

APPLICATION FOR FUNCTIONAL CLASSIFICATION CHANGE

*Indicates required information

*Date: _____

*Sponsoring Agency: _____

*Phone Number: _____

*Contact Person: _____

*E-mail: _____

*Roadway Name: _____

Section Number: _____

*From: 42' Ft from 59th

From Mile Post: _____

*To: South Right of Way of 11th Street

To Mile Post: _____

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

Status of Roadway: Not Currently Functionally Classified

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

Roadway: Currently Functionally Classified

AADT and Year: _____

Source: FDOT D4 Counts

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

Speed Limit (miles per hour): _____

*Current Functional Classification:

*Proposed Functional Classification:

- | | |
|--|---|
| <input type="checkbox"/> Rural Principal Arterial – Interstate | <input type="checkbox"/> Urban Principal Arterial – Interstate |
| <input type="checkbox"/> Rural Principal Arterial – Other | <input type="checkbox"/> Urban Principal Arterial – Other |
| <input type="checkbox"/> Rural Minor Arterial | <input type="checkbox"/> Urban Principal Arterial – Expressways |
| <input type="checkbox"/> Rural Major Collector | <input type="checkbox"/> Urban Principal Arterial – Other |
| <input type="checkbox"/> Rural Minor Collector | <input type="checkbox"/> Urban Minor Arterial |
| <input type="checkbox"/> Rural Local | <input type="checkbox"/> Urban Collector |
| <input type="checkbox"/> Not Currently Classified | <input type="checkbox"/> Urban Local |

- | | |
|--|---|
| <input type="checkbox"/> Rural Principal Arterial – Interstate | <input type="checkbox"/> Urban Principal Arterial – Interstate |
| <input type="checkbox"/> Rural Principal Arterial – Other | <input type="checkbox"/> Urban Principal Arterial – Other |
| <input type="checkbox"/> Rural Minor Arterial | <input type="checkbox"/> Urban Principal Arterial – Expressways |
| <input type="checkbox"/> Rural Major Collector | <input type="checkbox"/> Urban Principal Arterial – Other |
| <input type="checkbox"/> Rural Minor Collector | <input type="checkbox"/> Urban Minor Arterial |
| <input type="checkbox"/> Rural Local | <input type="checkbox"/> Urban Collector |
| <input type="checkbox"/> Not Currently Classified | <input type="checkbox"/> Urban Local |

*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 _____ Date
 Local Government/Metropolitan _____ Date
 Planning Organization (MPO) Chairman _____ Date

FDOT – District Office _____ Date

FDOT – Central Office _____ Date

Approved By:

_____ Date
 Federal Highway Administration

*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