

RCRPC/MPO Roadway Functional Classification Revision Form



Richland County Regional Planning Commission

Please limit responses to the space provided.

If a question is not applicable to your project, use N/A.

Name			
Project Sponsor/Lead Agency			
Other Involved Agencies			
Contact Person and Title			
Address:			
Zip Code:			
Phone:		Email:	
Today's Date:			
Name of Street Segment (From/To):*			
Location of Segment (From/To):*			
Current Functional Classification:*			
Select from drop-down list			
Proposed Functional Classification:*			
Select from drop-down list			
Segment Length (mi):*			
Number of Lanes and Lane Widths:*			
Shoulder Width:*			
Segment ADT:*			
Speed Limit:*			
Transit/Bus Route Service?*			
Sidewalks:			
Select from drop-down list			
Bikeway and Bike Facilities:			
Nearby Traffic Generators:			
Provide a Discription of the surrounding land use and zoning conditions:			
Provide a brief justification for the requested functional classification change:*			

Attachment: Provide a map showing the segment for which the change is requested. See attached GIS map for a reference in creating the map. If you have any questions please contact Pong Wu at (419) 774-6200, or pwu@rcrpc.org