



CITY OF SOUTH BEND

BOARD OF PUBLIC WORKS



January 13, 2026

Ms. Willie Mae Brown
412 St. Vincent St.
South Bend, IN 46617

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

Dear Ms. Brown:

At its January 13, 2026 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 412 St. Vincent St.

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

Sincerely,

/s/ Hillary Horvath

Hillary Horvath, Clerk

HANDICAPPED PARKING REQUEST

Ms. Willie Mae Brown
412 St Vincent Street
Field Checked: 11/20/2025
Field Checked By: Caitlin Wyant, EI





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

Date: January 13, 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): 412 St Vincent Street

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. Willie Mae Brown has met all the requirements

Submitted by:
(Field Checked 11/20/2025)

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: January 13, 2026

Distribution:

Bureau of Traffic and Lighting
Police Department Traffic Division

BOARD OF PUBLIC WORKS
AGENDA ITEM REVIEW REQUEST FORM

Date	11/21/2025	Department	Public Works
Name	Caitlin Wyant, EI	Phone Extension	7483
BPW Date	01/13/2026		

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:	<input type="checkbox"/> Resolution	
<u>Residential Handicap</u>			
<u>Parking</u>			
<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	
MBE/WBE Contractor	<input type="checkbox"/> No	<input type="checkbox"/> MBE	<input type="checkbox"/> Yes
	<input type="checkbox"/> WBE	Completed E-Verify Form Attached	<input type="checkbox"/> No
Project Name	412 St Vincent Street 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		\$ _____	
Current Percent of Change:		Increase	% _____
New Amount		Decrease	(% _____)
Total Percent of Change:		Increase	% _____
Time Extension Amount:		Decrease	(% _____)
New Completion Date:			