



# 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"/> <b>New Installation</b>	<input type="checkbox"/> <b>Removal</b>	<input type="checkbox"/> <b>Revision</b>
<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

Elizabeth A. Maradik  
Elizabeth A. Maradik, President

Murray L. Miller  
Murray L. Miller, Member

Abigail E. Magas, P.E.  
Abigail E. Magas, Member

Joseph R. Molnar  
Joseph R. Molnar, Vice President

Breana N. Micou  
Breana N. Micou, Member

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		
Name	Caitlin Wyant, EI	Department	Public Works
BPW Date	01/13/2026	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</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

☐ Yes ☐ If Yes, Approved by Purchasing

☐ No

MBE/WBE Contractor

☐ MBE

☐ WBE

Completed E-Verify Form Attached

☐ Yes

☐ No

Project Name

412 St Vincent Street Residential Handicap Parking

Project Number \_\_\_\_\_

Funding Source \_\_\_\_\_

Account No. \_\_\_\_\_

Amount \_\_\_\_\_

Terms of Contract \_\_\_\_\_

Purpose/Description

Recommend Approval

**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:				_____