

IDAHO URBAN BOUNDARY CHANGE REQUEST FORM

PLEASE INDICATE: ITD District Request Local Agency Request				
This form has been developed for use in all change/modification requests for Urban Boundaries. One form must be completed and submitted for each change.				
AGENCY CONTAC	T INFORMATION			
Agency Name:	Application Date:			
Contact Person and E-mail Address:	Telephone Number:			
Agency Address:				
Is this change request completely within or partially within an Urbanized	Area?			
No Yes – If yes, concurrence from the MPO is required. Please	complete the following information.			
Please indicate the name of the metropolitan planning organization (MP	0):			
MPO Contact Person and E-mail Address:	Telephone Number:			
MPO Address:				
Does requested change extend into another jurisdiction(s)?				
□ No □ Yes – If yes, a concurrence letter or resolution is required from the other jurisdiction(s).				
Please indicate the name of the other jurisdiction(s):				
URBAN BOUNDA	RY DESCRIPTION			
Population (Census):				
Brief explanation for proposed changes:				
Census Boundary Square Foot:	Proposed Boundary Square Foot:			
Existing Urban Boundary Classification (choose only one):	Proposed Urban Boundary Classification (choose only one):			
□ Rural Areas □ Small Urban Areas □ Urbanized Areas $0-4,999$ $5,000-49,000$ $50,000+$	☐ Rural Areas ☐ Small Urban Areas ☐ Urbanized Areas 0 – 4,999 5,000 - 49,000 50,000+			
☐ Metropolitan Statistical Areas 250,000+	☐ Metropolitan Statistical Areas 250,000+			



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REMARKS		
Written Description of Boundary (general characteristics and how it relates to the surrounding area in terms of importance):		
A brief description 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		
□ Vicinity Map showing the proposed changes and existing (include most recent Census boundary, city boundary and/or appropriate jurisdiction boundaries if applicable)		
☐ Original letter of recommended 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)		

Submit all of the above to the Idaho Transportation Department District in your area. If you have questions or need additional information, you may e-mail FunctionClass@itd.idaho.gov.



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For ITD District Use Only:

ITD District	Application Received:
□ D1 □ D2 □ D3 □ D4 □ D5 □ D6	
District Contact Dayson and F. mail Address.	Tolouhous Niverhous
District Contact Person and E-mail Address:	Telephone Number:
District Application Recommendation to Planning Services:	
Annual Demises hereign	
☐ Approval Request because:	
☐ Deny Request because:	
For ITD Planning Services Use Only:	
ITD Recommendation to FHWA:	
☐ Approval Request because:	
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Denvi Berriest hessins	
☐ Deny Request because:	



Boundary

Bonner

Kootenai

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CONTACT	OFFICE NUMBER	FAX NUMBER
Local Highway Technical Assistance Council (LHTAC)	(208) 344-0565	(208) 344-0789
ITD HQ Planning Services	(208) 334-8483	(208) 334-4432
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	(208) 298-1339

IMPORTANT CONTACT INFORMATION