

## **EVENT PERMIT**



Ordinance 17-08

## 1826 Boot Drive for MDA/Southwest Florida Professional Fire Fig.

PERMIT NUMBER: TMP2019-00049

Date(s) of Event: March 8, 2019 through March 10, 2019 from 7:00am until

7:00pm (Rain Dates March 15, 2019 through March 17,

2019 7:00am until 7:00pm)

Property Owner:

LEE COUNTY ROW

Applicant:

**ERIN RANDALL** 

239-437-6900

Description:

Lee County fire fighters will solicit at designated intersections to raise crucial funds

for our Southwest Florida MDA families.

Location of event:

15 COLLEGE PKWY

Various designated intersections

Will the event be attended by 1000 or more people? No

Yes Will the event be held on County Owned Property?

Will there be alcohol consumed or sold at the event?

No

Will a bond be posted for this event? No

#### Permit Conditions:

- \* Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- \* The premises is to be left in the same condition as it was prior to the event.
- \* The permit is to be readily available for inspection during the entire event.
- \* If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners

Lee County, Florida

County Manager

ftmpprmt specialevent.rpt

Date



## **Event Application**

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

TMP 2019-00049



#### **Event Application**

### Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- □ USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Local 1826 Boot Drive for MDA/Southwest Florida Professional Fire Fighters
Date(s) of Event / Production:	3/8/19-3/10/19 Rain Dates: 3/15/19-3/17/19
Location(s) of Event:	See attachment for list of intersections
Name of Applicant:	Erin Randall
Applicant Address:	6315 Presidential Court Suite 140 Fort Myers, FL 33919
Applicant Phone Number:	239-437-6900 or 239-222-3502
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	erandail@mdausa.org
Estimated Attendance:	8-10 fire fighters per intersetion
Event Description: Include each activity, when activities take place, etc.	Lee county fire fighters will solicit at designated intersections to raise crucial funds for our Southwest Florida MDA families
Hours of Operation:	7am-7pm
STRAP # of Parcel:	
Owner of Premises*:	

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



#### Fill out the following questions for allpermit types:

What is the Zoning Classification	of the premises?	
Are any temporary structures to	be installed for the event? Tyes 💢 No	Type:
Do you have the appropriate per	mits for the temporary structures?	├─ Yes
* For a 'Special Event' and 'Use of indentified, including all parking a	of County Property' permit, submit a site plan varies.	with all proposed facilities and activities
Insurance Company Insuring the	Event: Muscular Dystrophy Association	
Note: Certificate of Insurance must be s	submitted at time of application	·
Surety Company Bonding this Ev	ent (Name and Address):	
Will Vehicles be Used as Part of Event?	f This Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
⊤Yes ⋉ No	├─ Yes	⊤Yes 🔀 No
If yes, automobile coverage must included on the certificate of insura		If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food:	n	
Type of Food being Served:		
Section II - USE OF COU	NTY PROPERTY PERMIT	
Organization Sponsoring the Ev	ent:  AFF Local 1826 Lee County Fire Fighters	
	ions for Solicitation in the County Rights-of-V	Vay:
Name of Charity: Muscular Dyst	rophy Association	
Address of Charity: 6315 Preside	ential Court, Ste 140 Fort Myers, FL 33919	
Phone Number: 239-437-6900		
Non-profit certificate/registrati	ion number: 131665552	
(Proof of registration with the Dept. of Agr	riculture & Consumer Services \$496.405 or proof the organiza	tion is exempt from this requirement. §316.2045)
Section III - SALE/CONS	UMPTION OF ALCHOLIC BEVERAGE	S PERMIT
Is alcohol being sold/consumed If Yes, then a "Lee County Alcohol Permit" I	on County Property? is required. Only non-profit organizations can sell alcohol on C	┌─Yes          No ounty Property.
Non-profit certificate/registrat (Required if alcohol is to be <u>SOLD</u> at the ev	ent)	
Please note: A permit from the State further details	of Florida Division of Alcoholic Beverages and Tobacco	may also be required, please call (239) 344-0885 for



#### Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

TV Movie or Special	TV Series / Pilot	1 '	TV Comme		I	Still Photos
Public Service Announcement	Industrial / Documentar	у Г.	Other:		· · · · · · · · · · · · · · · · · · ·	
any of the following be neede	d or included*?					
Street Closure	+ + - + + + +	·	┌ Yes	Γ	No	
Traffic / Crowd Cont	rol		T Yes	Γ	No	
Fire or Burning			j⊤. Yes	Γ	No	•
Explosives or Pyrote	chnics		┌: Yes	厂	No	
Animals, Large or Sr	nall		├ Yes		No	
Construction of Any	Kind		☐ Yes	Γ	No	
Large and/or Nume	rous Vehicles		厂. Yes	Γ	No	
Helicopters, Boats,	etc.	. :		•	No	
Stunts			Yes	Γ.	No	* <b>(</b>
Other			┌ Yes	Γ	No	•
pecial Parking Requirements:						
ppecial ranking nequirements.					~	
	•					
•	•					
City or County Services Require	d: (Personnel, equipment, fa	icilities,	etc.)			
				<b>~</b> ! •		
The following information is rec the industry. If exact figures ar	quired for local and state reco e not available, please estima	ords on p ate as clo	oroduction in osely as poss	Florio ible.	la to	track the economic imp
Number in Cast:	Number in Crew	/;	Nu	mber (	of loc	als hired:
Total budget:	Estimate amour	nt spent li	Lee County:			
Hotel room nights:	Number of shoo	ting days	i:			
HOLE LOOM INDIVEN	•	-				

#### Applicant Agreement - Signature Required



#### **SECTION I - SAFETY**

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

#### **SECTION II - INSURANCE**

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

#### SECTION III - INDEMNIFICATION

The Applicant agrees to Indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted permises or improvement thereto, or arising from the use of the premises.

#### SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

#### **Applicant Agreement - Signature Required**



#### **SECTION V - AGREEMENT**

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

County property in question of in the permit tesens	
The applicant does acknowledge and hereby affirms that a his/her knowledge.	ny and all information is accurate to the best of
A Brakk Signature of Applicant	Eucs Kanday Witness
Jennifer A Buzulski VPoffinance	Erin Randau
Print Name of Applicant and Title	Print Name of Witness
2 (u   19	Date / LU K



#### LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS, FLORIDA33912 (239) 477-1199

Check the approprie	ate box(es) belo	ow;					
	ENT PERMIT						
USE OF CO	UNTY PROPERTY	PERMIT					
PERMIT TO	SELL AND CONSU	IME ALCOHOL	IC BEVERAGES	WITHIN LE	COUNTY FACI	LITIES	
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Parking:	Parking in author	ized areas only	y. Flow of traffic	must not be	ітреаев.		
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Deputies (How Many?):	None						
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Fee for Services:	None						
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Special Arrangements:	Participants mus	t not interfere	with the flow of	traffic.			
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	Print Name:	Lt. K. Sonier	2 /				
		PINI	1 - 0-	~ ~ ~		•	
	Signature:	J. Jus	Jun 75C	987			•
	Title:	Special Even	ts, Permits and	Details			
	<b>-</b>	//-	1.0				
•	Date:	1/1/	/17				
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#### FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

Fire Guards (How Many?)	3							
Fee for Services:	IN/A				:			
Flammable Vegetation:	N/A							
First Ald Equipment:	E181 - ALS Engine	····· · · <del>-</del> -·						-
Fire Extinguishing:	E181			`				
Special Arrangements:	Call 9-1-1 in case	or emergency						
	,						·	
	Print Name: Signature: Title: Date:	Jeff Pawul Fire Chief	9			-		• *



#### FIRE DEPARTMENT

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Check the approprie	ate box(es) below:		**		,
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Fire Guards (How Many?)	N/A.		and the standard Community Standard (1969 \$1.87).		
Fee for Services:	NA				
Flammable Vegetation:	N/A		in an annual property of the best of the second		
First Aid Equipment:	NA				
Fire Extinguishing:	NA				
Special Arrangements:					
		Scott A. Vand	erbrook		general and an energy security of a state of
	Print Name: Signature:	Jan Allan			*
	Title:	1/21/19	457		



#### FIRE DEPARTMENT

Check the appropr	iate box(es) be	elow:		•	•			
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	Signature:	Il	1). (a	ufill		······································		
	Title:	FIRE	CHIEF	d CITI	4. 05	FT.	MYE	RS.
	Date:	1/16/20					,	



#### FIRE DEPARTMENT

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	Print Name: Signature: Title: Date:	Ronald L Ronald Fire Marsh 1/15/2019	L Martin	n-GAsst C	hief		·



#### FIRE DEPARTMENT

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	Date:	1/15/	19		و المستقدم به المستوية و المراجعة		



#### FIRE DEPARTMENT

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FILM PERM					
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	Signature:	200			, si
	Tieles	mel m	FIRE O	ier	
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•	Date:	21/15/	2019		
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#### FIRE DEPARTMENT

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Fire Guards (How Many?)	N/A		11.54			na ee lagaanaan ah a iyo ee ah waxaan ah ahaad a baara
ee for Services:	N/A.	e				
Flammable Vegetation:	N/A					
First Ald Equipment:	N/A					
Fire Extinguishing:	N/A					
Special Arrangements:	N/A			A		
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	Print Name Signature:	David Camba	areti		,	
	Title:	Fire Chief			g <sub>e</sub> enreliëe	
	Date:	01-14-2019			<del></del>	



#### FIRE DEPARTMENT

Check the appropri	ate box(es) below:
FILM PERM	UNTY PROPERTY PERMIT
AFTER REVIEWING THE WILL REQUIRE THE APPLI	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	N/A
Fee for Services:	MA
Flammable Vegetation:	MA
First Aid Equipment:	NA
Fire Extinguishing:	A/A
Special Arrangements:	uda
	Print Name: DAVIO HOWAED  Signature: Dan I Abom
	Title: IMFD FIRE CHIEF  Date: 1-14-2019



#### FIRE DEPARTMENT

FILM PERM	ENT PERMIT UNTY PROPERTY PERMIT	ur organizatión
Fire Guards (How Many?)		
Fee for Services:		
Flammable Vegetation:		
First Aid Equipment:		Market Ma
Fire Extinguishing:		
Special Arrangements:		
	Print Name: Robert A. Dilallo Signature: Raldo Aulto Title: Fire chief Date: 1/14/19	



#### FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

Check the appropri	ite box(es) beloi	w:		•		
☐ SPECIAL EVI ☐ USE OF COI ☐ FILM PERM	ENT PERMIT JNTY PROPERTY P IT	ERMIT			,	
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First Aid Equipment:				and the second s		has selected at the second color
Fire Extinguishing:				-		
Special Arrangements:			A Commission of A Market Parkets			
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	Signature:	- ANG	2.69.14	2		
	Title: Date:	Fice 1/14/1	Chief		· 	
	Specific Spe					

Page | 7



#### FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

Check the appropriate box(es) below:

FILM PERM	UNTY PROPERTY PERMIT
AFTER REVIEWING THE A WILL REQUIRE THE APPLI	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	4-7 per intersection
Fee for Services:	$\phi$
Flammable Vegetation:	minimal median vegitation only
First Aid Equipment:	Full advanced life support equipment
Fire Extinguishing:	Engine and/or Ladder truck, 750 gals per minute.
Special Arrangements:	All participants will have full reflective vests worn.
	Print Name: Ben Bengston  Signature: B- B-  Title: Fire Chief South Trail Fire District  Date: 1/14/19
	Page   7



# EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 14752 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912 (239) 533-3911

Check the appropria	ite box(es) below	<b>/:</b>
SPECIAL EVI	ENT PERMIT	
USE OF COL	JNTY PROPERTY PE	RMIT
FILM PERM		
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEA	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	No additional precau	tions necessary.
Fee for Services	Not applicable.	
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverage, contact our office at
	Print Name:	Robert Bertulli
	Signature:	16 lbgs
	Title:	Deputy Chief, Office of EMS Operations
	Date:	01/30/2019



#### DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL33901 (239) 533-8580

Check the approprie	ate box(es) belo	ow:	
✓ USE OF CO		PERMIT IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLICANT TO COMPL	EASE INDICATE BELOW WHAT ARRANGEMENTS LY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Parking:	No event parking o	n Lee County maintained roads.	10. 20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1
Ingress and Egress:	Use all established	means of ingress and egress.	
Special Arrangements:	responsible for imp Conditions for Colle Roadways" attache	eriff's Office for assistance with traffic control, if necessary. olementing the Traffic Safety Plan, the min. requirements a ection of Donations in County Rights-of-way and Un-incored as conditions of permit. (Refer to "highlighted" List of Application approaches as part of the general permit conditions to authorization for solicitations on roads which are maintal	porated Lee County proved County s). Note: Lee County does
	,		
*	Print Name: Signature:	Bryan Miller  Digitally signed by Bryan D. Miller Date: 2019.01.25 09:49:31 -05'00'	-
	Title:	Senior Project Manager	_
	Date:	January 25, 2019	-



#### LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

USE OF	L EVENT PERMIT COUNTY PROPERTY TO SELL AND CONSI	PERMIT UME ALCOHOLIC BEVI	erages within	LEE COUNTY	FACILITIE	ES
FILM PI	ERMIT					
AFTER REVIEWING THE A	THE APPLICATION, P APPLICANT TO COMP	LEASE INDICATE BELC PLY WITH FOR THEIR E	DW WHAT ARRA VENT.	NGEMENTS	YOUR OF	RGANIZATION
llumination:	N/A					
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arking Areas:	N/A					
		S. D.	l De constitut u			t our operations
pecial Arrangemen	ts: N/A - Event Is not coor programs.	on or near Lee County Par	ks and Recreation p	oroperty and w	ill not affec	t our operations
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ipecial Arrangemen		on or near Lee County Par	ks and Recreation p	oroperty and w	.ill not affec	t our operations
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ipecial Arrangemen			ks and Recreation p	property and w	 iil not affec	t our operations
ipecial Arrangemen	or programs.		Palate Project by Will Excited Belling Benefit of Benef	property and wi	 iil not affec	t our operations
pecial Arrangemen	or programs.  Print Name:	Alise Flanjack	ks and Recreation p	property and wi	.ill not affec	t our operations
pecial Arrangemen	or programs.  Print Name:  Signature:  Title:	Alise Flanjack Alise Flanjack Deputy Director	ks and Recreation p	property and wi	.ill not affec	t our operations
ipecial Arrangemen	or programs.  Print Name: Signature:	Alise Flanjack Alise Flanjack	ks and Recreation p	property and wi	ill not affec	t our operations
	or programs.  Print Name:  Signature:  Title:  Date:	Alise Flanjack Alise Flanjack Deputy Director	ks and Recreation p	property and wi	ill not affec	t our operations
MDA Boot 3/8-10/2 Vanous Dr	or programs.  Print Name:  Signature:  Title:  Date:	Alise Flanjack Alise Flanjack Deputy Director	ks and Recreation p	property and wi	ill not affec	t our operations



# LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

Check the appropriat	e box(es) belo	ow:	
☐ SPECIAL EVEN ☐ USE OF COUN ☐ PERMIT TO SI ☐ FILM PERMIT	NTY PROPERTY ELL AND CONSU	PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FA	ACILITIES
<b>C</b>			OUR ORGANIZATION
AFTER REVIEWING THE A WILL REQUIRE THE APPLIC	PPLICATION, P CANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS Y LY WITH FOR THEIR EVENT.	OUR ORGANIZATION
Insurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million Dol otect against bodily injury and/or property damage relative to event within Lee County.	lars (\$1,000,000) per applicants use of
			A STATE OF THE PARTY OF THE PAR
Special Arrangements:	A Certificate of In Board of County additional insure	surance shall be submitted as evidence of the required cover Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the cert d.	age listing Lee County ificate holder and as an
	Subject to proof	of insurance.	
	Print Name:	Mike Figueroa	
	Signature:	Pate Januar	
	Title:	Risk Program Manager	
	Date:	January 28, 2019	

Client#: 1281896

MUSCUDYS

ACORD.

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/25/2019

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on ate does not confer any rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer any rights to the certificate holder in fied of saon endorsons (C)						
PRODUCER	CONTACT Vicki Negbee					
USI Insurance Services LLC	PHONE (A/C, No, Ext): 602-749-4211 FAX (A/C, No):					
2375 E. Camelback Rd, Suite 250	E-MAIL ADDRESS: phx.certificates@usi.com					
Phoenix, AZ 85016	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Philadelphia indemnity insurance co.	18058				
INSURED	INSURER B : Phoenix Insurance Company	25623				
Muscular Dystrophy Association, Inc.	INSURER C:					
11 East 44 Street, 17th Floor	INSURER D :					
New York, NY 10017-3208	INSURER E :					
	INSURER F:					
	DEVISION NUMBER					

COV	ED	AGES CER	TIFICATE	NUMBER:			REVISION NUMBER:		
COV		AGES SER		DANIEL HOTED DELOW HAVE BEEN	LICELIED TO	THE INSURED	NAMED ABOVE FOR THE	POLICY PERIOD	
TH	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD.								
	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BLEOW TIAVE BEEN TO CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS INDICATED. NOTWITHSTANDING ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS								
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CE	KIII	SIONS AND CONDITIONS OF SUCH	POLICIES	LIMITS SHOWN MAY HAVE BEE	N REDUCED I	BY PAID CLAI	MS.		
EX	CLU				POLICY EFF	POLICY EXP		•	
INSR LTR		TYPE OF INSURANCE	ADDL SUBF		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	5	
LTR	_	0.11 = 1	INSK WVD		04/04/2019	04/04/2010	EACH OCCURRENCE	\$1,000,000	
Α	X	COMMERCIAL GENERAL LIABILITY		PHPK1795114	04/01/2010			,	
-		V					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
		CLAIMS-MADE X OCCUR						\$20,000	
	V	BI/PD Ded:15000	1 1				MED EXP (Any one person)	\$20,000	
	^	DI/FD Ded. 13000					PERSONAL & ADV INJURY	\$1,000,000	
							1 -110-0111		
							GENERAL AGGREGATE	\$2,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:			1		02/12/012/10/3/12/07/12		

PRODUCTS - COMP/OP AGG | \$2,000,000 X PRO-JECT X LOC POLICY OTHER 04/01/2018 04/01/2019 COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 PHPK1795114 AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO BODILY INJURY (Per accident) \$ SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) \$ X HIRED AUTOS ONLY X \$ EACH OCCURRENCE \$ UMBRELLA LIAB OCCUR \$ AGGREGATE **EXCESS LIAB** CLAIMS-MADE DED RETENTION \$ 01/01/2019 01/01/2020 X PER STATUTE WORKERS COMPENSATION UB7920M409 \$1,000,000 AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A N E.L. DISEASE - EA EMPLOYEE \$1,000,000 (Mandatory in NH) E.L. DISEASE - POLICY LIMIT | \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Event: Fill the Boot on 3/8/19-3/10/19 & Rain Dates 3/15/19-3/17/19 Located at Various Intersections in Lee County, FL.

The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to City of Fort Myers only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured.

CERTIFICATE HOLDER	CANCELLATION
City of Fort Myers 2200 Second Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Fort Myers, FL 33901	AUTHORIZED REPRESENTATIVE
	William W. Rlebon
	A 1000 COLE A CORD CORDORATION All rights reserved

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

Any State or Political Subdivision if required by a signed contract or agreement

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:
  - This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- 2. This insurance does not apply to:
- "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
  - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Client#: 1281896 MUSCUDYS

#### ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/25/2019

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.

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this certificate does not confer any rights to the certificate holder in field of such endorsement(s).						
this certificate does not come						
PRODUCER		NAME: VICKI NEGOCE	LEAV			
USI Insurance Services LLC		PHONE (A/C, No, Ext): 602-749-4211	(A/C, No):			
2375 E. Camelback Rd, Suite	250	E-MAIL ADDRESS: phx.certificates@usi.com				
Phoenix, AZ 85016		INSURER(S) AFFORDING COVI	ERAGE	NAIC#		
• • • • • • • • • • • • • • • • • • • •		INSURER A: Philadelphia Indemnity Insurance Co.		18058		
INSURED		INSURER B : Phoenix Insurance Company		25623		
Muscular Dystrop		INSURER C :				
11 East 44 Street,		INSURER D :				
New York, NY 100		INSURER E :				
		INSURER F:				
	CERTIFICATE NUMBER:	REVISION N	IUMBER:			
COVERAGES	CERTIFICATE NOWIDER.		S FOR THE DOLL	CV DEDIOD		

COVERAGES CERTIFICATE 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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS INDICATE 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.								
INCD		ADDL SUBF	3	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
	X COMMERCIAL GENERAL LIABILITY	INSK WVD		04/01/2018	04/01/2019	EACH OCCURRENCE	\$1,000,000	
Α			111111111111111111111111111111111111111			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
	CLAIMS-MADE X OCCUR  X BI/PD Ded:15000					MED EXP (Any one person)	\$20,000	
	BI/PD Ded. 13000					PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000	
	V PRO- V					PRODUCTS - COMP/OP AGG	\$2,000,000	
							\$	
_	OTHER: AUTOMOBILE LIABILITY		PHPK1795114	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
A	3-1		THE KITOSTEE			BODILY INJURY (Per person)	\$	
	X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED					PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY					(i or design,	\$	
$\vdash$	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	OL TIME III IS	1					\$	
-	DED   RETENTION \$   WORKERS COMPENSATION		UB7920M409	01/01/2019	01/01/2020	X PER OTH-		
AND EMPLOYERS' LIABILITY			OB/ 320W-03			E.L. EACH ACCIDENT	\$1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
	(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000	
DESCRIPTION OF OPERATIONS below								
1								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event: Fill the Boot on 3/8/19-3/10/19 & Rain Dates 3/15/19-3/17/19 Located at Various Intersections in Lee

County, FL.

The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to Lee County Board of County Commissioners only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured.

	CANCELLATION
CERTIFICATE HOLDER	CANOLLLATION
Lee County Board of County Commissioners	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 398 Fort Myers, FL 33901	AUTHORIZED REPRESENTATIVE
	William W. Bleken
	The second of the second of

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

Any State or Political Subdivision if required by a signed contract or agreement

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:
  - This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- 2. This insurance does not apply to:
- "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
  - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Local 1826 Lee County Firefighters 2019 Boot Drive March 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> Rain Dates: March 15<sup>th</sup>, 16<sup>th</sup> & 17<sup>th</sup>

## Safety Plan:

- 1. All solicitations will be within daylight hours.
- 2. Each participant in the specific locations will be wearing orange vests to ensure visibility by the traffic.
- 3. Proper Signage shall be posted at least 500 feet prior to each of the locations to notify vehicles that the event is underway.
- 4. Each participant will be 18 years of age and older with picture identification at all times.
- 5. Participants should not physically impede the flow of traffic at any intersection.
- 6. Fire fighters will approach vehicles only after the traffic light has turned red.
- 7. Water should be accessible to ensure proper hydration of the participants and to avoid any heat-related issues.
- 8. Event Coordinator: Ryan Gagnon (239) 247-1669

Billy Galewski (239) 246-3834

MDA Liaison: Erin Randall (239) 222-3502

## 2019 Local 1826 Boot Drive Intersections:

	Description			
Intersection:	Department:			
Colonial Blvd & Fowler Street	City of FM			
Treeline Ave & Terminal Access Road	CFR			
Southpointe Blvd & College Parkway	Iona McGregor			
Palm Beach Blvd & Joel Blvd	Alva			
Six Mile Cypress & Gladiolus	South Trail			
U.S. 41 & Crystal Drive	South Trail			
Daniels and Fiddlesticks Blvd.	South Trail			
US 41 & Sanibel Blvd	San Carlos			
Ben Hill Griffin & Gulf Center Drive	San Carlos			
Buckingham Road & Palm Beach Blvd	Ft. Myers Shores			
Palm Beach Blvd & I-75 on ramp	Tice			
State Rd 31 & Palm Beach	Ft. Myers Shores			
Bayshore & I-75	Bayshore			
Bayshore & US 41	North Ft. Myers			
Estero Blvd & San Carlos	Ft. Myers Beach			
Six Mile Cypress/Ortiz Avenue @ Colonial Blvd	EMS			
US 41 & Coconut Road	Estero			
Corkscrew Road & Ben Hill Griffen Parkway	Estero			
Gunnery Road & Lee Blvd	Lehigh Acres			
Pine Island Road & Stringfellow Road	Pine Island			