

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

Mr. Sammy Swan
1705 S. Jackson St.
South Bend, IN 46613

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

Dear Mr. Swan:

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 1705 S. Jackson St.

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

Sincerely,

/s/ Hillary Horvath

Hillary Horvath, Clerk

Enclosures
HH



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): 1705 S Jackson 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: Mr. Sammy Swan has met all the requirements

Submitted by:
(Field Checked 10/3/2025)

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

Elizabeth A. Maradik
Elizabeth A. Maradik, President

Gary A. Gilot
Gary A. Gilot, Member

Murray L. Miller
Murray L. Miller, Member

Joseph R. Molnar
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

HANDICAPPED PARKING REQUEST

Mr. Sammy Swan
1705 S Jackson St
Field Checked: 10/3/2025
Field Checked By: Caitlin Wyant, EI



- Notes:
- No driveway.
 - No garage off alley
 - Parking allowed on both sides of Jackson Street
 - Access to front door involves steep sloped ramp.

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

Date	10/3/2025		
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"/> 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: <u>Residential Handicap</u> <u>Parking</u>	<input type="checkbox"/> Resolution	
<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	1705 S Jackson St Residential Handicap Parking		
Project Number			
Funding Source			
Account No.			
Amount			
Terms of Contract			
Purpose/Description	<u>Recommend Approval</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:				