not required, please state that below.
- State if flagmen will be provided.
- State if the MOT will be continuous or intermittent. If intermittent, state the times of the day the MOT will be in effect.
- State any other special considerations related to this request.

Road Closure at SE 3rd Ave - approx 415 LF NB on 3rd Ave.

Continuous MOT Detour as shown on MOT plan

## Section 6: Mot Form checklist (Provide one copy of each attachment.)

- |  |  |
|--|--|
| <input type="checkbox"/> Completed Required Signatures Form          | <input type="checkbox"/> Certification(s) for Traffic Control Technician or Traffic Control Supervisor must be embedded on MOT plans along with FDOT indexes/MUTCD documents |
| <input type="checkbox"/> Color aerial(s)/MOT Plan with index overlay |  |
| <input type="checkbox"/> County and State approvals (if required)    | <input type="checkbox"/> Plan of work (optional, but preferred)  |
| <input type="checkbox"/> Parking Mitigation (if required) FDOT Index |  |
| <input type="checkbox"/> MUTCD Reference Drawing(s)                  |  |

## Section 7: Additional comments

**Please note: the approval of a Mot application may require up to two weeks from the time that all required documents in the checklist above are received by staff. any rejected Mot submittal that is corrected and sent back will be considered a new submittal, which may require up to two additional weeks to approve. additional time may be needed for more complex plans or plans requiring additional coordination/information.**

In signing this application, I understand that separate City and/or County and/or State permits may be required for this project. Furthermore, I am aware that I am responsible for ensuring that the project is completed in accordance with the plans and specifications as stipulated in the permit approval condition.

*Richard J. Rothe*  
(Applicant Signature)

RICHARD J. ROTH  
(Print name/title)

9/18/25  
(Date Signed)

As a consideration for the permission granted herein, NOSOCO, INC. agrees to indemnify and hold harmless the City of Delray Beach for any damages, claims, or injuries that may result from the MOT plan approved under the PERMIT.

NOSOCO, Inc.  
(Name of Company)

BY: \_\_\_\_\_  
(COMPANY AUTHORIZED AGENT)