



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

_____ Residential Handicapped _____
_____ Parking _____

Location(s): 738 S Ironwood Dr

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 handicap parking spot review process.

Remarks: Resident states that original applicant is deceased.

Submitted by:

Recommend Approval Denial:
Reviewed by:

Caitlin M Wyant
Caitlin Wyant, EI
Project Engineer

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

Joseph R. Molnar
Joseph R. Molnar, Vice President

Murray L. Miller
Murray L. Miller, Member

Breana N. Micou
Breana N. Micou, Member

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

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

Distribution:
Bureau of Traffic and Lighting
Police Department Traffic Division

Date: June 9, 2026

**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	<input type="checkbox"/> Yes	Completed E-Verify Form Attached
	<input type="checkbox"/> WBE	<input type="checkbox"/> No	
Project Name	738 S Ironwood Dr 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:	_____		