STATE SCENIC-HISTORIC BYWAY DESIGNATION

APPLICATION

MDT USE ONLY

Date Received: _____

Type: ☐ Byway ☐ Backway

Authorized Signature: ☐ Yes ☐ No

Letter(s): ☐ Yes ☐ No

Map(s): ☐ Yes ☐ No

☐ C.M.P. ☐ Conceptual C.M.P. ☐ No Plan

Is the proposed route part of MCA 60-2-606:
☐ Yes ☐ No

I PROJECT SPONSOR'S INFORMATION:

Sponsor Name: _____

Contact Name: _____

Mailing Address: _____

City, State, & Zip: _____

Phone #: _____ Fax: _____

E-Mail: _____ Website: _____

II ROADWAY JURISDICTION ENTITY INFORMATION:

Does proposed route have concurrence of affected local or tribal government(s) and the agencies responsible for maintenance and operations of the road? ☐ Yes ☐ No
(If yes, provide information below if different from Sponsor Information above,)

Government Name: _____

Contact Name: _____

Mailing Address: _____

City, State, & Zip: _____

Phone #: _____ E-Mail (if known): _____

Government Name: _____

Contact Name: _____

Mailing Address: _____

City, State, & Zip: _____

Phone #: _____ E-Mail (if known): _____

If more government entities are involved, please attach additional sheet.

III STATE SCENIC-HISTORIC BYWAY ROUTE INFORMATION:

A) Proposed Route Name:

_____

B) Proposed route designation: ☐ Byway or ☐ Backway

C) Route Location

1 Specify Highway(s) and /or Streets(s): _____

_____

2 Termini (submit map with application): _____

_____

3 Overall Route Length: _____

D) Will the proposed byway safely accommodate expected traffic volumes? ☐ Yes ☐ No

E) Is all land abutting this proposed byway in either public ownership or tribal government ownership within the boundaries of an Indian reservation? ☐ Yes ☐ No
(If No, list **all** landowners [name, address, phone number] and indicate length of property parcel abutting the proposed byway)

F) Do all landowners support a State Scenic-Historic Byway designation for this route?
☐ Yes ☐ No (if No, list name, address, phone number and email (if available) of landowner(s) opposed).

G) List any travel restrictions that will affect commercial traffic, include height and width restrictions currently in place.

IV PROPOSED STATE SCENIC-HISTORIC BYWAY GENERAL INFORMATION:

A) Please list and give justification for as many of the intrinsic qualities that apply to this proposed byway (scenic, natural, historic, cultural, archeological or recreational)

Additional space provided on the next page.

If more space is needed, please attach additional sheet.

B) Please explain, to the extent possible, how the proposed State Scenic-Historic Byway will:

1. Enhance the experience of the traveling public.

2. Stimulate or allow for economic development and new marketing strategies?

3. Preserve intrinsic resources for the benefit of future generations?

V CORRIDOR MANAGEMENT PLAN:

Has a Corridor Management Plan been developed for this proposed byway?

☐ **Yes** (please attach) ☐ **No** (see below)

The Conceptual Corridor Management Plan for the proposed byway shall describe the process in which a Corridor Management Plan is to be developed. The components included in a Conceptual Corridor Management Plan are how the sponsoring organization proposes to: A) Enhance and protect the State Scenic-Historic Byway; B) Develop essential services and C) Promote and market the byway on the local and regional level.

Please describe the Conceptual Corridor Management Plan that will be followed.

If more space is needed, please attach additional sheet.

VI SIGNATURES:

By signing below I do hereby attest that the information provided within this grant application is true and to the best of my/our knowledge. I understand that this application will be disqualified should any false statements be found. I agree to comply with all state and federal statutes, regulations, executive orders, and all administration guidance required by the state of Montana and federal funding source.

Sponsor:

_____
Printed Name

_____
Signature Date

Local / Tribal Government Representative(s)

1. _____
Printed Name Title and Organization

_____
Signature Date

2. _____
Printed Name Title and Organization

_____
Signature Date

3. _____
Printed Name Title and Organization

_____
Signature Date

4. _____
Printed Name Title and Organization

_____
Signature Date

MONTANA MDT DEPARTMENT OF TRANSPORTATION

Submit Application to:

Sheila Ludlow, State Scenic-Historic Byways Coordinator
MDT-Statewide and Urban Planning Section
P.O. Box 201001
Helena, MT 59620-1001
Phone 444-9193 Fax: 444-7671
Email:sludlow@mt.gov

Please indicate the documents included with your application:

- ☐ Map showing proposed route beginning and end points. (optional: add predominate points of interest)
- ☐ Corridor Management Plan (if developed)
- ☐ Letter(s) of support are recommended (letter can be from: chamber of commerce, adjacent land owners, local businesses, community organizations, etc.)

<u>If additional space is needed for your responses, please write the question you are answering above the continued answer.</u>

References:

Administrative Rules of Montana (ARM):
18-18.14.201 thru 18.14.208

Montana Code Annotated (MCA):
60-2-601 thru 60-2-606

MDT attempts to provide accommodations for any known disability that may interfere with a person participating in any service, program or activity of the Department.

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For further information call (406) 444-9193, TTY (800) 335-7592, or Montana Relay at 711 or by contacting the ADA Coordinator at (406) 444-9229.