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

Mr. Soule 605 S. Jackson St. South Bend, IN 46619

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

Dear Mr. Soule:

At its August 27, 2024 meeting, the Board of Public Works **denied** your request for the installation of a handicapped accessible parking space sign at 605 S. Jackson St., as it does not meet the requirements. After reviewing your application and the area in front of your home, it was determined that the applicant no longer drives or owns a vehicle and does not fit the criteria.

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

Sincerely,

/s/ Theresa Heffner

Theresa Heffner, Clerk

Enclosures TH/hh



INTER-OFFICE MEMORANDUM

DEPARTMENT OF PUBLIC WORKS DIVISION OF ENGINEERING

TO: Theresa Heffner, Clerk

Board of Public Works

FROM: Scott Kreeger, Project Engineer

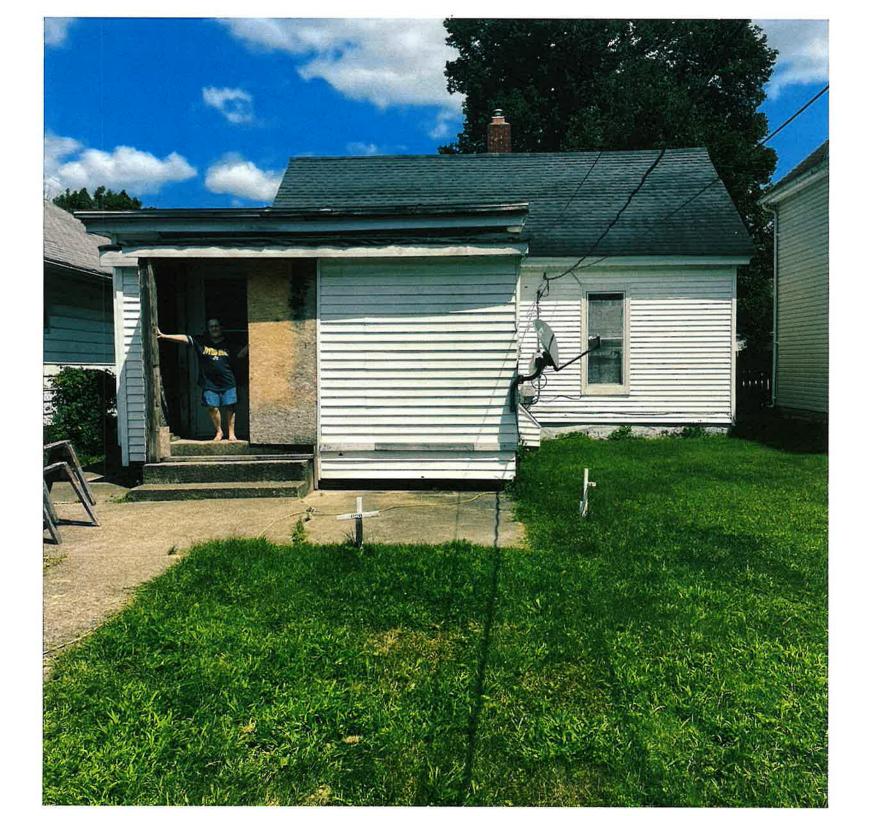
SUBJECT: 605 S. Jackson St **DATE:** August 8, 2024

After further review of Mr. Soule's handicap accessible parking space application form, it was noted multiple sections of the form were not completed as required by the application. These items include Handicap Parking Number, Driver's License Number, and Year and Make of car. Engineering contacted Mr. Soule regarding the missing information and were informed he no longer drives or owns a vehicle.

Engineering recommends the denial of the handicap parking space request.

CITY OF SOUTH BEND, INDIANA BOARD OF PUBLIC WORKS		
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Elizabeth A. Maradik, President	Joseph R. Molnar, Vice President	
Dog a Dilot	France Dec	
Gary A. Gilot, Member	Briana Micou, Member	
Miry & milly	Let Hfm	
Murray L. Miller, Member	Attest: Theresa M. Heffner, Clerk	
	Date: August 27 2024	





BOARD OF PUBLIC WORKS AGENDA ITEM REVIEW REQUEST FORM

Date	8/8/2024				
Name	Scott Kreeger,	PE	Department Public Works		
BPW Date	8/27/2024		Phone Extension	9245	
Required Prior to Submittal to Board					
BPW Attorn	ey	Attorney Name			
Dept. Attorn	ey	Attorney Name			
Purchasing]			
Check the Appropriate Item Type – Required for All Submissions					
Professiona Open Mark Bid Openin Quote Oper Proposal Open Chg. Order	g ning pening	ment	Req. to Adver Reject Bids/Q PCA Resolution	rtise Title Sheet	
Other:			Ease./Encroad	ch	
		Required In:	formation		
Company or Vendor Name New Vendor Yes If Yes, Approved by Purchasing					
MBE/WBE Co	ntractor	☐ No ☐ MBE ☐ WBE	eted E-Verify Form Attache	d Yes	
Project Name Project Numbe Funding Source Account No. Amount Terms of Contr Purpose/Descri	e	605 S. Jackson Residence Recommend Den	dential Handicap Parking hial		
For Change Orders Only					
Amount of Previous Amou	☐ De	crease \$ crease (\$)			
1 TO VIOUS AIIIOU	411t	Increase	0/0		
Current Percen New Amount	t of Change:	Decrease \$ Increase	(%)	-	
Total Percent of Time Extension New Completion	n Amount:	Decrease	(%)		