## **ORDINANCE/RESOLUTION REQUEST**

Please email requests to Nancy Kuhn at

Nancy.kuhn@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.

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				Date of Request: Octo	ober 10, 2013
Please mark one:		Bill Request	or	<b>Resolution Request</b>	
1.	Has your agency submitted this request in the last 12 months?				
	Yes	🛛 No			
	If yes, please e	explain:			
2.	<b>Title:</b> (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 Union Bridge apartments, LLC, their successors and assigns, to encroach into the right-of-way with four (4) directional signs at the corner of Chestnut Pl. and 18 <sup>th</sup> St.				
3.	Requesting Agenc	y: PW Right of Way Eng	gineering S	Services	
4.	<ul> <li>Name: Lisa F</li> <li>Phone: 720-8</li> </ul>		f proposed	1 ordinance/resolution.)	
5.	will be available fo • Name: Nancy • Phone: 720-8	<i>r first and second reading</i> y Kuhn		l ordinance/resolution <u>who will present the item at Mayor-Cour</u> sary.)	<u>1cil and who</u>
6.	General description of proposed ordinance including contract scope of work if applicable:				
	Encroach with four (4) directional signs at the corner of Chestnut Pl. and 18 <sup>th</sup> St.				
	<b>**Please complete the following fields:</b> (Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field.)				
		Control Number: NO			
		: Permanent corner of Chestnut Pl. a:	nd 19 <sup>th</sup> St		
		Council District: # 9, Ju			
	e. Benefits:	· · · · · · · · · · · · · · · · · · ·			
	f. Costs: N/	/A			
7.	Is there any contro explain. None	oversy surrounding this	ordinanc	<b>e?</b> (Groups or individuals who may have concerns about it?)	Please
		To be	e complete	ed by Mayor's Legislative Team:	

SIRE Tracking Number: \_\_\_\_\_

Date Entered: