

Resolution for Improvement Under the Illinois Highway Code

Is this project a bondable capital improvement?			Resolution	Туре	Resolution Number	Section Number	
☐ Yes No			Supplem	ental		14-00476-00-PV	
BE IT RESOLVED, by the Council				of the			
Govern	ning Body T	уре		_	Local Pub	lic Agency Type	
of Joliet Name of Local Public Agency	Illir	nois tha	at the followi	ng descr	ribed street(s)/road(s)/st	ructure be improved under	
the Illinois Highway Code. Work shall be done by							
For Roadway/Street Improvements:	Contrac	гог рау	Labor				
Name of Street(s)/Road(s)	Length (miles)	Route		From		То	
US ROUTE 30				I-55	I	L ROUTE 59	
For Structures:							
Name of Street(s)/Road(s)	Existing Structure No.		Route	Location		Feature Crossed	
BE IT FURTHER RESOLVED,	of						
1. That the proposed improvement shall consist of IDOT JOB NO. C-91-633-11 / CONTRA		30P9 <i>F</i>	S - CITY C)F JOL	IFT COST SHARIN	G	
	01 110. (301 30) - OII I C	/I JOL	ILT OOOT OHARIN		
2. That there is hereby appropriated the sum of	Four Hui	ndred	Forty Sev	en and	± 56/100		
2. That there is hereby appropriated the sum of	1 041 1141	iaioa) for the improvement of	
said section from the Local Public Agency's allotn	nent of Mo	tor Fue			4) for the improvement of	
BE IT FURTHER RESOLVED, that the Clerk is he					ified originals of this res	olution to the district office	
of the Department of Transportation.							
1	City				Clerk in and for said City	V	
Name of Clerk	Local Public Agency Ty			pe C	Local Public Agency Type		
of Joliet	Joliet in the State aforesaid, and keeper of the records and files thereof, as provided by						
Name of Local Public Agency	no porfoot	and ac	mploto origi	nal of a r	condution adopted by		
statute, do hereby certify the foregoing to be a tru	•	and co	inpiete origii	ilai Ui a i	. ,	Marrah 40, 2004	
Council of Join Governing Body Type		e of Loc	al Public Agei	ncy	at a meeting held or	March 19, 2024	
IN TESTIMONY WHEREOF, I have hereunto set	mv hand a	and sea	al this	day o	f		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		Day	,	Month, Year		
(SEAL, if required by the LPA)				2	Clerk Signature & Date		
					Арі	proved	
					Regional Engineer Signature & Date		
				Ļ	Department of Transport	ation	