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 Request: December 29, 201		
Please mark one:		☐ Bill Request	or	X Resolution Re	quest		
1.	Has your agenc	Has your agency submitted this request in the last 12 months?					
	☐ Yes	X No					
	If yes, pleas	e explain:					
2.	2. Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control</u> <u>number</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.). To encroach into the right-of-way with the following existing items: stairs, three ADA ramps and railings; bench, planter boxes, two patio railings, awnings, tables & chairs with new shad umbrellas, and the following new items: ADA entrance ramp, stair landing and railings, at 1610 16 th St.						
3.	Requesting Age	ncy: PW Right of Way Eng	gineering S	Services			
 4. Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Ava Simmons Phone:720-865-3036 Email: ava.simmons@denvergov.org 							
 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: Stacie Loucks Phone: 720-865-8720 Email: Stacie.Loucks@denvergov.org 							
eno	rmit, subject to croach into the inter boxes, two	certain terms and cond right-of-way with the f	itions, to ollowing s, tables &	Mercantile Commexisting items: sta & chairs with new	e of work if applicable: Granting of a revocable nercial, LLC, their successors and assigns, to airs, three ADA ramps and railings; bench, a shade umbrellas, and the following new St.		
	**Please comple enter N/A for tha		omplete fie	elds may result in a d	elay in processing. If a field is not applicable, please		
7.	b. Durationc. Locationd. Affectee. Benefitf. Costs: 1	n/a			uals who may have concerns about it?) Please		
	explain. None			,	,		
		To be	e completed	d by Mayor's Legislai	ive Team:		
SIRE Tracking Number:					Date Entered:		