ORDINANCE/RESOLUTION REQUEST

Please email requests to Stacie Loucks at

Stacie.Loucks@denvergov.org by NOON on Monday.

All fields must be completed.

Incomplete request forms will be returned to sender which may cause a delay in processing.

| | | | | | | | | Date of I | Request: | November 9, 2011 |
|-----------------------------|--|--|------------|-------------------|-------------------------|--------------------------|-------------------|-----------------------|--------------|------------------------|
| Please mark one: Bill Reque | | t | or | \boxtimes | Resolution | Request | | | | |
| 1. | Has your agency s | ubmitted this requ | est in th | e last 1 | 2 mon | ths? | | | | |
| | ☐ Yes | ⊠ No | | | | | | | | |
| | If yes, please e | xplain: | | | | | | | | |
| 2. | Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control number</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.) | | | | | | | | | |
| | Request for a Resolution granting a revocable permit, subject to certain terms and conditions, to Sisters of Charity of Leavenworth Health Systems, their successors and assigns, to encroach into the right-of-way with two underground tunnels located in E. 20th Ave between Franklin St and Downing St. to provide egress and convey utilities | | | | | | | | | |
| 3. | Requesting Agency | y: PW Right of Wa | y Engine | eering S | Service | s | | | | |
| 4. | Contact Person: (Name: Vanes Phone: 720-9 Email: vaness | sa Herman | 0 11 | oposed | ordine | ance/resoluti | on.) | | | |
| 5. | will be available forName: StaciePhone: 720-86 | <i>r first and second re</i> Loucks | eading, if | oposed necessi | ordina <u>ary</u> .) | nce/resolutio | on <u>who wil</u> | <u>Il present the</u> | item at M | ayor-Council and who |
| 6. | General descriptio | n of proposed ordi | inance ir | ncludin | g cont | ract scope o | f work if a | applicable: | | |
| | To grant a res | olution for 2 under | rground | tunnel | s locat | ed in 20 th A | ve betwee | n Franklin S | St and Do | wning St. |
| | **Please complete enter N/A for that fi | | : (Incom | plete fie | elds m | ay result in a | delay in p | processing. Į | f a field is | not applicable, please |
| | | Control Number: | N/A | | | | | | | |
| | b. Duration:c. Location: | Permanent 20 th Ave between | n Frankli | n St and | d Dow | ning St | | | | |
| | | Council District: | Dist # 8 | | | | | | | |
| | e. Benefits: | N/A | | | | | | | | |
| | f. Costs: N | /A | | | | | | | | |
| 7. | Is there any contro explain. | oversy surrounding | g this or | dinance | e? (Gre | oups or indiv | iduals who | o may have c | oncerns a | bout it?) Please |
| | None | | | | | | | | | |
| | | | | | | | | | | |
| _ | | | | | | | | | | |
| | | | To be co | mpleted | d by M | ayor's Legis | lative Tear | m: | | |
| SIF | RE Tracking Number: | | | | | | Date En | itered: | | |