

FORMS USED WITH 24 VAC 30-325

LOCAL ASSISTANCE DIVISION
VDOT
REQUEST FOR STREET ADDITIONS AND DELETIONS
FOR STREET PAYMENTS

MUNICIPALITY _____

STREET NAME ROUTE NUMBER *	TERMINI		R/W WIDTH (FEET)	PAVEMENT WIDTH (FEET)	CENTER- LANE MILES	NUMBER OF LANES	LANE MILES	FUNC. CLASS. (T&MPD USE ONLY)
	FROM	TO						

*Council Resolution and Map Attached

SIGNED _____
RESIDENCY ADMINISTRATOR DATE

SIGNED _____
MUNICIPAL OFFICIAL DATE

CLASSIFIED BY _____
T&MPD ENGINEER DATE

Submit to: Residency Administrator in triplicate

LOCAL ASSISTANCE DIVISION
VDOT
REQUEST FOR CHANGE IN FUNCTIONAL CLASSIFICATION SYSTEM

MUNICIPALITY _____

STREET NAME ROUTE NUMBER *	TERMINI		PRESENT FUNCT CLASS	PROPOSED FUNCT CLASS	CENTER- LINE MILES	NUMBER OF LANES	LANE MILES	FUNC. CLASS. (T&MPD USE ONLY)
	FROM	TO						

*Council Resolution & map attached

SIGNED _____
RESIDENCY ADMINISTRATOR DATE

SIGNED _____
MUNICIPAL OFFICIAL DATE

CLASSIFIED BY _____
T&MPD ENGINEER DATE

Submit to: Residency Administrator in triplicate

LOCAL ASSISTANCE DIVISION
VDOT
PRINCIPAL-MINOR ARTERIAL STREETS
STREET CONDITION REPORT
Section 33.1-41.1 Code of Virginia

MUNICIPALITY _____

DATE OF INSPECTION _____

- Check as Appropriate:
- This report is a re-inspection of deficient sections noted in the previous report.
- No deficient sections noted.
- All streets inspected are acceptable, except as noted below:
- Bridge inspection reports are current, except as noted below:

STREET NAME - ROUTE NUMBER	DESCRIPTION OF DEFICIENT SECTIONS		TOTAL LANE MILE LENGTH	DESCRIBE DEFICIENCY (Refer to Standard of Maintenance)	DELETE PAYMENT YES/NO
	From	To			

Inspection made by _____, in company with _____,
VDOT Representative Municipal Officer Title

Distribution:
Municipality
Local Assistance Director
District Administrator

SIGNED _____,
Residency Administrator Date