TRAFFIC IMPACT ANALYSIS (TIA) THRESHOLD WORKSHEET

Complete this form as an aid to determine if your project requires a Traffic Impact Analysis.

Project Name:_____
Location:_____
Applicant:_____Owner:_____Agent:_____
Address:_____
Phone: Work:_____Cell:_____E-mail:_____

Permit Type (check one): Zoning:_____Subdivision Master Plan:_____ Bldg.Plan #:_____Other:_____

Box A (Original TIA) Residential Development

Anticipated Land Use	Number of Units	Peak Hour? (e.g., 5-6p.m. weekday)	Peak Hour Trip Rate	Peak Hour Trips	Trip Rate Source
					ITE Code: Other:

Box B (Original TIA) Non-Residential Development

Anticipated Land Use	Project Size			Peak Hour? (e.g., 5-6p.m. weekday)	Peak Hour Trip Rate	Peak Hour Trips	Trip Rate Source
	Acres	GFA	Other*				
							ITE Code: Other:

* specify:_____

Box C (Updated TIA) If property already has a TIA on file, complete Box C; if not ignore Box C

Peak Hour trips Projected in *Current* TIA	Peak Hour Trips (from Box A or B) Projected in *Updated* Project	Increase in Peak Hour Trips (if over 100 additional trips, a new TIA is required)

Box D (Information regarding the person/agency who prepared the TIA)

Prepared by:_____ Date:_____
Comments: _____

Box E (For Official Use Only – Do not write in this box)

_____ A TIA is **required**. The consultant preparing this study must meet with City staff to discuss the scope and requirements of the stuffy before beginning the study.
_____ A TIA is **not required**. The traffic generated by the proposed development does not exceed the threshold requirements.
_____ The traffic impact analysis has been waived for the following reasons:
_____
_____

Reviewed by: _____ Date: _____

Notes: GFA = Gross Floor Area (bldg.size) ITE = Institute of Transportation Engineers, *Trip Generation*, 7th Edition, 525 School Street, S.W. Suite 410, Washington DC 20024-2729