

New Business
9.11.2018

**PUBLIC HEALTH
AND SAFETY
STANDING
COMMITTEE**

29

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): **APPROVED** **DENIED** **N/A** **CANCELED**

Petition #: 510 Event Name: Detroit St. Jude Walk/Run to End Childhood Cancer

Event Date : September 22, 2018

Street Closure: None

Organization Name: ALSAC/St. Jude Children's Research Hospital

Street Address: 1461 E. 12 Mile Madison Height, MI 48071

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon Carnival/Circus Concert/Performance Run/Marathon
- Bike Race Religious Ceremony Political Ceremony Festival
- Filming Parade Sports/Recreation Rally/Demonstration
- Fireworks Convention/Conference Other: 5K Run/Walk
- 24-Hour Liquor License**

Petition Communications (include date/time)

Annual Walk/Run to end childhood cancer at Wayne State University and surrounding streets from 8:00am - 12:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD & WSU Police Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Aushier

Date: September 7, 2018

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, August 21, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
TRANSPORTATION DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT MUNICIPAL PARKING DEPARTMENT
PLANNING AND DEVELOPMENT DEPARTMENT BUSINESS LICENSE CENTER

510 *ALSAC/St. Jude Children's Research Hospital, request to hold "Detroit St. Jude Walk/Run to End Childhood Cancer" on September 22, 2018 from 8:00 AM to 12:00 PM beginning and ending at Wayne State Campus, Gullen Mall, set up complete on 9/21/18, tear down complete 9/22/18.*

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 9/21/18 Time: 1 pm Complete Set-up Date: 9/21/18 Time: 4pm
Event Start Date: 9/22/18 Time: 8am Event End Date: 9/22/18 Time: Noon
Begin Tearing Down Date: 9/22/18 Complete Tear Down Date: 9/22/18

Event Times (If more than one day, give times for each day):

Event set up and tear down is mainly on Wayne State's campus. Road barricades would need to be in place for the start of the 5k at 9am, ending by 11am.

Section 3- LOCATION/SITE INFORMATION

Location of Event: Wayne State University, Gullen Mall

Facilities to be used (circle): **Street** **Sidewalk** Park City
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Kids/Family zone with games & coloring. Spirit station, local radio Emcees from 99.5 WYCD.

Will a sound system be used? Yes No

If yes, what type of sound system? Ground supported, multi-speaker sound system

Describe specific power needs for entertainment and/or music:

Standard electricity

How many generators will be used? 0

How will the generators be fueled? _____

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No (online registration fee for the race \$10/\$20)

If yes, please describe:

Will there be on-site ticket sales? Yes No (Day of registration fee if not already pre-registered \$10/\$20)

If yes, list price(s):

Will there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: Chief Anthony Holt, Lt. Bob Barren, WSU Police Dept.

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

Licensed Armed Bonded

How will you advise attendees of parking options?

We have coordinated with WSU parking services to use Parking Structure 1

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Street closures

Have local neighborhood groups/businesses approved your event? Yes No

Indicate what steps you have or will take to notify them of your event: See attached letter

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	_____	_____
Canopy (open on all sides)	15	10x10
Staging/Scaffolding	1	15x20 rigging package (scaff)/stage: 8x18 32" high
Bleachers	_____	_____

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart EMS Medical Services

Address: 220 Bagley Ste 912

City/State/Zip: Detroit, MI 48226

Name of company providing port-a-johns.

Contact Person: Bob's Sanitation

Address: PO Box 530845

Phone: 734.421.1400

City/State/Zip: Livonia, MI 48153

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) **CERTIFICATE OF INSURANCE**
- 2) **EMERGENCY MEDICAL AGREEMENT**
- 3) **SANITATION AGREEMENT**
- 4) **PORT-A-JOHN AGREEMENT**
- 5) **COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Megan Holt
Signature of Applicant

8/20/18
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: St. Jude Walk/Run to End Childhood Cancer Event Date: Sept. 22, 2018

Event Organizer: Megan Holt

Applicant Signature: Megan Holt Date: 8/20/18



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/13/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Willis of Tennessee, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED American Lebanese Syrian Associated Charities, Inc. 501 St Jude Place Memphis, TN 38105	INSURER A: Philadelphia Indemnity Insurance Company NAIC # 18058	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** W7170148 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1841471	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Regarding the St. Jude sponsored event held on 9/22/2018.

CERTIFICATE HOLDER Wayne State University 42 W Warren Ave. Detroit, MI 48202	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

BOBS SANITATION SERVICE, INC

SCOTTY'S POTTIES
 P.O. BOX 530845
 LIVONIA, MI 48153



Ph: (734) 421-1400

Fax: (734) 946-7382

Service Address
ALSAC - ST. JUDE'S HOPSITAL WAYNE STATE UNIVERSITY 42 W WARREN AVE DETROIT, MI 48202

Billing Address:
ALSAC - ST. JUDE'S HOPSITAL 1461 E 12 MILE RD MADISON HEIGHTS, MI 48071

Phone: (248) 606-0374

Contact: MEGAN HOLT

Phone: (248) 744-1300

Contact: MAIRIN WATSON

Order #: 58184 - 01

Site #	Cust #	Sched Date	Day	Time	Clerk	Req Date	Route	P.O.#	Terms	Sales Source/Cred	Mrkt/Tier
21120	ALSACSTJUD	Sep 21, 18	Fri		DW	May 17, 18			NET10	/	S09/

DELIVERY TICKET - Ord# 58184

Driver=___ Route=___ Stop=0 Truck=___ Trailer=___

SN# =

Page 1 / 1

Rate	Rate Description	Quantity	Rate	Cost	Tax
DELV	THIRTEEN SPECIAL EVENT UNITS WITH HAND SANITIZER	13.0	75.00	975.00	0.00
DELV	TWO PHYSICALLY CHALLENGED UNITS WITH HAND SANITIZER	2.0	100.00	200.00	0.00
DELV	TWO LARGE WASH STATIONS	2.0	75.00	150.00	0.00
Grand Total:			1,325.00	1,325.00	0.00

Existing Units:

Serial# _____

Message: SEE BACK OF TICKET FOR TERMS AND CONDITIONS ; PLEASE SIGN AND RETURN YELLOW COPY TO US! THANK YOU!

Map: Lat = +42.3569923 Long = -83.065201

Directions: NORTH OFF W WARREN AVE.
 WEST OF WOODWARD AVE

Driver Notes: ATTEMPT DELIVERY BETWEEN 3-5PM. CALL CONTACT FOR PLACEMENT

PICK UP ANYTIME AFTER 1PM ON SUNDAY THE 22ND.

Bill Note: PAYING BY CHECK. SENDING IN BEFORE EVENT

Customer Signature: _____ Print Name: _____ Driver: _____ Date: _____

HART EMS MEDICAL SERVICES, PLLC

220 Bagley Suite 912 Detroit MI 48226

Phone 313-366-4278 Fax 313-216-1771

June 29, 2018

This is to confirm that Hart EMS Medical Services, PLLC (HART) will provide on-site medical service for St. Jude Children's Hospital / ALSAC; Detroit St. Jude Walk/Run To End Childhood Cancer 5K at Gullen Hall @ Wayne State University in Detroit MI on the following date(s) and time(s):

Saturday September 22, 2018 8:00am-11:00am (3 hours)

**HART EMS Medical Services, PLLC will provide these stand-by services:
One (1) Life Support Ambulance @ \$225.00/hour**

Cost for coverage: \$675.00 with a Donation of \$675.00 FOR THE ABOVE HOURS

Total cost for coverage: \$0

ALSAC will provide the following:

- Ambulance Parking with Proper Egress
- Any necessary credentials
- Bathroom Facilities
- Contact Person name
- Ice & Water for patient use
- Location for First Aid
- Communications with Promoter / Security

Contact Name: _____ **Phone Number:** _____

It is understood that all on-site medical facilities and ambulances have a limited capacity and should other emergency resources be called in by mutual agreement of HART and (ALSAC) that HART will be held harmless for any overtaxing of its resources and will not be held responsible for other costs incurred. It is further understood that the request for services is as outlined above and designed by (ALSAC). HART assumes no responsibility for the planning and accuracy of it. Should the request for transport result in overtaxing of resources contracted for, HART, will, at its' discretion, call for transport via city or private provider. HART assumes no responsibility for availability or response capabilities of outside ambulance services. It is understood by the parties that HART is held accountable for medical treatments by the governing county agencies and must adhere to all policies and procedures pertaining to medical provision. HART, its staff, and agents shall be held harmless for any incidents arising from this event. Furthermore, any treatment provided by other contracted, volunteer agencies or employees will not be the responsibility of HART and will be held harmless for any liability resulting in treatment by other agencies, either contracted or volunteered

AGREED:

Adam Gottlieb

HART EMS Medical Services PLLC

Authorized Signer

ALSAC

St. Jude Children's Research Hospital

Date

Date

August 20, 2018

Dear Detroit Residential Property or Business Owner;

ALSAC/St. Jude Children's Research Hospital is hosting the Detroit St. Jude Walk/Run to End Childhood Cancer on Saturday, September 22, 2018 at Wayne State University. The Detroit City Code requires that we receive approval from the City of Detroit Clerk's Office to hold the following special event. The code further requires that we notify any property owners or business owners that may be affected by the special event of the date and time that the City Commission will consider our request so that an opportunity exists for comments prior to this approval.

EVENT INFORMATION

NAME OF EVENT: Detroit St. Jude Walk/Run to End Childhood Cancer

LOCATION: A 3.1 mile run/walk that will start and finish at Wayne State University & take the following route:

Start: Gullen Mall
South on 2nd St.
East on Selden
North on Cass (using sidewalk)
West on Canfield
North on 2nd
East on Warren
North on Cass
West on York
South on 2nd
East on Palmer
South on Gullen – back to start/finish line at the fountain

DATE(S) OF EVENT Saturday, Sept. 23rd 2017 HOURS OF EVENT 7am-11am

BRIEF DESCRIPTION OF EVENT/ACTIVITY: 5k walk/run to benefit St. Jude Children's Research Hospital. We will hold opening ceremonies at 8am with our 5k walk/run immediately following. We will plan to wrap up by noon. All community members are welcome to join us in the fight against childhood cancer!

DATE(S) OF SET-UP: Friday Sept. 21, 2018 HOURS OF SET-UP: 1pm-4pm

DATE(S) OF TEAR-DOWN: Saturday, Sept. 22, 2018 HOURS OF TEAR DOWN: 11am-12:30pm

DATE OF CITY COMMISSION MEETING: TBD

EVENT ORGANIZER: ALSAC/St. Jude Children's Research Hospital

ADDRESS: 1461 East 12 Mile Rd. Madison Heights, MI 48071

PHONE: 248-744-1300



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September 4, 2018

HONORABLE CITY COUNCIL

RE: ADDRESS: 4386 Somerset
NAME: BMD Fund Series 2, LLC
Date ordered removed: November 13, 2017

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection on **August 29, 2018** revealed the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1st deferral request for this property.**

Therefore, it is recommended that the demolition order be deferred for a period of six months subject to the following conditions:

- 1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date that notice was provided to the applicant of the City Council decision.**
- 2. The owner must contact BSEED to request a progress inspection within forty-five (45) calendar days from the date of the rehabilitation permit and thereafter submit inspection reports every forty-five (45) calendar days to BSEED to demonstrate progress during the approved time frame for rehabilitation.**
- 3. The building shall have all imminently hazardous conditions immediately corrected and be maintained securely barricaded until rehabilitation is complete. Rehabilitation is to be complete within six (6) months, at which time the owner will obtain one of the following from this department:**
 - **Certificate of Acceptance related to building permits**
 - **Certificate of Approval as a result of a Housing Inspection**
 - **Certificate of Inspection, required for all residential rental properties**
- 4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).**
- 5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.**

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been maintained and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, we may proceed with demolition without further hearings. And, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: BMD Fund Series 2, LLC, 16 Berryhill RD, Columbia, SC 29210
BMD Fund Series 2, LLC, 5700 Crooks RD-STE 211, Troy, MI 48098

City of Detroit

CITY COUNCIL

RAQUEL CASTAÑEDA-LÓPEZ
COUNCIL MEMBER
DISTRICT 6

31

MEMORANDUM

TO: Ron Brundidge, Director, Department of Public Works

THRU: Council President Brenda Jones

FROM: Council Member Raquel Castañeda-López



DATE: September 10, 2018

RE: Trumbull Avenue Re-Striping between Warren and I-94

Thank you for your memo dated June 21st, 2018 (Attachment A). Recently, we have received a number of documents from the Woodbridge NDC and area businesses demonstrating how there is sufficient space to support the removal of the center turn lane between Merrick and Putnam while not disrupting the flow of traffic between Warren and I-94 (See Attachment B).

The removal of the center lane for this short span would allow for approximately 415 feet of additional parking on the East side of the street, without removing the bike lane.

Attachments C and D are renderings of what this new striping scheme could look like to facilitate sufficient turn lanes, bike traffic, additional parking, and the crosswalk at Merrick and Trumbull, which the June 21st memo agreed to implement.

Thank you for your attention to this matter. Please contact my office if you have any questions.

Cc: Honorable Detroit City Council
City Clerk
Stephanie Washington, Mayor's Liaison
Ashok Patel, Traffic Engineering

CITY CLERK 2018 SEP 10 AM 11:00



CITY OF DETROIT
DEPARTMENT OF PUBLIC WORKS
ADMINISTRATION DIVISION

Attachment

A

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 611
DETROIT, MICHIGAN 48226
(313) 224-3901 • TTY: 711
(313) 224-1464
WWW.DETROITMI.GOV

June 21, 2018

Honorable City Council Member Raquel Castañeda-López

RE: Re-Striping Trumbull, from Warren to I-94 to Eliminate the Center Turn Lane and add Parking to the East Side of the Street

The Department of Public Works, Traffic Engineering Division (TED) has completed the investigation regarding the above referenced request and obtained traffic counts and data.

Based on the results of the investigation, it was found that there are currently signs installed along the west side of Trumbull Ave. to limit the parking time for one hour. It was also determined that the reconfiguration of pavement marking on Trumbull, to eliminate the center left turn lane from Warren W to Edsel Ford Freeway, is not warranted. The center left turn lane is necessary for the storage of vehicles awaiting left turn movements. Vehicles turn onto I-94 in the afternoon and onto Warren in the morning; 375 feet and 325 feet are needed for each left turn situation respectively.

Regarding restoring parking on the east side of the Trumbull roadway, this would not allow for the full size bicycle lanes, and is therefore not desirable. To install meters for parking on the west side of the street, the request was forwarded to the Municipal Parking Department.

Regarding the mid-block crosswalk on Trumbull at Merrick St., we will add this to the current resurfacing project for Trumbull so that ramps can be installed on each side of the street to allow a crossing.

Respectfully Submitted,

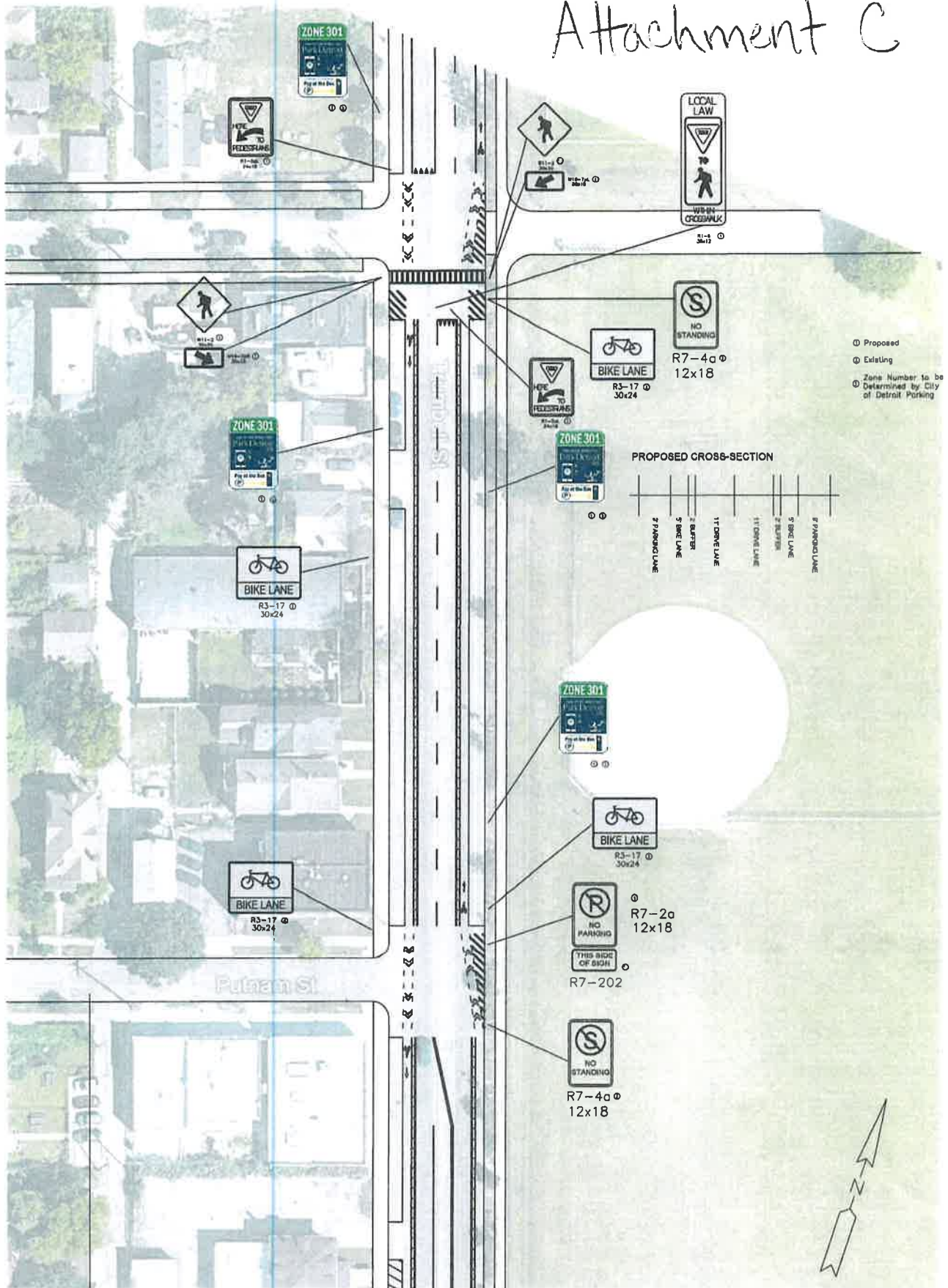

Ron Brundidge, Director
Department of Public Works

Copy: Ashok Patel, Traffic Engineering Division

Attachment B



Attachment C



Attachment D

