



CANYON HIGHWAY DISTRICT No. 4

15435 HIGHWAY 44
CALDWELL, IDAHO 83607

TELEPHONE 208/454-8135
FAX 208/454-2008

CANYON 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. Any additional costs will be charged to the Petitioner at the actual amount above those included in the fee.
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; or a registered trust.]

CERTIFICATE OF SECRETARY OF STATE ATTACHED: _____

TRUST REGISTRATION 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: _____

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: _____