

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

Current Resident  
1958 Berkley Place  
South Bend, IN 46616

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

To Whom It May Concern:

At its August 27, 2024 meeting, the Board of Public Works **approved** your request for the removal of a handicapped accessible parking space sign at 1958 Berkley Place, as the sign does not meet the requirements / as the resident requested removal.

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

Sincerely,

/s/ Theresa Heffner

Theresa Heffner, Clerk

Enclosures  
TH/hh



# BOARD OF PUBLIC WORKS

## Request for Approval of Traffic Control Device(s)

Date: August 8, 2024

I hereby submit the following installation or change of traffic control devices for review:

<input type="checkbox"/> <b>New Installation</b>	<input checked="" type="checkbox"/> <b>Removal</b>	<input type="checkbox"/> <b>Revision</b>
<input type="checkbox"/> Stop Sign	<input type="checkbox"/> Stop Sign	<input type="checkbox"/> Stop Sign
<input type="checkbox"/> Yield Sign	<input type="checkbox"/> Yield Sign	<input type="checkbox"/> Yield Sign
<input type="checkbox"/> Speed Limit, ___ mph	<input type="checkbox"/> Speed Limit, ___ mph	<input type="checkbox"/> Speed Limit, ___ mph
<input type="checkbox"/> Other, List	<input checked="" type="checkbox"/> Other, List	<input type="checkbox"/> Other, List

\_\_\_\_\_ Residential Handicapped  
\_\_\_\_\_ Parking \_\_\_\_\_

Location(s): 1958 Berkley Place

This has been submitted:

- In response to request by a citizen/ neighbor/ passerby:
- In response to contracted reconstruction or improvements
- In response to developer-provided reconstruction or improvement
- In response to an internally-generated concern from handicap parking spot review process.

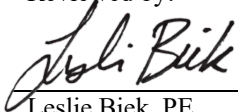
Remarks: the occupant at the property listed above did not provide a response back to the City required for the renewal of the handicap parking signage.

Submitted by:

  
\_\_\_\_\_  
Scott Kreeger

Recommend Approval/Denial:

Reviewed by:

  
\_\_\_\_\_  
Leslie Biek, PE  
Assistant City Engineer

APPROVED

DENIED

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

Distribution:

Bureau of Traffic and Lighting  
Police Department Traffic Division

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

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

**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</u>		
	<u>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 <b>Completed E-Verify Form Attached</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Name	1958 Berkley Pl. Residential Handicap Parking
Project Number	_____
Funding Source	_____
Account No.	_____
Amount	_____
Terms of Contract	_____
Purpose/Description	<u>Recommend Removal</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:		_____