APPLICATION FOR FUNCTIONAL CLASSIFICATION CHANGE

*Indicates required information

*Date: ________________________________

*Sponsoring Agency: ________________________________

*Contact Person: ________________________________

*Phone Number: ________________________________

*E-mail: ________________________________

*Roadway Name: ________________________________

*From: 42' Ft from 59th

*To: South Right of Way of 11th Street

If 1-Way, Number of Lanes: □ 1 □ 2 □ 3 □ 4
If 2-Way, Number of Lanes: □ 2 □ 4 □ 6 □ 8

AADT and Year: ________________________________

FDOT Access Mgmt. Classification: □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ Not classified

*Current Functional Classification:

☐ Rural Principal Arterial – Interstate
☐ Rural Principal Arterial – Other
☐ Rural Minor Arterial
☐ Rural Major Collector
☐ Rural Minor Collector
☐ Rural Local
☐ Not Currently Classified

☐ Urban Principal Arterial – Interstate
☐ Urban Principal Arterial – Other Freeways and Expressways
☐ Urban Principal Arterial – Other
☐ Urban Minor Arterial
☐ Urban Collector
☐ Urban Local
☐ Not Currently Classified

*Proposed Functional Classification:

☐ Rural Principal Arterial – Interstate
☐ Rural Principal Arterial – Other Freeways and Expressways
☐ Rural Principal Arterial – Other
☐ Rural Minor Arterial
☐ Rural Major Collector
☐ Rural Minor Collector
☐ Rural Local
☐ Not Currently Classified

☐ Urban Principal Arterial – Interstate
☐ Urban Principal Arterial – Other Freeways and Expressways
☐ Urban Principal Arterial – Other
☐ Urban Minor Arterial
☐ Urban Collector
☐ Urban Local
☐ Not Currently Classified

*Justification for Proposed Change:

______________________________________________________________________________

Please check here if you would like to include additional justifications. You may provide this information on a separate page and attach it to this application form.

Please check here if you are attaching a location map separately to this application in addition to or in place of including a location map in the box below.

Recommended By:

see attached letter

Local Government/Metropolitan Planning Organization (MPO) Chairman ________________________________ Date

FDOT – District Office ________________________________ Date

FDOT – Central Office ________________________________ Date

Approved By:

Federal Highway Administration ________________________________ Date

*Total no. of sheets attached to this application (indicate 0 if not attaching any sheets):

Please submit application by mail, fax or e-mail to:

Newton R. Wilson

Highway Data Coordinator

Office of Planning & Environmental Management

3400 West Commercial Blvd.

Fort Lauderdale, Fl 33309

Tel. (954) 777-4638

Fax: (954) 777-4671

E-mail: newton.wilson@dot.state.fl.us

Revised: June 11, 1977