

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
926 N. Brookfield St.
South Bend, IN 46628

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 926 N. Brookfield 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): 926 N. Brookfield 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	926 N. Brookfield 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:		_____