



FEDERAL FUNCTIONAL CLASSIFICATION REQUESTS

This form has been developed for use in all future requests for Federal Functional classification changes. One form should be completed and submitted for each requested classification change. Functional classification changes require coordination with the MPO, if applicable.

Upon completion of the requested forms they should be submitted to the VDOT District Planner with a transmittal letter signed by the Town Council, City Council, County Board of Supervisors or other responsible official.

1. COUNTY or CITY NAME	COUNTY or CITY NO. <i>(refer to Local Agency Guidelines)</i>
2. LOCAL AGENCY CONTACT PERSON	TELEPHONE NO.
3. LOCAL NAME OF ROUTE	ROUTE NO. <i>(if State Route use SR No.)</i>

4. TERMINI OF ROUTE *(Description and milepost (if available))*

FROM

TO

LENGTH: Miles

5. TYPE OF AREA *(Federal Aid Highway Urban Area):*       URBAN       RURAL

6. EXISTING FUNCTIONAL CLASSIFICATION	PROPOSED FEDERAL FUNCTIONAL CLASSIFICATION
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*(Freeway/Expressway, Principal Arterial, Minor Arterial, Collector, Major Collector, Minor Collector, Local Access)*

Correspondence: \_\_\_\_\_

7. SPACING *(Distance to closest parallel Federal functionally classified route)* Miles: \_\_\_\_\_

Distance to closest parallel route with same classification Miles: \_\_\_\_\_ Classification: \_\_\_\_\_

8. DOES REQUESTED FC CHANGE EXTEND INTO ANOTHER JURISDICTION?      YES      NO  
*(If yes – concurrence from the other affected agency is required.)*

9. EXISTING ROAD CHARACTERISTICS

Roadway Width (incl. shoulders): \_\_\_\_\_ ft.      Posted Speed Limit \_\_\_\_\_ MPH.      Number of Lanes \_\_\_\_\_

10. TRAFFIC (at significant volume change locations)

Location \_\_\_\_\_ Existing Traffic \_\_\_\_\_ VPD

Future Traffic (20 years) \_\_\_\_\_ VPD

Location \_\_\_\_\_ Existing Traffic \_\_\_\_\_ VPD

Future Traffic (20 years) \_\_\_\_\_ VPD

11. Is the route on the National Highway System?                      YES                      NO

12. If applicable please list major traffic Generators (*Generators that route serves – est. VPD*)

SHOPPING CENTER: Total SQFT \_\_\_\_\_ VPD \_\_\_\_\_

INDUSTRIAL: Employees \_\_\_\_\_ VPD \_\_\_\_\_

GOV. INSTITUTION: Employees \_\_\_\_\_ VPD \_\_\_\_\_

AIRPORTS: Annual Flights \_\_\_\_\_ VPD \_\_\_\_\_

MILITARY INSTALLATIONS: Type \_\_\_\_\_ VPD \_\_\_\_\_

SHIPPING POINTS: Annual Tons \_\_\_\_\_ VPD \_\_\_\_\_

MAJOR TOURIST SITES: Annual Visitors \_\_\_\_\_ VPD \_\_\_\_\_  
*(parks, ski resorts, lakes, beaches, etc.)*

COLLEGE OR UNIVERSITY: Enrollment \_\_\_\_\_ VPD \_\_\_\_\_

OTHER: Type \_\_\_\_\_

13. A brief description why the proposed change is requested and justification for the change.

14. Additional remarks to more fully explain the situation.

15. Attach a vicinity map showing the **proposed changes** and **existing Federal Functional Classifications**.

Signature of Local Representative \_\_\_\_\_

Signature of VDOT District Planner \_\_\_\_\_

This section is for VDOT approval or denial and comments.

**Comment:**

**Approval**    YES                      NO

Signature of VDOT TMPD Official \_\_\_\_\_