

Resolution for Improvement Under the Illinois Highway Code

Is this project a bondable capital improvement?			Resolution	Туре	Resolution Numbe	r Section Number	
☐ Yes ☒ No		Supplemental			19-00331-00-SP		
BE IT RESOLVED, by the Council				of the			
	ning Body T	• •				blic Agency Type	
of Aurora Name of Local Public Agency	IIIi	nois tha	at the followi	ng descr	ibed street(s)/road(s)/s	structure be improved under	
the Illinois Highway Code. Work shall be done by		ct or Day	Labor				
For Roadway/Street Improvements:	_						
Name of Street(s)/Road(s)	Length (miles)		Route		From	То	
Farnsworth Avenue	0.1	FAP 0360		25.52 (Marshall Blvd)		25.62 (Illinois Prairie Path)	
For Structures:		'					
Name of Street(s)/Road(s)	Existing Structure No.		Route		Location	Feature Crossed	
BE IT FURTHER RESOLVED,							
1. That the proposed improvement shall consist		:		41		anna anna mtha Anna /Manaha all	
Installation of barrier medians for pedest Blvd intersection and the Farnsworth Av							
(RRFBs) will be installed at Marshall Blv				_		9	
restriping of Farnsworth Ave along with						sing. Resultacing and	
2. That there is hereby appropriated the sum of							
					\$225,000.0	00) for the improvement of	
said section from the Local Public Agency's allotn							
BE IT FURTHER RESOLVED, that the Clerk is he	ereby dire	cted to	transmit fou	r (4) cert	ified originals of this re	esolution to the district office	
of the Department of Transportation.							
Jennifer Stallings City				C	Clerk in and for said City		
Name of Clerk	Local Public Agency Type Local Public Agency Type						
of Aurora 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 tru	e, perfect	and co	mplete origir	nal of a r	esolution adopted by		
Council of Au			15.11. 4		at a meeting held	on September 12, 2023.	
Governing Body Type			al Public Ager	ncy	_	Date	
IN TESTIMONY WHEREOF, I have hereunto set	my hand a	and sea	al this Day	_ day o	f Month, Year	·	
(SEAL, if required by the LPA)				C	lerk Signature & Date		
					Δr	pproved	
				_	•	- p 	
				F	Regional Engineer Sigr	nature & Date	
					Regional Engineer Sigr Department of Transpo		