ORDINANCE/RESOLUTION REQUEST

Please email requests to Daelene Mix at

daelene.mix@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 Request: | December 9, 2010 |
|------------------|---|--|--------------|-------------------|------------------|--------------------------|------------------------|
| Please mark one: | | ☐ Bill Request | or | ⊠ Resolut | ion Request | | |
| 1. | Has your agency su | as your agency submitted this request in the last 12 months? | | | | | |
| | ☐ Yes | ⊠ No | | | | | |
| | If yes, please ex | 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 University of Colorado Denver, their successors and assigns, to encroach into the right-of-way with glass enclosed stairs and stair landings at 1475 Lawrence St | | | | | | |
| 3. | Requesting Agency | : PW Right of Way Se | rvices | | | | |
| 4. | Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Vanessa Herman Phone: 720-913-0719 Email: vanessa.herman@denvergov.org | | | | | | |
| 5. | Contact Person: (With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.) Name: Debra Baca Phone: 720-865-8712 Email: Debra.baca@denvergov.org | | | | | | |
| 6. | General description of proposed ordinance including contract scope of work if applicable: | | | | | | |
| | Request to encroach into the right-of-way with glass enclosed stairs and stair landings at 1475 Lawrence St | | | | | | |
| | **Please complete t enter N/A for that fie | he following fields: (In | complete fie | elds may result i | in a delay in pr | rocessing. If a field is | not applicable, please |
| | a. Contract Cb. Duration: | Control Number: N/. permanent | A | | | | |
| | c. Location: | 1475 Lawrence St | | | | | |
| | d. Affected C e. Benefits: | ouncil District: Ma | dison Dist # | # 8 | | | |
| | f. Costs: N/ | | | | | | |
| 7. | Is there any contro explain. | versy surrounding thi | s ordinance | e? (Groups or in | ndividuals who | may have concerns a | bout it?) Please |
| | None | | | | | | |
| | | | | | | | |
| | | To l | e completed | d by Mayor's Le | gislative Team | ı: | |
| SIF | RE Tracking Number: | | | | Date Ent | ered: | |