



IDAHO FUNCTIONAL CLASSIFICATION / URBAN BOUNDARY CHANGE REQUEST FORM

PLEASE INDICATE: ITD District Request Local Agency Request

This form has been developed for use in all requests for Idaho's Functional Classification and/or Urban Boundary changes/modifications. One form must be completed and submitted for each change.

AGENCY CONTACT INFORMATION

Agency Name:	Application Date:
Contact Person and E-mail Address:	Telephone Number:
Agency Address:	
Is this functional classification request/change completely within or partially within an Urbanized Area? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, concurrence from the MPO is required. Please complete the following information.	
Please indicate the name of the metropolitan planning organization (MPO):	
MPO Contact Person and E-mail Address:	Telephone Number:
MPO Address:	
Does the requested Functional Class change extend into another jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, a concurrence letter or resolution is required from the other jurisdiction.	
Please indicate the name of the other jurisdiction:	

ROUTE DESCRIPTION

Local Name of Route:	Route Number:
Route Description:	
Termini of Route (Milepost (MP) – if available) From MP: _____ To MP: _____	Length (miles): _____
Existing Federal Functional Classification (choose only one): <input type="checkbox"/> Interstate <input type="checkbox"/> Principal Arterial <input type="checkbox"/> Minor Arterial <input type="checkbox"/> Major Collector <input type="checkbox"/> Minor Collector <input type="checkbox"/> Local Road	Proposed Federal Functional Classification (choose only one): <input type="checkbox"/> Interstate <input type="checkbox"/> Principal Arterial <input type="checkbox"/> Minor Arterial <input type="checkbox"/> Major Collector <input type="checkbox"/> Minor Collector <input type="checkbox"/> Local Road



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URBAN BOUNDARY DESCRIPTION

Population (Census):

Brief explanation for proposed changes:

Census Boundary Square Foot:

Existing Urban Boundary Classification (choose only one):

<input type="checkbox"/> Rural Areas 0 – 4,999	<input type="checkbox"/> Small Urban Areas 5,000 - 49,000	<input type="checkbox"/> Urbanized Areas 50,000+
<input type="checkbox"/> Metropolitan Statistical Areas 250,000+		

Proposed Boundary Square Foot:

Proposed Urban Boundary Classification (choose only one):

<input type="checkbox"/> Rural Areas 0 – 4,999	<input type="checkbox"/> Small Urban Areas 5,000 - 49,000	<input type="checkbox"/> Urbanized Areas 50,000+
<input type="checkbox"/> Metropolitan Statistical Areas 250,000+		

REMARKS

Written Description of FCroute (general characteristics including alignment, speed limit and how it relates to the surrounding area in terms of importance):

A brief description of why the proposed change is requested and justification for the change:

Additional remarks to fully explain the change request:



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IDAHO CHANGE REQUEST SUBMITTAL CHECKLIST *(include with this request form):*

- Change Request Form
- A Vicinity Map showing the proposed changes and existing Route Classifications (Route owner must approve)
- Original letter of approval from Mayor, Chairman of the Board or other official responsible for the agency or a City/County Resolution adopted. If the request crosses jurisdictional boundaries, a letter of recommendation or City/County Resolution is required from all agencies which have authority over the road.
- Proof of Public Hearing *(if one was held)*
- MPO concurrence letter *(if within an Urbanized Area)*
- GIS Shapefile (If available)

Submit all the above to the Idaho Transportation Department [District](#) in your area. If you have questions or need additional information, you may e-mail FunctionalClass@itd.idaho.gov.

For ITD District Use Only:

ITD District <input type="checkbox"/> D1 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4 <input type="checkbox"/> D5 <input type="checkbox"/> D6	Date Application Received:
District Contact Person and E-mail Address:	Telephone Number:
District Application Recommendation to Planning Services:	
<input type="checkbox"/> Approval Request because:	
<input type="checkbox"/> Deny Request because:	

For ITD Planning Services Use Only:

ITD Recommendation to FHWA:
<input type="checkbox"/> Approval Request because:
<input type="checkbox"/> Deny Request because:



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IMPORTANT CONTACT INFORMATION		
CONTACT	OFFICE NUMBER	FAX NUMBER
Local Highway Technical Assistance Council (LHTAC)	(208) 334-0565	(208) 344-0789
ITD HQ Planning Services	Scott Luekenga (208) 334-8057 Brianna Fernandez (208) 334-8176	N/A
ITD District One	(208) 772-1200	(208) 772-1203
ITD District Two	(208) 799-5090	(208) 799-4301
ITD District Three	(208) 334-8300	(208) 334-8917
ITD District Four	(208) 886-7800	(208) 886-7895
ITD District Five	(208) 239-3300	(208) 239-3367
ITD District Six	(208) 745-7781	(208) 745-8735
Bannock Transportation Planning Org. (BTPO)	(208) 233-9322	(866) 230-4709
Bonneville Metropolitan Planning Org. (BMPO)	(208) 612-8530	N/A
Community Planning Association of Southwest Idaho (COMPASS)	(208) 855-2558	(208) 855-2559
Kootenai Metropolitan Planning Org. (KMPO)	(208) 930-4164	N/A
Lewis-Clark Valley Metropolitan Planning Org. (LCVMPO)	(208) 298-1345	N/A
Magic Valley Metropolitan Planning Org. (MVMPO)	(208) 933-2015	N/A

