

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. Rita Galvan
826 S. Albert Ave.
South Bend, IN 46619

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

Dear Ms. Galvan:

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 826 S. Albert Ave.

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): 826 S Albert Ave

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. Rita Galvan 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

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Elizabeth A. Maradik, President

Gary A. Gilot
Gary A. Gilot, Member

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Murray L. Miller, Member

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

Date: October 14, 2025

Distribution..
Bureau of Traffic and Lighting
Police Department Traffic Division

Ms. Rita Galvan
826 S Albert Ave
Field Checked: 10/3/2025
Field Checked By: Caitlin Wyant, EI

826 S Albert Ave

Field Checked By: Caitlin Wyant, EI



Notes:

- No driveway.
- Garage off alley, but appears unused
- Parking allowed on both sides of Albert Avenue
- Access to front door involves steps.

**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	826 S Albert Ave 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:			_____