



**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

For Items II through VI, use a separate sheet of paper for your responses.

I PROJECT SPONSOR'S INFORMATION (Sponsor must be a government agency):

Sponsor Name: _____

Contact Name: _____

Mailing Address: _____

City, State, & Zip: _____

Phone #: _____

E-Mail: _____

II Proposed Byways Must Meet the Following Eligibility Requirements:

- Be an existing route and have legal public access.
- Be contiguous in its route and length.
- Abut publicly owned lands or tribal government-owned lands within the boundaries of an Indian reservation.
- Possess unusual, exceptional, and/or distinctive scenic, natural, historical, cultural, archaeological, or recreational features.
- Be suitable for the prescribed type(s) of vehicular use and accommodate expected traffic volumes.
- Have strong local support and proponents must demonstrate coordination with relevant agencies.
- Have the support of the government agency(ies) that are responsible for the maintenance and operation of the proposed road and from all abutting landowners along the proposed byway.

III ROADWAY JURISDICTION ENTITY INFORMATION:

Does the proposed designation have concurrence and approval from the affected government(s) and agencies with jurisdiction of the road? If yes, provide the information below, for each government agency. If no, then the roadway is not eligible for nomination.

- Government Name
- Contact Name
- Mailing Address
- Phone Number
- E-Mail

IV STATE SCENIC-HISTORIC BYWAY/BACKWAY ROUTE INFORMATION:

Provide the following information:

- A) Proposed Route Name
- B) Proposed route designation (Byway or Backway)
- C) Route Location
 - a. Specify Highway(s) and /or Streets(s):
 - b. Termini (submit map with application):
 - c. Overall Route Length:
- D) Describe the current physical state of the proposed byway/backway and will it safely accommodate expected traffic volumes and vehicle types? Describe the potential effects/impacts to traffic flow and volumes on the proposed byway/backway and whether the byway/backway will be able to safely accommodate the change in traffic flow.
- E) All land abutting the proposed byway/backway must be publicly or tribally owned? If not, then the proposed route is not eligible for nomination. Provide contact information (agency name, contact name, address, phone, and email) for all abutting landowners along the proposed byway/backway. Indicate length of property parcel abutting the proposed byway/backway as well as identify on map abutting parcel boundary lines).
- F) List currently existing level restrictions that affect commercial traffic, include height, width, and weight restrictions currently in place, if any.

V PROPOSED STATE SCENIC-HISTORIC BYWAY/BACKWAY GENERAL INFORMATION:

- A) Please list and give justification of the intrinsic qualities that apply to this proposed byway/backway (scenic, natural, historic, cultural, archeological, or recreational).
- B) Please explain, to the extent possible, how the proposed State Scenic-Historic Byway/backway 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?

VI MANAGEMENT GROUP

Identify the members (names, contact information, affiliate organizations) which will form the byway/backway management group, how the management group will address member succession, and how often the management group will meet (e.g. once a year, biannually, etc.). Do the members of the management group require board/council approval, from their affiliated organizations, to be a member? If so, provide evidence of member approval (resolution or official document on organization letterhead) and or dates approvals are expected to be finalized.

VII CORRIDOR MANAGEMENT PLAN:

Has a Corridor Management Plan (pursuant to MCA 60-2-6020(2)(e)(i through v)) within the previous ten years, been developed for the proposed byway/backway? If yes, please attach a copy.

If not, then include a Conceptual Corridor Management Plan (CCMP). A CCMP describes the processes in which a Corridor Management Plan is to be developed and includes components by which the sponsoring organization proposes to:

1. Enhance and protect the State Scenic-Historic Byway/backway;
2. Develop essential services;
3. Promote and market the byway/backway on the local and regional level; and
4. Sources of funding for maintenance and promotion of the byway/backway.

Note: If the proposed roadway in this application is approved for designation as a byway/backway, and a Corridor Management Plan was not submitted with the application, then the sponsor must develop and submit a Plan to MDT for review within two year of roadway designation. If this does not occur, then the roadway's designation is null and void.

Example

SIGNATORY PAGE

By signing below, I do hereby attest that the information provided within this grant application is true 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 administrative guidance required by the state of Montana and federal funding source(s).

Sponsor:

Printed Name

Signature

Date

Local/Tribal Government Representative(s) and Adjacent Landowner Signatures of Support

All relevant local/tribal government agencies and adjacent roadway landowners must sign this application in support of the proposed byway/backway, as presented in this application.

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



Submit Application to:

Heather Kuklo, State Scenic-Historic Byways Coordinator
MDT-Multimodal Planning & Communications Section
P.O. Box 201001
Helena, MT 59620-1001
Phone (406) 444-3439
Email: hkuklo@mt.gov

Include the following documents in your application submittal:

- Responses to Items I through VI in the application
- Signatory page
- Map(s) showing:
 - proposed route beginning and end points
 - parcel map or property lines of adjacent landowners
 - predominate points of interest
 - any other key features
- Corridor Management Plan or Conceptual Corridor Management Plan
- Optional letter(s) of support (letter can be from: chamber of commerce, adjacent landowners, local businesses, community organizations, etc.)

Example

References:
Administrative Rules of Montana (ARM):
18-18.04.201 thru 18.14.208
Montana Code Annotated (MCA):
60-2-601 thru 60-2-606

Alternative accessible formats of this document will be provided upon request. Persons who need an alternative format should contact the Office of Civil Rights, Department of Transportation, 2701 Prospect Avenue, PO Box 20101, Helena, MT 59620. Telephone 406-444-5416 or Montana Relay Service at 711.