



# PRE-SCOPE OF WORK MEETING FORM

## Information on the Project

### Traffic Impact Analysis Base Assumptions

The applicant is responsible for entering the relevant information and submitting to the City no less than three (3) business days prior to the meeting. If a form is not received by this deadline, the scope of work meeting may be postponed.

<b>Contact Information</b>				
Consultant Name: Telephone: E-mail:				
Developer/Owner Name: Telephone: E-mail:				
<b>Project Information</b>				
Project Name:		County:		
Project Location: (Attach regional and site specific location map)				
Submission Type	<input type="checkbox"/> Comp Plan	<input type="checkbox"/> Rezoning	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Subd Plat
Project Description: (Including details on the land use, acreage, phasing, access location, etc. Attach additional sheet if necessary)				
Proposed Use(s): (Check all that apply; attach additional pages as necessary)	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Mixed Use	<input type="checkbox"/> Other
	<b>Residential Use(s)</b> Number of Units: _____ ITE LU Code(s): _____ _____ _____ <b>Commercial Use(s)</b> ITE LU Code(s): _____ _____ _____	Square Ft or Other Variable: _____ _____ <b>Other Use(s)</b> ITE LU Code(s): _____ _____ _____ Independent Variable(s): _____ _____ _____		
Total Peak Hour Trip Projection:	<input type="checkbox"/> Less than 100	<input type="checkbox"/> 100 – 499	<input type="checkbox"/> 500 – 999	<input type="checkbox"/> 1,000 or more

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<b>Traffic Impact Analysis Assumptions</b>			
Study Period:	Existing Year:	Build-out Year:	Design Year:
Study Area Boundaries: (Attach map)	North:	South:	
	East:	West:	
External Factors That Could Affect Project: (Planned road improvements, other nearby developments)			
Consistency With Comprehensive Plan: (Land use, transportation plan)			
Available Traffic Data: (Historical, forecasts)			
Trip Distribution: (Attach sketch)	Road Name:	Road Name:	
	Road Name:	Road Name:	
Annual Vehicle Trip Growth Rate:	Peak Period for Study (check all that apply)		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> SAT
	Peak Hour of the Generator		
Study Intersections and/or Road Segments: (Attach additional sheets as necessary)	1.	6.	
	2.	7.	
	3.	8.	
	4.	9.	
	5.	10.	
Trip Adjustment Factors:	Internal allowance: <input type="checkbox"/> Yes <input type="checkbox"/> No Reduction: _____% trips	Pass-by allowance: <input type="checkbox"/> Yes <input type="checkbox"/> No Reduction: _____% trips	
Software Methodology:	<input type="checkbox"/> Synchro <input type="checkbox"/> HCS (v.2000/+) <input type="checkbox"/> aaSIDRA <input type="checkbox"/> CORSIM <input type="checkbox"/> Other _____		
Traffic Signal Proposed or Affected: (Analysis software to be used, progression speed, cycle length)			

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Improvement(s) Assumed or to be Considered:	
Background Traffic Studies Considered:	
Plan Submission:	<input type="checkbox"/> Master Development Plan (MDP) <input type="checkbox"/> Generalized Development Plan (GDP) <input type="checkbox"/> Preliminary/Sketch Plan <input type="checkbox"/> Other Plan type (Final Site, Subd. Plan)
Additional Issues to be Addressed:	<input type="checkbox"/> Queuing analysis <input type="checkbox"/> Actuation/Coordination <input type="checkbox"/> Weaving analysis <input type="checkbox"/> Merge analysis <input type="checkbox"/> Bike/Ped Accommodations <input type="checkbox"/> Intersection(s) <input type="checkbox"/> TDM Measures <input type="checkbox"/> Other _____

NOTES on ASSUMPTIONS:

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Applicant or Consultant

PRINT NAME: \_\_\_\_\_  
Applicant or Consultant

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