

IDAHO STATE HIGHWAY SYSTEM ADJUSTMENT REQUEST FORM

PLEASE INDICATE:	☐ Local Agency Request ☐ ITD	District Request	ommittee/Board Request		
This form has been developed for use in all requests for modification to Idaho's State Highway System. One form must be completed and submitted for each change.					
	AGENCY CONTAC	CT INFORMATION			
Agency Name:			Application Date:		
Contact Person and E-mail Address:		Telephone Number:			
Agency Address:					
Is this State Highway S	ystem modification request/change completely v	vithin or partially within one Jurisdicti	on?		
☐ Yes ☐ No – If no, indicate the primary jurisdiction that you will be working with to submit your request.					
District:					
Highway District:					
County:					
City:					
	ROUTE DE	SCRIPTION			
Local Name of Route:			Route ID:		
Route Description:					
Termini of Route (Milepost (MP) – if available)			Length (miles):		
From MP:	То МР:				
Existing Federal Functional Classification, if applicable (choose only one):					
☐ Interstate	☐ Other Freeway and Other Expressway ☐	Other Principal Arterial	Arterial Major Collector		
☐ Minor Collector	☐ Local Road	·	•		



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RATING CRITERIA

Please respond to each question with a yes or no response. If available, attached supporting documentation to validate the responses.

Upon concurrence to further pursue the request by the Board Subcommittee for System Additions and Deletions, the ITD-DES Planning Services Section will generate a formal report to assist in the evaluation of below criteria.

CRITERIA	CONSIDERATION	Yes	No
Employment	Does the roadway support one or more major regional or state employers?		
	*Input on major employers and business size shall be evaluated along with information about the type and volume of traffic using the route.		
Economy	Does the roadway support existing or proposed commercial, industrial, recreational, or agricultural activities and can these activities demonstrate that they significantly contribute to Idaho's Gross State Product.		
	*Input on the commercial, industrial, recreational, or agricultural significance shall be evaluated along with information about the type and volume of traffic using the route.		
Statewide Connectivity	Does the roadway provide the only connection between population centers? If no, does the roadway provide the shortest connection between the population centers?		
	*Consideration on existing and/or forecasted incorporated town or city population shall be evaluated along with proximity of closely spaced parallel roadways serving the same trip generators.		
Mobility	Does the roadway have a prevailing speed of 55 miles per hour (MPH) outside of towns or cities?		
	*If no, input on the investment required to bring the road up to a speed of 55 mph shall be evaluated.		
Safety	Does the roadway have existing geometrics to safely handle the traffic volume and a right-of-way that is available for public use and is wide enough to meet minimum safety standards?		
	*Input on the roadway geometry and crash statistics shall be evaluated along with existing and/or forecasted traffic volumes.		

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

Change Request Form
Vicinity Map showing the roadway being considered for addition or deletion
A Letter of Intent outlining why the road should be added to or deleted from the state highway system
Supplemental documentation validating rating criteria and all draft agreements, terms, negotiations or conditions between ITD and Local jurisdiction(s)

Submit all of the above to the Idaho Transportation Department District in your area. If you have questions or need additional information, please email Maranda.Obray@itd.idaho.gov.