



CITY OF SOUTH BEND

BOARD OF PUBLIC WORKS

February 10, 2026

Mr. Rene Hernandez
702 E. South St.
South Bend, IN 46601

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

Dear Mr. Hernandez:

At its February 10, 2026 meeting, the Board of Public Works **denied** your request for the installation of a handicapped accessible parking space sign at 702 E. South St., as it does not meet the requirements. After review of your application and the area in front of your home, it was determined that there is a driveway that will provide better access.

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

Sincerely,

/s/ Hillary Horvath

Hillary Horvath, Clerk



BOARD OF PUBLIC WORKS

Request for Approval of Traffic Control Device(s)

Date: February 10, 2026

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): 702 E South 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. Rene' Hernandez has not 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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Hillary R. Horvath
Attest: Hillary R. Horvath, Clerk

Date: February 10, 2026

Distribution:
Bureau of Traffic and Lighting
Police Department Traffic Division

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

Date	10/03/2025		
Name	Caitlin Wyant, EI	Department	Public Works
BPW Date	02/10/2026	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 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	702 E South St Residential Handicap Parking		
Project Number	_____		
Funding Source	_____		
Account No.	_____		
Amount	_____		
Terms of Contract	_____		
Purpose/Description	<u>Recommend Denial</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:	_____		