

## Rebuild Illinois Funds Resolution for Improvement Under the Illinois Highway Code

Is this project a bondable capital improvement?			Resolution Type		Resolution Numbe	Section Number	
⊠ Yes □ No		Supplem	ental		16-00167-00-BR		
BE IT RESOLVED, by the Council			of the City				
	ning Body T		- 4 41 <b>6</b> -11:			ublic Agency Type	
of Naperville  Name of Local Public Agency		nois tha	at the followi	ng descr	ibed street(s)/road(s)/	structure be improved under	
the Illinois Highway Code. Work shall be done by	Contrac		· Labor				
For Roadway/Street Improvements:	1			<u> </u>		T	
Name of Street(s)/Road(s)	Length (miles)		Route		From	То	
For Structures:							
Name of Street(s)/Road(s)	Existing Structure No.		Route		Location	Feature Crossed	
Washington St	022-003	0	FAU2552	1 mile s	south of US 34	West Branch of DuPage River	
BE IT FURTHER RESOLVED,  1. That the proposed improvement shall consist	,						
Bridge removal, replacement with two-span post-tensioned cast-in-place structure, HMA pavement, PCC curb and gutter, sidewalk, watermain, electric ductbank, storm and sanitary sewers, streetscaping, erosion control, traffic signals, traffic control and protection, and all work necessary to complete the project as shown in the plans.							
2. That there is hereby appropriated the sum of	three hu	ndred		ollars (	\$300.000.0	$\frac{100}{100}$ ) for the improvement of	
said section from the Local Public Agency's allotr BE IT FURTHER RESOLVED, that the Clerk is h of the Department of Transportation.			el Tax funds.	`_			
I, Dawn C. Portner	City			С	Clerk in and for said City		
Name of Clerk	Local Public Agency Type				Local Public Agency Type		
Naperville in the State aforesaid, and keeper of the records and files thereof, as provided by							
Name of Local Public Agency statute, do hereby certify the foregoing to be a true, perfect and complete original of a resolution adopted by							
						on <b>April 15</b> , 2025 .	
Governing Body Type		e of Loc	al Public Ager	псу		Date	
IN TESTIMONY WHEREOF, I have hereunto set	my hand a	and sea	al this	day of	Month, Year	·	
(SEAL, if required by the LPA)				С	Clerk Signature & Date		
					V		
					Δ.	pproved	
					ام Regional Engineer Sigı Department of Transpo	nature & Date	