HIGHWAY DISTRICT No.4
15435 HIGHWAY 44
CALDWELL, IDAHO 83607

TELEPHONE 208.454.8135
FAX 208.454.2008

HIGHWAY DISTRICT NO. 4
Application for Reclassification of Public Right of Way

This application is applicable to any reclassification of public right-of-way under the jurisdiction of this Highway District.

Information to Applicant:

1. The Applicant must complete this form and pay the filing fee before the Highway District will process this form.

2. All relevant information and attachments must be supplied. Please mark non- applicable portions of the application form "N.A." The information on the application for completeness shall be determined by the Secretary of the Highway District, which shall include a determination of the application/s fee/s. No application shall be considered filed by the Highway District unless the application form is completed, and the application/s fee/s has been received by the Highway District's Secretary/Treasurer.

3. This form includes relevant initial routing information which is completed by Highway District staff.

4. All applications provided in this form are filed with the Secretary of the Highway District at the administrative office located at 15435 Hwy 44, Caldwell, Idaho 83607.

5. Applicant, if a natural person, must be over the age of 18.

6. **ATTACH CERTIFICATE OF SECRETARY OF STATE IN THE EVENT THE APPLICANT IS A LEGAL ENTITY:** [Applicant must be, if not a natural person, an entity in good standing in the State of Idaho; a registered trust; or agent.]

   CERTIFICATE OF SECRETARY OF STATE ATTACHED: _____
   TRUST REGISTRATION OR AGENT STATEMENT: _____

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Application for Reclassification of Public Right-of-Way

Applicant: _____ (Print or Type full name and address)
Address: _____

_____

Phone: _____

See Attachment to this application form for the Public Right-of-Way Classification policy of this Highway District.

Describe the Public Right-Of-Way which is the subject of this application: [Provide legal description and/or map clearly delineating the subject Public Right-of-Way]

_____

_____

_____

Current Classification of Public Right-of-Way:

_____ Open _____ Closed

Public Right-of-Way Classification requested:

_____ Open _____ Closed _____ Subject to Construction

Applicant's interest in and the reasons for the reclassification of Public Right-of-Way: [Herein identify your property interest and/or travel interests affected by Public Right-Of-Way and what the need is for the reclassification of the Public Right-of-Way]

_____

_____

_____

_____

Applicant's proposed Public Right-of-Way Improvements or Improvement Plan in the event there is a request for and Open classification of Public Right-of-Way: [Herein identify proposed improvements to or provide proposed improvement plan(s) for the subject Public Right-of-Way]

_____

_____

_____

_____

I certify that the information herein contained is true and correct on behalf of the Applicant:

Applicants Signature: _____ **Dated:** _____

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OFFICAL USE ONLY APPLICANT DOES NOT COMPLETE ANYTHING BELOW THIS LINE

All blanks are to be initialed and dated by the appropriate Highway District officials. If a blank is not appropriate the Highway District official shall indicate N.A. and their initials. This application Request Process is in chronological order and the stage of the process is evidenced by the official's initials. Highway District officials shall not process this Application Request unless all the steps preceding the official's action have been completed on this form.

HIGHWAY DISTRICT NO. 4 ACTIONS:

Application Receipt by Highway District Staff

Above Application submitted and fee paid:
Fee: _____ Date Paid: _____ Received By: _____

Highway District Staff Review

Inspection of Subject Public Right-of-Way: By: _____ Date: _____
Comments: _____
_____

Verification of Public Right-of-Way status and present classification: By: _____ Date: _____
Comments: _____
_____

Survey of Subject Public Right-of-Way Reviewed: By: _____ Date: _____
Comments: _____
_____
Survey waived: By: _____ Date: _____

Proposed Improvement(s) or Improvement Plan for Subject Public Right-of-Way may by required in the event there is a request for and Open classification of Public Right-of-Way.
District considers the need for Improvement Plan as condition of reclassification:
_____ Required _____ Not Required By: _____ Date: _____
Comments: _____
_____
If required, Improvement Plan submitted by applicant: Received By: _____ Date: _____
Proposed Improvement(s) or Improvement Plan for Subject Public Right-of-Way Reviewed:
By: _____ Date: _____
Comments: _____
_____

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Highway District Staff Recommendations
__ Grant application __ Deny application
Basis for recommendation (including any special condition and Improvement Plan requirements):
Highway District Commission
Applicant notified of meeting of Highway District Commissioners when matter to be considered: Notification Provided By: _____ Date: _____ Applicant Appeared: _____ Did Not Appear: _____
Board of Commissioners Action: _____ Granted _____ Denied Date: _____ If Reclassification granted then an Order is prepared, signed and filed. Date Signed: _____
Highway District Staff Follow-Up
Follow-Up by Staff regarding map designation and signage as appropriate if reclassification is granted**:** Signage or Improvements Reviewed: By: _____ Date: _____ Map Revision Completed: By: _____ Date: _____