



# BOARD OF PUBLIC WORKS

## Request for Approval of Traffic Control Device(s)

Date: June 23, 2026

I hereby submit the following installation or change of traffic control devices for review:

<input type="checkbox"/> <b>New Installation</b>	<input checked="" 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 type="checkbox"/> Other, List	<input checked="" type="checkbox"/> Other, List	<input type="checkbox"/> Other, List

\_\_\_\_\_ Residential Handicapped  
\_\_\_\_\_ Parking \_\_\_\_\_

Location(s): 134 E Altgeld St

This has been submitted:

- In response to request by a citizen/ neighbor/ passerby:
- In response to contracted reconstruction or improvements
- In response to developer-provided reconstruction or improvement
- In response to an internally-generated concern from handicap parking spot review process.

Remarks: The occupant at the property listed above did not provide a response back to the City required for the renewal of the handicap parking signage.

Submitted by:

*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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Attest: Hillary R. Horvath, Clerk

Date: June 23, 2026

Distribution:

Bureau of Traffic and Lighting  
Police Department Traffic Division

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

Date	6/9/2026		
Name	Caitlin Wyant, EI	Department	Public Works
BPW Date	6/23/2026	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 <input type="checkbox"/> Completed E-Verify Form Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Name	134 E Altgeld St Residential Handicap Parking
Project Number	_____
Funding Source	_____
Account No.	_____
Amount	_____
Terms of Contract	_____
Purpose/Description	<u>Recommend Removal</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:		_____