

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
411 S. Illinois St.
South Bend, IN 46619

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 411 S. Illinois St., 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"/> New Installation | <input checked="" type="checkbox"/> Removal | <input type="checkbox"/> Revision |
| <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): 411 S. Illinois St

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.

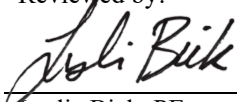
Submitted by:



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 | 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 | 411 S. Illinois St 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: | | _____ |