

1316 COUNTY-CITY BUILDING
227 W. JEFFERSON BOULEVARD
SOUTH BEND, INDIANA 46601-1830



PHONE 574/ 235-9251
FAX 574/ 235-9171

CITY OF SOUTH BEND JAMES MUELLER, MAYOR
BOARD OF PUBLIC WORKS

August 27, 2024

Mr. Soule
605 S. Jackson St.
South Bend, IN 46619

RE: Request for Traffic Control Device – Handicapped Accessible Parking Space Sign

Dear Mr. Soule:

At its August 27, 2024 meeting, the Board of Public Works **denied** your request for the installation of a handicapped accessible parking space sign at 605 S. Jackson St., as it does not meet the requirements. After reviewing your application and the area in front of your home, it was determined that the applicant no longer drives or owns a vehicle and does not fit the criteria.

If you have any further questions, please call this office at (574) 235-9251.

Sincerely,

/s/ Theresa Heffner

Theresa Heffner, Clerk

Enclosures
TH/hh



INTER-OFFICE MEMORANDUM

DEPARTMENT OF PUBLIC WORKS DIVISION OF ENGINEERING

TO: Theresa Heffner, Clerk
Board of Public Works

FROM: Scott Kreeger, Project Engineer

SUBJECT: 605 S. Jackson St

DATE: August 8, 2024

After further review of Mr. Soule's handicap accessible parking space application form, it was noted multiple sections of the form were not completed as required by the application. These items include Handicap Parking Number, Driver's License Number, and Year and Make of car. Engineering contacted Mr. Soule regarding the missing information and were informed he no longer drives or owns a vehicle.

Engineering recommends the denial of the handicap parking space request.

CITY OF SOUTH BEND, INDIANA
BOARD OF PUBLIC WORKS

Elizabeth A. Maradik, President

Joseph R. Molnar, Vice President

Gary A. Gilot, Member

Briana Micou, Member

Murray L. Miller, Member

Attest: Theresa M. Heffner, Clerk

Date: August 27, 2024





**BOARD OF PUBLIC WORKS
AGENDA ITEM REVIEW REQUEST FORM**

Date	8/8/2024	Department	Public Works
Name	Scott Kreeger, PE	Phone Extension	9245
BPW Date	8/27/2024		

Required Prior to Submittal to Board

BPW Attorney	<input type="checkbox"/>	Attorney Name	_____
Dept. Attorney	<input type="checkbox"/>	Attorney Name	_____
Purchasing	<input type="checkbox"/>		_____

Check the Appropriate Item Type – Required for All Submissions

<input type="checkbox"/> Professional Services Agreement	<input type="checkbox"/> Contract	<input type="checkbox"/> Proposal	
<input type="checkbox"/> Open Market Contract	<input type="checkbox"/> Amendment/Addendum	<input type="checkbox"/> Special Purchase, QPA	
<input type="checkbox"/> Bid Opening	<input type="checkbox"/> Bid Award	<input type="checkbox"/> Req. to Advertise	<input type="checkbox"/> Title Sheet
<input type="checkbox"/> Quote Opening	<input type="checkbox"/> Quote Award	<input type="checkbox"/> Reject Bids/Quotes	
<input type="checkbox"/> Proposal Opening	<input type="checkbox"/> C/O & PCA No. _____	<input type="checkbox"/> PCA	
<input type="checkbox"/> Chg. Order, No. _____	<input checked="" type="checkbox"/> Traffic Control: _____	<input type="checkbox"/> Resolution	
	<u>Residential Handicap Parking</u>		
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Ease./Encroach	

Required Information

Company or Vendor Name	_____
New Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Approved by Purchasing
	<input type="checkbox"/> No
MBE/WBE Contractor	<input type="checkbox"/> MBE <input type="checkbox"/> WBE Completed E-Verify Form Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Name	605 S. Jackson Residential Handicap Parking
Project Number	_____
Funding Source	_____
Account No.	_____
Amount	_____
Terms of Contract	_____
Purpose/Description	<u>Recommend Denial</u>

For Change Orders Only

Amount of	<input type="checkbox"/> Increase	\$ _____
	<input type="checkbox"/> Decrease	(\$ _____)
Previous Amount		\$ _____
	Increase	_____ %
Current Percent of Change:	Decrease	(_____ %)
New Amount		\$ _____
	Increase	_____ %
Total Percent of Change:	Decrease	(_____ %)
Time Extension Amount:		_____
New Completion Date:		_____