



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

Date: June 9, 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): 441 S Kaley 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. James Guy II has met all the requirements

Submitted by:
(Field Checked 04/21/2026)

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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Abigail E. Magas, Member

Hillary R. Horvath
Attest: Hillary R. Horvath, Clerk

Date: June 9, 2026

Distribution:
Bureau of Traffic and Lighting
Police Department Traffic Division

HANDICAPPED PARKING REQUEST

Mr. James Guy II
441 S Kaley St, South Bend, IN 46619
Field Checked: 04/21/2026
Field Checked By: Caitlin Wyant, EI



Notes:

- No driveway.
- Garage off alley, but twice as far from house as the street.
- Walkway from garage is in poor condition.
- Parking allowed on both sides of Kaley Street
- Access to front door involves steps.

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

Date	06/02/2026		
Name	Caitlin Wyant, EI	Department	Public Works
BPW Date	06/09/2026	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:	<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		
	<input type="checkbox"/> No		
MBE/WBE Contractor	<input type="checkbox"/> MBE	Completed E-Verify Form Attached	<input type="checkbox"/> Yes
	<input type="checkbox"/> WBE		<input type="checkbox"/> No
Project Name	441 S Kaley St 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	\$ _____		
	Increase	_____ %	
Current Percent of Change:	Decrease	_____ (%)	
New Amount	\$ _____		
	Increase	_____ %	
Total Percent of Change:	Decrease	_____ (%)	
Time Extension Amount:	_____		
New Completion Date:	_____		