

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

October 14, 2025

Ms. Deborah Lee Hirsch
114 E. Donald St.
South Bend, IN 46613

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

Dear Ms. Hirsch:

At its October 14, 2025 meeting, the Board of Public Works **approved** your request for the installation of a handicapped accessible parking space sign in front of your home at 114 E. Donald St.

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

Sincerely,

/s/ Hillary Horvath

Hillary Horvath, Clerk

Enclosures
HH

HANDICAPPED PARKING REQUEST

Ms. Deborah Lee Hirsch
114 E Donald St, 46613
Field Checked: 10/2/2025
Field Checked By: Caitlin Wyant, EI





BOARD OF PUBLIC WORKS
Request for Approval of
Traffic Control Device(s)

Date: October 14, 2025

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

<input checked="" type="checkbox"/> New Installation	<input 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 checked="" type="checkbox"/> Other, List	<input type="checkbox"/> Other, List	<input type="checkbox"/> Other, List

Residential Handicapped _____
Parking _____

Location(s): 114 E Donald St

This has been submitted:

- ☒ In response to request by a citizen/ neighbor/ passerby: **Resident**
☐ In response to contracted reconstruction or improvements
☐ In response to developer-provided reconstruction or improvement
☐ In response to an internally-generated concern from

Remarks: Ms. Deborah Lee Hirsch has met all the requirements

Submitted by:
(Field Checked 10/02/2025)

Caitlin M Wyant
Caitlin Wyant, EI
Project Engineer

Recommend Approval Denial:
Reviewed by:

Leslie Biek
Leslie Biek, PE
Assistant City Engineer

☒ APPROVED ☐ DENIED

CITY OF SOUTH BEND, INDIANA
BOARD OF PUBLIC WORKS

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Elizabeth A. Maradik, President

Gary A. Gilot
Gary A. Gilot, Member

Murray L. Miller
Murray L. Miller, Member

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Joseph R. Molnar, Vice President

Breana Micou
Breana Micou, Member

Hillary R. Horvath
Attest: Hillary R. Horvath, Clerk

Date: October 14, 2025

Distribution:
Bureau of Traffic and Lighting
Police Department Traffic Division

BOARD OF PUBLIC WORKS AGENDA ITEM REVIEW REQUEST FORM

Date	10/2/2025		
Name	Caitlin Wyant, EI	Department	Public Works
BPW Date	10/14/2025	Phone Extension	7483

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"/> 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
		<input type="checkbox"/> Title Sheet

Required Information

Company or Vendor Name	<input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Approved by Purchasing		
New Vendor	<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	114 E Donald St Residential Handicap Parking		
Project Number			
Funding Source			
Account No.			
Amount			
Terms of Contract			
Purpose/Description	Recommend Approval		

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:			